

什么是痴呆症？

本须知单对痴呆症、谁会患上痴呆症以及一些最常见的痴呆症类型作出说明，介绍了痴呆症的一些早期体征，并强调及时获得医疗诊断的重要性。

痴呆症是指由影响大脑的病症所引起的一系列症状，并非指某一种特定的疾病。

痴呆症影响患者的思维、行为以及处理日常事务的能力。大脑功能受到的影响足以妨碍患者的正常社交或工作生活。痴呆症的标志在于患者因认知能力下降而无法开展日常活动。

若两种以上的认知功能显著受损，医生即会做出痴呆症诊断。受影响的认知功能可包括记忆力、语言技能、信息理解、空间技能、判断力和注意力。痴呆症患者在解决问题和控制情绪方面可能会有困难。他们还可能出现性格改变。痴呆症患者出现的确切症状取决于引起痴呆症的疾病损坏的大脑部位。

就许多类型的痴呆症而言，大脑中的一些神经细胞会停止工作，失去与其它细胞的连接，并且死亡。痴呆症通常具有渐进性。这意味着这种疾病在大脑逐渐扩散，患者的症状在一段时间后会变得更严重。

谁会患上痴呆症？

任何人都可能患上痴呆症，但罹患风险随年龄而增大。大多数痴呆症患者都是老年人，但务必请记住，大多数老年人并不会患上痴呆症。这并非老年化的一个正常部份，但却是大脑疾病引起的。65岁以下的人士也可能患上痴呆症，这种痴呆症称为‘年轻型痴呆症’，但较不常见。

有一些极为罕见的遗传性痴呆症类型，据悉这种痴呆症是由某种基因突变引起的。大多数痴呆症病例都不涉及这类基因，但对有痴呆症家族病史的人士而言，患上痴呆症的风险确实会增加。有关详情，请参阅《痴呆症简介：痴呆症遗传性》(About Dementia: Genetics of Dementia)须知单。

某些健康与生活方式因素似乎也对一个人患上痴呆症的风险具有一定的作用。对于有包括高血压在内的未得到治疗血管性风险因素的人士，其患上

痴呆症的风险也会增加，体智不太活跃的人士也一样。有关痴呆症风险因素的详情，请浏览网站：yourbrainmatters.org.au。

痴呆症是由什么造成的？

许多不同的疾病都会造成痴呆症。在大多数情况下，痴呆症的病因不得而知。最常见的一些痴呆症类型包括：

阿耳兹海默氏病

阿耳兹海默氏病是最常见的痴呆症类型，占有病例的三分之二左右。这种疾病会造成认知能力逐步下降，通常先从记忆力丧失开始。

阿耳兹海默氏病的特点是出现两种异常—淀粉状蛋白斑块与神经原纤维缠结。斑块是指称为乙型淀粉状蛋白堆积而形成的异常蛋白斑块。缠结是指一种叫做Tau的蛋白组成的纠结纤维堆叠成团。斑块和缠结阻止神经细胞之间沟通，造成神经细胞死亡。有关详情，请参阅《痴呆症简介：阿耳兹海默氏病》(About Dementia: Alzheimer's Disease)须知单。

血管性痴呆症

血管性痴呆症是指由脑血管受损所引起的认知障碍，可能由一次中风或一段时间中数次中风造成。

若有证据表明大脑出现血管疾病以及认知功能障碍妨碍日常生活，即可作出血管性痴呆症的诊断。血管性痴呆症的症状可能在中风后突然开始，也可能随血管疾病恶化逐渐开始出现。症状随大脑损伤的部位和大小而不同。它可能只影响一种或数种特定的认知功能。血管性痴呆症看起来可能与阿耳兹海默氏病相似，患者出现阿耳兹海默氏病与血管性痴呆症综合病征的情况较为常见。有关详情，请参阅《痴呆症简介：血管性痴呆症》(About Dementia: Vascular Dementia)须知单。

1 痴呆症简介

雷微小体式疾病

雷微小体式痴呆症的特点是出现雷微小体组织。雷微小体组织是指神经细胞内形成的共核蛋白异常结块。这类异常结块在大脑特定部位出现，造成行动、思维与行为变化。雷微小体式痴呆症患者可能在注意力和思维方面出现较大波动。患者可能从几乎正常的表现到短期内出现严重的头脑糊涂症状。此外，幻视也是一种常见症状。

雷微小体式痴呆症可包括三种重叠式紊乱：

- 雷微小体式痴呆症
- 帕金森氏病
- 帕金森氏病痴呆症

若一开始出现行动症状，通常可以作出帕金森氏病的诊断。随着帕金森氏病病情发展，大多数患者会患上痴呆症。若一开始出现认知症状，即可作出雷微小体式痴呆症的诊断。

雷微小体式痴呆症有时候会与阿耳兹海默式病和/或血管性痴呆症同时出现。有关详情，请参阅《雷微小体式痴呆症》(Lewy Body Disease)须知单。

额叶性痴呆症

额叶型痴呆症是指大脑额叶和/或颞叶出现渐进性损伤。患者通常在50多岁或60多岁开始出现症状，有时会更早出现症状。额叶型痴呆症主要表现为两种症状—额叶症状(包括行为症状和性格改变)和颞叶症状(包括语言障碍)。但这两种症状通常会重叠。

因为大脑额叶控制判断力和社交行为，额叶型痴呆症患者通常会在保持适当社交行为方面出现困难。他们可能变得粗鲁、疏忽正常责任、出现强迫性或反复性症状、暴躁好斗、缺乏抑制力或冲动行事。

额叶型痴呆症有两种主要亚型：颞叶型和语言型。语意痴呆症是指逐渐丧失对词意的理解、词不达意、难以记住人名以及出现语言理解困难。渐进性非流利性失语症较为少见，但会影响流利说话的能力。

额叶型痴呆症有时称为额颞叶性退化症(FTLD)或皮克病。有关详情，请参阅《痴呆症简介：额颞叶型痴呆症》(About Dementia: Frontotemporal Dementia)须知单，或浏览Frontier研究团体网站：neura.edu.au

这是痴呆症吗？

许多疾病的症状都与痴呆症相似。这些疾病通常可以进行治疗，包括一些维生素和荷尔蒙缺乏症、忧郁症、药物作用、感染和脑瘤等。

在症状一出现就获得早期医疗诊断，确保病情可医治的病人获得正确诊断和治疗，这一点非常重要。如果症状是由痴呆症引起，及早做出诊断，便能及早获得现有的支持、信息和药物。

痴呆症有什么早期病征？

痴呆症的早期病征可能非常细微模糊，可能不会马上变得很明显。一些常见症状可能包括：

- 渐进性和频繁性记忆力丧失
- 头脑糊涂
- 性格改变
- 无动于衷，沉默寡言
- 失去处理日常事务的能力

可以做什么来帮助控制痴呆症？

目前，大多数痴呆症类型都无法治愈。但人们发现有些药物可减轻某些症状。为痴呆症患者提供支持非常重要，家人、朋友和照顾者的帮助可对控制病情起到积极作用。

详情

澳大利亚痴呆症协会提供支持、信息、教育和心理辅导。请联络全国痴呆症帮助热线：**1800 100 500**，或浏览我们的网站：dementia.org.au。



若需要语言方面的帮助，请致电口笔译服务处电话：**131 450**。

What is dementia?

This Help Sheet describes dementia, who gets it and some of its most common forms. It describes some early signs of dementia and emphasises the importance of a timely medical diagnosis.

Dementia describes a collection of symptoms that are caused by disorders affecting the brain. It is not one specific disease.

Dementia affects thinking, behaviour and the ability to perform everyday tasks. Brain function is affected enough to interfere with the person's normal social or working life. The hallmark of dementia is the inability to carry out everyday activities as a consequence of diminished cognitive ability.

Doctors diagnose dementia if two or more cognitive functions are significantly impaired. The cognitive functions affected can include memory, language skills, understanding information, spatial skills, judgement and attention. People with dementia may have difficulty solving problems and controlling their emotions. They may also experience personality changes. The exact symptoms experienced by a person with dementia depend on the areas of the brain that are damaged by the disease causing the dementia.

With many types of dementia, some of the nerve cells in the brain stop functioning, lose connections with other cells, and die. Dementia is usually progressive. This means that the disease gradually spreads through the brain and the person's symptoms get worse over time.

Who gets dementia?

Dementia can happen to anybody, but the risk increases with age. Most people with dementia are older, but it is important to remember that most older people do not get dementia. It is not a normal part of ageing, but is caused by brain disease. Less commonly, people under the age of 65 years develop dementia and this is called 'younger onset dementia'.

There are a few very rare forms of inherited dementia, where a specific gene mutation is known to cause the disease. In most cases of dementia however, these genes are not involved, but people with a family history of dementia do have an increased risk. For more information see the Help Sheet **About Dementia 10: Genetics of dementia**.

Certain health and lifestyle factors also appear to play a role in a person's risk of dementia. People with

untreated vascular risk factors including high blood pressure have an increased risk, as do those who are less physically and mentally active. Detailed information about dementia risk factors is available at yourbrainmatters.org.au.

What causes dementia?

There are many different diseases that cause dementia. In most cases, why people develop these diseases is unknown. Some of the most common forms of dementia are:

Alzheimer's disease

Alzheimer's disease is the most common form of dementia, accounting for around two-thirds of cases. It causes a gradual decline in cognitive abilities, often beginning with memory loss.

Alzheimer's disease is characterised by two abnormalities in the brain – amyloid plaques and neurofibrillary tangles. The plaques are abnormal clumps of a protein called beta amyloid. The tangles are bundles of twisted filaments made up of a protein called tau. Plaques and tangles stop communication between nerve cells and cause them to die. For more information see the Help Sheet on **About Dementia 13: Alzheimer's disease**.

Vascular dementia

Vascular dementia is cognitive impairment caused by damage to the blood vessels in the brain. It can be caused by a single stroke, or by several strokes occurring over time.

Vascular dementia is diagnosed when there is evidence of blood vessel disease in the brain and impaired cognitive function that interferes with daily living. The symptoms of vascular dementia can begin suddenly after a stroke, or may begin gradually as blood vessel disease worsens. The symptoms vary depending on the location and size of brain damage. It may affect just one or a few specific cognitive functions. Vascular dementia may appear similar to Alzheimer's disease, and a mixture of Alzheimer's disease and vascular dementia is fairly common. For more information see the Help Sheet on **About Dementia 16: Vascular dementia**.

National Dementia Helpline 1800 100 500

dementia.org.au

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Lewy body disease

Lewy body disease is characterised by the presence of Lewy bodies in the brain. Lewy bodies are abnormal clumps of the protein alpha-synuclein that develop inside nerve cells. These abnormalities occur in specific areas of the brain, causing changes in movement, thinking and behaviour. People with Lewy body disease may experience large fluctuations in attention and thinking. They can go from almost normal performance to severe confusion within short periods. Visual hallucinations are also a common symptom.

Three overlapping disorders can be included with Lewy body disease:

- Dementia with Lewy bodies
- Parkinson's disease
- Parkinson's disease dementia

When movement symptoms appear first, Parkinson's disease is often diagnosed. As Parkinson's disease progresses most people develop dementia. When cognitive symptoms appear first, this is diagnosed as dementia with Lewy bodies.

Lewy body disease sometimes co-occurs with Alzheimer's disease and/or vascular dementia. For more information, see the Help Sheets on **Lewy body disease**.

Frontotemporal dementia

Frontotemporal dementia involves progressive damage to the frontal and/or temporal lobes of the brain. Symptoms often begin when people are in their 50s or 60s and sometimes earlier. There are two main presentations of frontotemporal dementia – frontal (involving behavioural symptoms and personality changes) and temporal (involving language impairments). However, the two often overlap.

Because the frontal lobes of the brain control judgement and social behaviour, people with frontotemporal dementia often have problems maintaining socially appropriate behaviour. They may be rude, neglect normal responsibilities, be compulsive or repetitive, be aggressive, show a lack of inhibition or act impulsively.

There are two main forms of the temporal or language variant of frontotemporal dementia. Semantic dementia involves a gradual loss of the meaning of words, problems finding words and remembering people's names, and difficulties understanding language. Progressive non-fluent aphasia is less common and affects the ability to speak fluently.

Frontotemporal dementia is sometimes called frontotemporal lobar degeneration (FTLD) or Pick's disease. For more information, see the Help Sheet on **About Dementia 17: Frontotemporal dementia**, or visit the Frontier research group website **neura.edu.au**

Is it dementia?

There are a number of conditions that produce symptoms similar to dementia. These can often be treated. They include some vitamin and hormone deficiencies, depression, medication effects, infections and brain tumours.

It is essential that a medical diagnosis is obtained at an early stage when symptoms first appear to ensure that a person who has a treatable condition is diagnosed and treated correctly. If the symptoms are caused by dementia, an early diagnosis will mean early access to support, information and medication should it be available.

What are the early signs of dementia?

The early signs of dementia can be very subtle, vague and may not be immediately obvious. Some common symptoms may include:

- Progressive and frequent memory loss
- Confusion
- Personality change
- Apathy and withdrawal
- Loss of ability to perform everyday tasks

What can be done to help?

At present there is no cure for most forms of dementia. However, some medications have been found to reduce some symptoms. Support is vital for people with dementia and the help of families, friends and carers can make a positive difference to managing the condition.

FURTHER INFORMATION

Dementia Australia offers support, information, education and counselling. Contact the National Dementia Helpline on **1800 100 500**, or visit our website at **dementia.org.au**



For language assistance phone the Translating and Interpreting Service on **131 450**