

## Facts

Major neurocognitive disorder (NCD), known previously as dementia, is a decline in mental ability severe enough to interfere with independence and daily life.

This term was introduced when the American Psychiatric Association (APA) released the fifth edition of its Diagnostic and Statistical Manual of Mental Disorders (DSM-5). Dementia is the loss of cognitive functioning—the ability to think, remember, problem solve or reason—to such an extent that it interferes with a person's daily life and activities. The word "dementia" is related to a Latin word for "mad," or "insane." Because of this, the introduction of the term neurocognitive disorder attempts to help reduce the stigma associated with both the word dementia and the conditions that it refers to. That said, because the word dementia is in common use and is easily understood by everyone, it will likely remain in use.

Neurocognitive disorders range in severity from the mildest stage, when it is just beginning to affect a person's functioning, to the most severe stage, when the person must depend completely on others for basic activities of daily living. Functions affected include memory, language skills, visual perception, problem solving, self-management, and the ability to focus and pay attention. Some people with dementia cannot control their emotions, and their personalities may change.

While dementia is more common with advanced age (as many as half of all people age 85 or older may have some form of dementia), it is not normal part of aging. Many people live into their 90s and beyond without any signs of dementia. Prevalence of dementia increases exponentially with increasing age, and doubles every five years of age after age 65. In higher income countries such as the U.S., prevalence is 5–10% in those aged 65+ years, usually greater among women than among men, in large part because women live longer than men. Within the U.S., higher prevalence has been reported in African American and Latino/Hispanic populations than in White nonHispanic populations.

## Signs and Symptoms

Signs and symptoms of neurocognitive disorders include a decline in thinking skills, such as the ability to plan, make a decision, focus on a task, remember the names of objects and people, perform daily tasks, and speak and behave in socially accepted ways. When there

is only a slight decline in one or more of these functions, the disorder is mild. When there is a severe decline in one or more of the same functions, the disorder is considered major. Where someone falls on the spectrum of neurocognitive impairment is often measured by the degree to which the condition affects a patient's level of independence. In both mild and major neurocognitive disorders, the decline is enough to attract the attention of loved ones or health-care providers, and the disorder can be confirmed through testing.

## Causes

Various factors can lead to different kinds of NCD, but some form of nerve cell damage is common to all these conditions. How these changes impact an individual will also depend on where in the brain the damage occurs. Cardiovascular disease is increasingly recognized as not just a risk factor for vascular dementia but also for degenerative dementias, particularly Alzheimer's Disease. Risk factors in midlife, including hypertension, high cholesterol, high body mass index (BMI), and diabetes are associated with increased risk of dementia in late life, demonstrating the importance of risk exposures decades earlier. Inflammation, obstructive sleep apnea, smoking, heavy consumption of alcohol, depression, and head injury are also associated with an increased risk of dementia.

## Treatment

Even if the doctor diagnoses an irreversible form of dementia, much can still be done to treat the person and help the family cope.

For some people in the early and middle stages of Alzheimer's disease, certain medications may be prescribed to help delay the worsening of some of the disease's symptoms. Controlling high blood pressure, monitoring and treating high blood cholesterol and diabetes, and not smoking are also important.

Many people with dementia need no medication for behavioral problems. But for some, doctors may prescribe medications to reduce agitation, anxiety, depression, or sleeping problems.

## Helping Someone Else

Family members and friends can assist people with dementia in continuing their daily routines, physical activities, and social contacts. By talking about events and daily activities, they can help reinforce mental abilities.

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Cognitively stimulating activities appear to have both protective and enhancing effects on cognition. In addition, memory aids may help in the day-to-day living of people in the earlier stages of dementia. Some families find that a big calendar, a list of daily plans, notes about simple safety measures, and written directions describing how to use common household items are very useful aids. Lists and alarm clocks can also help remind the person of important times and events.

Caring for a person with dementia at home is a difficult job and can become overwhelming at times. Caregivers themselves often are at increased risk for depression and illness, especially if they do not receive adequate support from family, friends and the community.

One of the biggest struggles caregivers face is dealing with the difficult behaviors of the person they are caring for. Dressing, bathing, eating (basic activities of daily living) often become difficult to manage for the person with dementia and the caregiver. Having a plan for getting through the day can help caregivers cope.

Families often need information about community resources, such as home care, adult day care, respite programs, and nursing homes. This information may be found through local and state programs such as Northern Health Care Management and the Area Agency on Aging. For help in finding the appropriate agency in your area, call the Eldercare Locator, toll-free, at 800-677-1116.

*Sources:*

*Diagnostic and Statistical Manual, 5th Edition (DSM-5)*  
*National Institute of Mental Health*  
*National Center for Biotechnology Information*  
*National Institute on Aging*  
*Alzheimer's Disease Education and Referral Center*

**For more information contact**

Northern Lakes Community Mental Health Authority  
1-800-337-8598  
(231) 922-4850

National Institute of Mental Health  
[www.nimh.nih.gov](http://www.nimh.nih.gov)  
(800) 421-4211 (depression info)  
(888) 826-9438 (anxiety info)  
(301) 443-4513 (other info)

Mental Health America  
[www.nmha.org](http://www.nmha.org)  
(800) 969-6642

Alzheimer's Association  
(800) 272-3900  
[www.alz.org](http://www.alz.org)

Alzheimer's Disease Education and Referral Center  
(800) 438-4380  
[www.alzheimers.org](http://www.alzheimers.org)

National Institute on Aging  
[www.nia.nih.gov](http://www.nia.nih.gov)