

Changes in Life-Quality, a Possible Symptom of Dementia Development

Elizabeta Dadić-Hero^{1,2}, Tanja Grahovac^{2,3} and Marina Kovač⁴

¹ Community Primary Health Centre, Primorsko-goranska county, Croatia

² School of Medicine, University of Rijeka, Rijeka, Croatia

³ University Psychiatric Clinic, Rijeka University Hospital Centre, Croatia

⁴ Neuropsychiatric Hospital dr. Ivan Barbot, Popovača, Croatia

ABSTRACT

Dementia is a chronic and irreversible brain impairment characterised by significant cognitive deficits. Severe symptoms of the aforesaid disease interfere with normal life functions and daily activities. Dementia usually develops with advancing age, i.e. after the age of 85, and when it develops in people younger than age 65, it is referred to as early onset dementia. This paper presents a 53-year-old male patient. Provisional diagnosis was established while further diagnostic workup included psycho-diagnostic assessment, neurological exam, and brain CT. Such workup confirmed the development of dementia, i.e. early-onset Alzheimer's disease accompanied by depressed mood with impaired vision.

Key words: early onset dementia, Mb. Alzheimer, cognitive deficits

Introduction

Dementia is a chronic and irreversible brain disease. It is characterised by cognitive impairment of various intensity. Severe disorders caused by dementia interfere with daily activities and life functioning. Serious cognitive deficits cause impairment in occupational and social functioning, which is one of the prerequisites to establish a diagnosis. Dementia is etiologically related to the general medical condition, it can be caused by psychoactive drugs or may result from the combination of the aforesaid factors. Dementia mostly occurs in elderly people, i.e. after the age of 85 with a prevalence rate of 20%. In case of an earlier development, i.e. in people younger than age 65, it is referred to as early onset dementia, the prevalence rate being between 2 and 4%¹⁻⁵. Individuals with dementia have memory impairment and difficulty learning new information or recalling previously learned information^{6,7}.

Language impairment (aphasia) is also present, as well as the inability to complete a motor task in the absence of motor impairment (apraxia). Patients are also affected by agnosia, i.e. a loss of ability to recognize and identify objects, and present executive function impairment as well.

Case Report

Male patient, aged 53, married, father of an adult child. He had been employed as a seaman and had worked for the same company for 21 years. He had been considered a loyal and hard-working employee. He had not previously suffered from any physical or mental disease.

However, lately, he had not performed his duties well and has become forgetful and unsociable. Upon suspicion of alcohol abuse, he was referred to an occupational medicine specialist. Laboratory findings were within standard values as well as the medical checkup results.

In February 2009 he visited a psychiatrist for the first time and was accompanied by his wife. The visit revealed a state of low mood, anxiety, confabulations and time disorientation. Hetero-data revealed he was not using alcohol, but had become forgetful, plaintive and socially withdrawn. Provisional diagnosis of early onset dementia was established while further diagnostic workup included brain CT, psychodiagnostic assessment and neurological exam.

The NMR of the brain from April 2009 revealed: »... in supratentorial location temporal horns of both lateral ventricles show demyelination, probably of vascular gen-

esis... no changes in the position of ventricles are revealed, however moderate ventricular enlargement is present. Cortical subarachnoid space is also moderately enlarged...neurocranial alterations are not revealed.«

In May 2009 psychodiagnostic analyses revealed the mnesic ability to be within marginal age-related limits. Impairment of both mental control and retention abilities is present. There is also a decline in the ability to retain and reproduce logical sequences and visual images. The ability to learn new material is also decreased. Significant disturbances in sensorimotoric skills indicate the presence of an organic cerebral dysfunction. The patient has confused thought, low frustration tolerance and appears to be impulsive.

EEG findings show diffusely slow EEG records as well as asymmetries favoring the left hemisphere.

Neurological exam states: »...impairment of cognitive functions which have continued to develop progressively during the last few months. The patient denies headache, states moderate instability and is disoriented in time and space...but has no outbursts«. Diagnosis: Alzheimer's disease (working diagnosis).

On the basis of the aforesaid exams early onset dementia of the Alzheimer type (before age 65) accompanied by depressive syndrome was diagnosed. Memantine (5 mg a day) and sertraline (50 mg in the morning) were introduced.

The patient has visited his psychiatrist regularly and has always been accompanied by his wife. Agitation has been reduced and sleep disorders regulated. His will and instinct dynamisms as well as his mood are lowered.

REFERENCES

1. LEVEY A, LAH J, GOLDSTEIN F, STEENLAND K, BLIWISE D, Clin Ther, 28 (2006) (7) 991. — 2. AMERICAN PSYCHIATRIC ASSOCIATION, Diagnostic and Statistical Manual of Mental Disorders IV edition (American Psychiatric Association, Washington DC, 2000). — 3. BOBAN M, GRBIĆ K, MLADINOV M, HOF PR, SÜSSMAIR C, ACKL N, STANIĆ G, BADER B, DANEK A, ŠIMIĆ G, Coll Antropol, 32 (2008) 31. — 4. MURGIĆ J, JUKIĆ T, TOMEK-ROKSANIĆ S, LJUBIČIĆ M, KUSIĆ Z, Coll Antropol, 33 (2009) 701. — 5. MIYOSHI K, Psychogeriatrics, 9

Mnesic and intellectual impairments of organic type are obvious, as well deficits in orientation (spatial, temporal and autopsychic disorientation).

Impaired life functions resulting from dementia development have seriously affected the patient's life.

- The patient has become entirely dependent upon other people's help even with basic life functions. Family member assistance is necessary in basic everyday activities such as feeding, dressing and bathing.
- In August 2010 he was retired due to ill health and was eligible for disability pension due to lack of work capacity.
- Since it was assessed that the patient's mental disorders prevent him from protecting his own interests and rights, in November 2010 legal incompetence was established.

Discussion and Conclusion

The development of dementia is gradual⁸. Differential diagnosis may include different disorders including alcohol abuse. After a gradual elimination of other etiologic factors, dementia of Alzheimer's type can be diagnosed⁹. In order to establish a reliable dementia diagnosis a comprehensive workup is necessary (brain CT or NMR, psychodiagnostic assessment and neurological and psychiatric exam)^{10,11}. Although dementia of Alzheimer's type is more frequent in women older than age 65, exceptions must be taken in consideration when establishing a differential diagnosis. Serious functioning impairment affecting persons younger than age 65 can be one of the first symptoms indicating dementia development.

(2009) (2) 67. — 6. MENDEZ MF, Int J Psychiatry Med, 36 (2006) 401. — 7. ARNÁIZ E, ALMKVIST O, Acta Neurol Scand Suppl, 179 (2003) 34. — 8. SMALL BJ, GAGNON E, ROBINSON B, Geriatrics, 62 (2007) 19. — 9. GAUTHIER SG, Eur J Neurol, 12 (2005) 11. — 10. ZAKZANIS KK, GRAHAM SJ, CAMPBELL Z, Neuropsychol Rev, 13 (2003) 1. — 11. ESCHWEILER GW, LEYHE T, KLÖPPEL S, HÜLL M, Dtsch Arztebl Int, 107 (2010) 677.

E. Dadić Hero

*Krešimirova 34, 51000 Rijeka, Croatia
e-mail: elizabeta.dadic.hero@ri.t-com.hr*

PROMJENE U KVALITETI ŽIVOTA, MOGUĆI SIMPTOM DEMENCIJE

SAŽETAK

Demencija je bolest koju karakteriziraju značajni kognitivni deficiti, te je kronična i ireverzibilna bolest mozga. Značajan intenzitet ovih smetnji, osobu onemogućava u svakodnevnim aktivnostima odnosno u životnom funkcioniranju. Smetnje pretežno nastaju u kasnoj životnoj dobi, odnosno nakon 85.-te godine života, a ukoliko se bolest pojavi ranije, odnosno prije 65.-te godine života dijagnostičira se kao demencija sa ranim početkom. Prikazan je slučaj muškarca starog 53 godine kod kojega je dijagnostički potvrđen dementni razvoj, odnosno vrlo vjerojatno Mb. Alzheimer i to sa ranim početkom bolesti i dominantno depresivnim raspoloženjem.