

As a dementia nurse, this is what I wish everyone knew about the illness

The first signs of dementia can be easily missed. After all, changes can be subtle, says Julie Holder, a community hospitals mental health liaison nurse who has been working with dementia patients for 20 years. She gives an example of a retired patient who may have always worn a shirt and a tie but now can't work out how to put it on.

"This can be overlooked by a patient saying, 'I don't work anymore so I don't need to wear it,'" says Holder. *"Or a family member may do it for them and that then becomes the norm, so helping out masks a deficiency."*

Speaking to families to glean a patient's history is an important part of the diagnosis, but Holder says that changes are often put down to ageing. *"If someone is managing, albeit haphazardly, sometimes the family have their heads in the sand; but when that person ends up in hospital for another reason, you wonder how they managed at home for so long."*

When a referral comes in, Holder's diagnostic skills come into play to put the pieces of the puzzle together. *"I sometimes feel like a detective,"* she says. She'll comb through a patient's notes and get observations from staff. She'll chat with the patient *"as many times as I need to"* both in hospital and at home and have that crucial family input, too (she needs 12 months of observations). CT scans also contribute to the picture and can rule out other medical issues that can mimic dementia – oddly, constipation can give a similar effect, for example.

There are diagnostic tests: the ACE – Addenbrooke's Cognitive Examination or the M-ACE, its shorter equivalent. **These test different parts of the brain and their functions.**

- The likes of recall – "you ask for a name and address and they have to recall it later"
- orientation, so whether they can name the day, date, month and year, and fluency questions: "A well-known example is where you ask people to draw a clock because that uses the frontal part of your brain – organising and planning – and memory recall," says Holder.

It's the results of these combined with all the other information that gives the full picture.

When a diagnosis can be given, despite the difficult news, Holder says that a common response is relief: *"I think the majority of people are glad that they know what's happening to them and why they're having problems."* After all, once you have the diagnosis, you can do something about it and that's what drew Holder to the work. She admits it was never her intended path when she started her nursing training.



'I was assigned to an older persons' ward and I fell in love with the work; trying to make the patients' experience as good as it could be,' says Julie CREDIT: John Lawrence

"I was assigned to an older persons' ward and I fell in love with the work; trying to make the patients' experience as good as it could be." she says. *"If you can get it right and help other people understand that patient's world, it makes such a difference to them."*

She recalls a patient who was using the radiator as a toilet as he thought it looked like a urinal.

She drew on research that showed that **red is one of the last colours a patient can recognise.** *"His family agreed to put a red toilet seat in the bathroom with signage on the door and he was able to use the bathroom again,"* which she says hugely improved his wellbeing. Or there was a distressed former laundrette worker whom she got to fold towels and serviettes. *"This stopped her from pacing up and down the corridor in her care home as it gave her meaningful occupation."*

The biggest stigma that Holder would like to break down is the idea that **dementia always ruins lives.** *"We see the negative aspects on television and in films, which are very frightening, and people forget that with the right person-centered care and understanding people around them, a person can have a 'good dementia'."*

Early diagnosis can certainly increase a person's chances of having a more positive experience as they can access medication, which may help them to manage symptoms that can come in the early stages of the illness, such as irritability and depression, as well as "help them live their life to the full for much longer". Holder says she has certainly seen an increase in awareness and a rise in number of referrals.

Patients increasingly want to know **what steps they can take to slow the disease down**. *"Obviously age is the biggest risk factor and you can't stop that, but people most at risk are the ones who don't take care of their brains – they smoke, drink a lot, eat to excess,"* she says. Holder stresses the importance of **healthy brains as well as healthy bodies**. What can we do to keep brains active? She mentions the likes of jigsaws, crosswords, sudokus, colouring and painting, but the crucial element is **"variety – keep trying different things throughout your life"**.

Ultimately, it's finding a cure that is going to be transformative, which is why the Telegraph's Christmas Charity Appeal this year supports Race Against Dementia, a charity funding dementia research to put an end to the disease once and for all. *"They work at the opposite end to me, but the work is so impressive,"* says Holder. *"If everyone could get together, a bit like they managed to with Covid, I am sure we could change things in a big way. The more research we can do to find out why dementia happens and what we can do to prevent it is vital."*

Study examines if 4 lifestyle changes can prevent or reverse Alzheimer's

Doctors are testing if four lifestyle changes can slow, stop — or even reverse — Alzheimer's disease without using drugs or surgery. Dr. Dean Ornish, who founded the Preventive Medicine Research Institute in California, is leading the clinical trial.

"For the last 45 years, I've directed research showing that simple lifestyle changes: what we eat, how we respond to stress, how much exercise we get and how much love and social support we have cannot only help prevent, but often reverse the progression of the most common and costly chronic diseases," said Ornish, who is also a professor of medicine at the University of California San Francisco.

Through previous studies, Ornish found that **lifestyle changes can reverse heart disease in some patients**. Now, he's seeing if it works in the fight against Alzheimer's.

"What's good for your heart is good for your brain. We know that Alzheimer's and heart disease share many of these same underlying biological mechanisms," Ornish said.

Healthy eating and exercise have been shown to reduce the risk of cognitive decline and dementia but this research takes it a step further to see if it can actually prevent or reverse the disease.

Participants of the study will follow a lifestyle medicine program that includes:

1. **Eating a whole foods, plant-based diet:** "Fruits, vegetables, whole grains, legumes, soy products, ideally as close as they come in nature as possible, minimally processed, low in fat, low in sugar," Ornish said.
2. **Getting moderate exercise:** Ornish said walking half-an-hour to an hour three times a week and incorporating some strength training qualifies as moderate exercise.
3. **Reducing stress:** Using meditation and other yoga-based stress management techniques.
4. **Increasing social support:** Joining support groups or spending quality time with friends and family.

"To reduce it to its essence: to eat well, move more, stress less and love more. That's it," Ornish said.

Ornish is teaming up with leading neurologists across the country, including at Harvard Medical School, to put the theory to the test.

"Our unique contribution has been to be using these very high tech, expensive state of the art scientific measures to prove how powerful these very simple and low tech and low cost interventions can be," he said.

While the results of the trial aren't expected until next year, others in the field are watching closely. Dr. Jessica Caldwell, with the Women's Alzheimer's Movement Prevention Center at Cleveland Clinic in Las Vegas, said she encourages her patients to **get moving to keep their mind sharp**.

"Physical exercise directly impacts the brain right away, as well as for months afterward," Caldwell said. "It changes the levels of your neurochemistry that supports memory. When we exercise, it improves our mood, it can reduce our stress levels."

More than 6 million Americans are living with Alzheimer's. Doctors said the disease starts decades before a person develops memory loss and other symptoms.

Common medicine could slow Alzheimer's disease, new study suggests



A common cholesterol medication could help to slow the symptoms of dementia, a new study suggests© Getty

A new study has shown that a common cholesterol medication could help to slow the symptoms of Alzheimer's disease. The research, which was undertaken by scientists in Sweden, suggests that statin drugs could reduce congestion in the brain that leads to cognitive decline.

Statins are used to help lower bad cholesterol in the blood known as low-density lipoproteins (LDL). Using data from the Swedish Registry for Cognitive/Dementia Disorders, the

researchers the effects of statins on pathways in the brain.

Protein pieces called beta-amyloid clump together and build up into plaque in the pathways of brains with dementia according to the Alzheimer's Association, which reduces cognitive ability. Over three years, the researchers in Sweden looked at over 11,000 cases of people who were diagnosed with both dementia and heart issues that required them to take statin drugs. They found that those that the majority of these patients **experienced mental decline at a lower rate** than those who weren't taking statin, but the authors said another study was needed.

Sara Garcia-Ptacek, an associate professor of neuroscience at the Karolinska Institute in Stockholm, said: *"The results of the study do not mean that we now have evidence that people with dementia should be treated with statins. But on the other hand, we can't see any support for not doing so. So, if a person needs statins for high blood lipids, a dementia diagnosis should not stop the treatment."*

Garcia-Ptacek added that a study looking at new data was needed, rather than just relying on the past data her team looked at. The authors of the study said: *"Some patients with Alzheimer's disease or mixed dementia with indication for lipid-lowering medication may benefit cognitively from statin treatment; however, further research is needed to clarify the findings of sensitivity analyses."*