

## Is this dementia? (answers on page 49)

### Part one

Mrs Tifele is an old friend, as well as a patient, often meeting her doctor's wife socially, outside the medical practice context. So it came as a bit of a shock for Dr Ndebe to learn from his wife that she was worried about her friend's mental health. Mrs Tifele had appeared to have problems with her recent memory. She was finding it difficult to follow or to take part in the usual gossip and planning for future get-togethers and outings. She was tetchy, quite unlike her usual affable self. But it wasn't as if she was sleepy or over-tired. Hearing this Dr Ndebe was worried, too. His first thought was that she might be in the early stages of dementia: the symptoms certainly fulfilled the World Health Organization criteria for it. So he asked Mrs Ndebe if she could persuade Mrs Tifele to see him.

**Q1 Assuming these symptoms are typical of dementia, which of the following other illnesses does Dr Ndebe need to rule out before coming to this conclusion?**

- (a) Minor stroke.
- (b) Epilepsy.
- (c) Abuse of drugs and/or alcohol.
- (d) Brain tumour.
- (e) Depression.
- (f) Myxoedema.
- (g) Pernicious anaemia.
- (h) Chronic poisoning (such as lead and pesticides).

### Part two

**Q2. Which of the following statements are true of dementia?**

- (a) Alzheimer's disease is more common in women than in men.
- (b) Alzheimer's accounts for less than a quarter of all cases of dementia.
- (c) Having a near-relative with dementia greatly raises your own risk of the disease.
- (d) Families in which there are many cases of dementia are common as most dementia has a genetic background.
- (e) Having a double ApoE4 gene means inevitable Alzheimer's disease as you age.

Dr Ndebe was unsure whether Mrs Tifele's dementia might have a neurological origin, as in Alzheimer's, or have a vascular element, too. He tested her Hachinski score (see Table 1 on page 49) to try to differentiate between these two possible origins.

### Part three

**Q3 Which of the following elements feature in the Hachinski score?**

- (a) Abrupt or gradual onset.
- (b) Stepped or gradual progression.
- (c) Physical complaints.
- (d) Emotional swings.
- (e) Past or current high blood pressure.
- (f) Neurological signs.

Pondering on dementia generally, Dr Ndebe wondered about how to advise his patients on how to prevent dementia: is it possible to do so by following general health advice and by changing behaviour?

### Part four

**Q4 Which of the following have been most strongly linked with preventing dementia?**

- (a) Eating plenty of fruit and vegetables.
- (b) Higher than average ability to read and interest in reading.
- (c) Lowering blood pressure.
- (d) Lowering cholesterol.
- (e) Hormone replacement therapy.

Ruminating on the results of Question 4, Dr Ndebe looked into well-held beliefs about the brain, wondering which of them really hold up today.

### Part five

**Q5 Which of the following statements about the brain are true?**

- (a) The brain is fully formed by adolescence: there is no further brain cell or intellectual growth after the age of 25.
- (b) In normal life we use only a small part of the brain: most of it is unused.
- (c) It is not possible to improve one's brainpower by using computer 'brain training' programmes.
- (d) Exercise has nothing to do with improving our intellect and memory. We can do as much to improve our brain while being physically idle as by exercising regularly.
- (e) Being socially gregarious can slow down the progress of dementia.