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Dementia

Dementia is a syndrome – usually of a chronic or progressive nature – in which there is deterioration in cognitive function (i.e. the ability to process thought) beyond what might be expected from normal ageing.

It affects memory, thinking, orientation, comprehension, calculation, learning capacity, language, and judgment. Consciousness is not affected. The impairment in cognitive function is commonly accompanied, and occasionally preceded, by deterioration in emotional control, social behaviour, or motivation.

Dementia results from a variety of diseases and injuries that primarily or secondarily affect the brain, such as Alzheimer's disease or stroke.

Dementia is one of the major causes of disability and dependency among older people worldwide. It is overwhelming not only for the people who have it, but also for their carers and families. There is often a lack of awareness and understanding of dementia, resulting in stigmatization and barriers to diagnosis and care. The impact of dementia on carers, family and societies can be physical, psychological, social and economic.

Signs and symptoms

Dementia affects each person in a different way, depending upon the impact of the disease and the person's personality before becoming ill. The signs and symptoms linked to dementia can be understood in three stages.

Early stage: the early stage of dementia is often overlooked, because the onset is gradual. Common symptoms include:

- forgetfulness
- losing track of the time
- becoming lost in familiar places

Middle stage: as dementia progresses to the middle stage, the signs and symptoms become clearer and more restricting.
These include:

- becoming forgetful of recent events and people's names
- becoming lost at home
- having increasing difficulty with communication
- needing help with personal care
- experiencing behaviour changes, including wandering and repeated questioning

Late stage: the late stage of dementia is one of near total dependence and inactivity. Memory disturbances are serious and the physical signs and symptoms become more obvious.

Symptoms include:

- becoming unaware of the time and place
- having difficulty recognizing relatives and friends
- having an increasing need for assisted self-care

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- having difficulty walking

- experiencing behaviour changes that may escalate and include aggression

Common forms of dementia

There are many different forms of dementia. Alzheimer's disease is the most common form of dementia and may contribute to 60–70% of cases. Other major forms include vascular dementia, dementia with Lewy bodies (abnormal aggregates of protein that develop inside nerve cells), and a group of diseases that contribute to frontotemporal dementia (degeneration of the frontal lobe of the brain). The boundaries between different forms of dementia are indistinct and mixed forms often co-exist.

Rates of dementia

Worldwide, around 50 million people have dementia, with nearly 60% living in low- and middle-income countries. Every year, there are nearly 10 million new cases.

The estimated proportion of the general population aged 60 and over with dementia at a given time is between 5 to 8 per 100 people. The total number of people with dementia is projected to reach 82 million in 2030 and 152 in 2050. Much of this increase is attributable to the rising numbers of people with dementia living in low- and middle-income countries.

Treatment and care

There is no treatment currently available to cure dementia or to alter its progressive course. Numerous new treatments are being investigated in various stages of clinical trials.

However, much can be offered to support and improve the lives of people with dementia and their carers and families. The principal goals for dementia care are:

- early diagnosis in order to promote early and optimal management

- optimizing physical health, cognition, activity and well-being

- identifying and treating accompanying physical illness

- detecting and treating challenging behavioural and psychological symptoms

- providing information and long-term support to carers

Risk factors and prevention

Although age is the strongest known risk factor for dementia, it is not an inevitable consequence of ageing. Further, dementia does not exclusively affect older people – young onset demen-

tia (defined as the onset of symptoms before the age of 65 years) accounts for up to 9% of cases.

Some research has shown a relationship between the development of cognitive impairment and life-style related risk factors that are shared with other noncommunicable diseases. These risk factors include physical inactivity, obesity, unhealthy diets, tobacco use and harmful use of alcohol, diabetes, and midlife hypertension. Additional potentially modifiable risk factors include depression, low educational attainment, social isolation, and cognitive inactivity.

Social and economic impacts

Dementia has significant social and economic implications in terms of direct medical and social care costs, and the costs of informal care. In 2015, the total global societal cost of dementia was estimated to be US$ 818 billion, equivalent to 1.1% of global gross domestic product (GDP). The total cost as a proportion of GDP varied from 0.2% in low- and middle-income countries to 1. 4% in high-income countries.

Impact on families and carers

Dementia is overwhelming for the families of affected people and for their carers. Physical, emotional and economic pressures can cause great stress to families and carers, and support is required from the health, social, financial and legal systems.

Human rights

People with dementia are frequently denied the basic rights and freedoms available to others. In many countries, physical and chemical restraints are used extensively in care homes for older people and in acute-care settings, even when regulations are in place to uphold the rights of people to freedom and choice.

An appropriate and supportive legislative environment based on internationally-accepted human rights standards is required to ensure the highest quality of service provision to people with dementia and their carers.

Source:

WHO. Dementia Fact Sheet. https://www.who.int/news-room/fact-sheets/detail/dementia

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Table 1: Selected notifiable diseases reported by Medical Officers of Health 29th– 05th October 2018(40th Week)

RDHS Division	Dengue Fever		Dysentery		Encephalitis		Enteric Fever		Food Poisoning		Leptospirosis		Typhus Fever		Viral Hepatitis		Human Rabies		Chickenpox		Meningitis		Leishmaniasis		WRCD	
	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	T*	C**
Colombo	75	7651	2	71	0	9	1	37	0	29	5	174	0	12	0	6	0	0	15	573	0	55	0	4	62	100
paha	46	4339	0	58	0	8	0	20	0	168	2	187	1	5	0	12	0	0	28	614	0	38	1	41	65	100
Kalutara	28	2513	4	73	1	5	0	11	0	54	26	504	0	6	0	12	0	0	27	534	1	82	0	9	54	100
Kandy	41	2981	4	97	0	5	0	3	0	20	4	69	0	86	0	18	1	1	6	273	2	32	0	25	59	100
Matale	4	784	0	17	0	1	0	4	6	38	2	76	0	2	0	7	0	0	1	37	3	13	4	112	61	100
NuwaraEliya	5	170	0	49	1	4	0	12	0	47	0	39	6	120	0	23	0	0	3	188	0	36	0	0	26	100
Galle	8	800	0	42	1	11	1	6	2	14	10	324	2	53	0	3	0	1	4	284	0	49	0	5	26	100
Hambantota	18	741	0	14	0	4	0	3	0	5	2	62	4	68	0	3	0	1	4	221	3	13	8	652	71	100
Matara	16	887	1	35	0	6	1	7	0	23	3	195	0	41	0	15	0	0	6	241	0	12	20	384	55	100
Jaffna	33	2432	8	134	0	5	4	41	1	217	0	10	0	257	0	1	0	2	4	245	0	9	0	3	37	93
Kilinochchi	2	276	0	26	0	1	1	17	3	5	0	5	0	16	0	0	0	1	0	31	0	2	0	1	50	100
Mannar	2	192	0	17	0	0	0	3	0	2	0	1	0	1	0	0	0	0	0	27	0	4	0	3	37	100
Vavuniya	4	492	0	15	0	4	3	41	0	12	1	32	0	7	0	0	0	1	0	41	0	5	1	11	59	100
Mullaitivu	2	95	0	7	0	0	0	10	0	11	0	8	0	6	0	0	0	1	0	9	0	1	0	2	25	100
Batticaloa	23	4306	5	145	0	5	0	7	0	26	0	39	0	1	0	2	0	3	9	156	0	18	0	0	66	100
Ampara	2	202	0	54	0	3	0	2	0	9	0	34	0	0	0	7	0	1	2	259	0	22	0	2	66	100
Trincomalee	10	939	0	36	0	2	0	4	0	13	0	48	0	22	0	2	0	0	3	173	0	9	0	18	29	100
Kurunegala	20	2000	3	112	2	16	0	13	0	4	4	119	0	21	0	20	0	2	12	444	1	80	20	327	62	100
Puttalam	12	1449	4	39	0	6	0	4	0	10	2	41	0	11	0	2	0	0	4	123	0	68	0	2	62	100
Anuradhapura	5	741	2	48	0	7	0	4	0	39	1	112	0	17	0	11	0	2	5	350	2	40	20	393	44	95
Polonnaruwa	1	260	1	32	0	2	0	0	0	18	0	94	0	0	0	4	0	1	12	224	0	18	2	199	56	88
Badulla	7	453	2	100	0	8	2	10	0	15	5	140	2	75	13	59	0	0	5	389	2	98	0	7	47	100
Monaragala	9	746	1	65	0	2	0	1	0	2	6	241	3	120	1	35	0	0	1	153	3	117	2	38	67	100
Ratnapura	20	1866	2	151	0	37	0	21	0	5	13	566	1	26	4	25	0	2	13	252	1	100	3	181	48	100
Kegalle	9	1172	0	49	0	8	0	7	1	82	2	226	4	68	0	13	0	0	9	320	0	42	0	13	65	100
Kalmune	13	1564	4	40	0	3	1	3	0	31	0	7	0	1	0	1	0	0	3	168	2	14	0	1	50	100
SRILANKA	**415**	**40051**	**43**	**1526**	**5**	**162**	**14**	**291**	**13**	**899**	**88**	**3353**	**23**	**1042**	**18**	**281**	**1**	**19**	**176**	**6329**	**20**	**977**	**81**	**2433**	**53**	**99**

Source: **Weekly Returns of Communicable Diseases (WRCD).**

*T=Timeliness refers to returns received on or before 05th October, 2018 Total number of reporting units 353 Number of reporting units data provided for the current week: 351 **C***-Completeness

A = Cases reported during the current week. B = Cumulative cases for the year.

Table 2: Vaccine-Preventable Diseases & AFP   **29th– 05th October 2018(40th Week)**

Disease	No. of Cases by Province									Number of cases during current week in 2018	Number of cases during same week in 2017	Total number of cases to date in 2018	Total number of cases to date in 2017	Difference between the number of cases to date in 2018 & 2017
	W	C	S	N	E	NW	NC	U	Sab					
AFP*	00	00	00	01	00	00	00	00	00	01	03	48	53	- 9.4 %
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	0%
Mumps	03	01	00	00	01	01	01	00	00	07	04	272	247	10.1 %
Measles	02	00	00	00	00	00	00	00	00	02	01	100	175	- 42.8 %
Rubella	00	00	00	00	00	00	00	00	00	00	01	04	10	- 60 %
CRS**	00	00	00	00	00	00	00	00	00	00	00	00	01	0%
Tetanus	00	00	00	00	00	00	00	00	00	00	02	17	16	6.2 %
Neonatal Tetanus	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Japanese En-cephalitis	00	00	00	00	00	00	00	00	00	00	00	25	21	19.0 %
Whooping Cough	01	00	00	00	00	00	00	00	00	01	00	41	18	127.7 %
Tuberculosis	68	16	01	10	20	26	01	15	01	158	232	6591	6493	1.5 %

Key to Table 1 & 2
Provinces: **W**: Western, **C**: Central, **S**: Southern, **N**: North, **E**: East, **NC**: North Central, **NW**: North Western, **U**: Uva, **Sab**: Sabaragamuwa.
RDHS Divisions: **CB**: Colombo, **GM**: Gampaha, **KL**: Kalutara, **KD**: Kandy, **ML**: Matale, **NE**: Nuwara Eliya, **GL**: Galle, **HB**: Hambantota, **MT**: Matara, **JF**: Jaffna,
                    KN: Killinochchi, **MN**: Mannar, **VA**: Vavuniya, **MU**: Mullaitivu, **BT**: Batticaloa, **AM**: Ampara, **TR**: Trincomalee, **KM**: Kalmunai, **KR**: Kurunegala, **PU**: Puttalam,
                    AP: Anuradhapura, **PO**: Polonnaruwa, **BD**: Badulla, **MO**: Moneragala, **RP**: Ratnapura, **KG**: Kegalle.
Data Sources:
Weekly Return of Communicable Diseases: Diphtheria, Measles, Tetanus, Neonatal Tetanus, Whooping Cough, Chickenpox, Meningitis, Mumps., Rubella, CRS,
Special Surveillance: **AFP* (**Acute Flaccid Paralysis), Japanese Encephalitis
CRS** =Congenital Rubella Syndrome
NA = Not Available

Dengue Prevention and Control Health Messages
Look for plants such as bamboo, bohemia, rampe and banana in your surroundings and maintain them free of water collection.

Comments and contributions for publication in the WER Sri Lanka are welcome. However, the editor reserves the right to accept or reject items for publication. All correspondence should be mailed to The Editor, WER Sri Lanka, Epidemiological Unit, P.O. Box 1567, Colombo or sent by E-mail to **chepid@sltnet.lk. Prior approval should be obtained from the Epidemiology Unit before publishing data in this publication**

ON STATE SERVICE

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