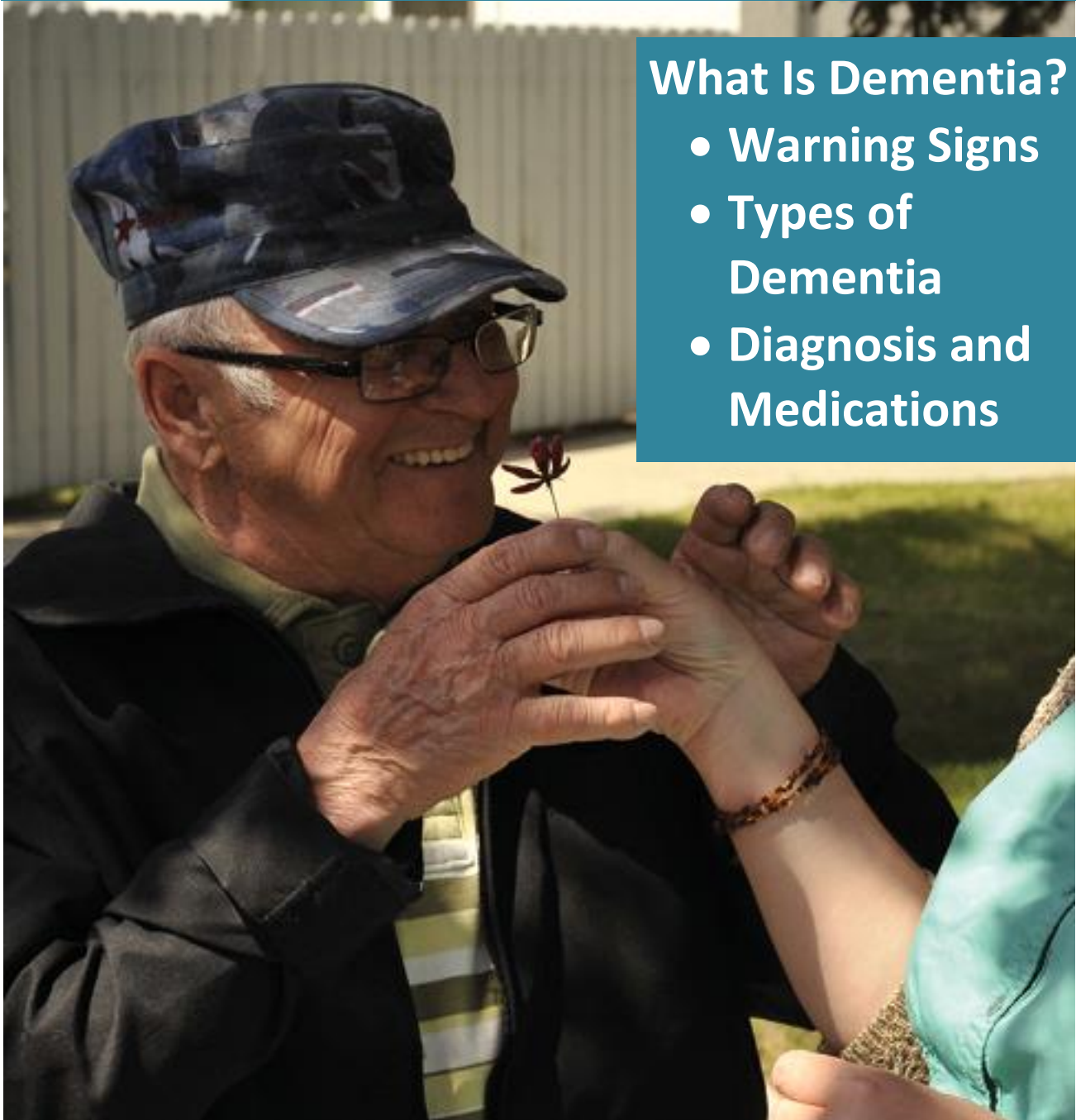


# Dementia Network Calgary Resource Guide

## What Is Dementia?

- Warning Signs
- Types of Dementia
- Diagnosis and Medications



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## Introduction

If you are looking at this resource, it is likely that you or someone you know is dealing with dementia. Often, the diagnosis of dementia leaves people feeling upset and uncertain about what to do next. The purpose of this document is to give you some information as well as ideas for where to go for more information on topics that you might be interested in or have questions about. Some of the information and resources may not be relevant to you right now, but the journey with dementia can be a long one, and this resource may be helpful to you along the way.

Wherever you are – worried about the possibility of dementia, newly diagnosed, or further along – we want you to know that there are resources and supports available to you. Every journey is unique and different, and as your needs and questions change, there will be support and someone for you talk to.

You don't need to have a long list of resources and knowledge to find help. These three numbers are a good place to start:

Health Link – Dementia Advice: 811

Alzheimer Society of Calgary: 403-290-0110

Your family doctor: \_\_\_\_\_

## How to Use this Guide

The document is intended to serve as a starting point; each person's situation is unique and different, and as a result, it is difficult to create a resource that answers all potential questions. If you find that this guide doesn't answer your questions, please note that does not mean that there isn't help available for you. To start finding some answers, please call one of the numbers listed above – the Alzheimer Society, the Dementia Advice Line through 811, or your family doctor. Those resources are great starting points for people seeking information about dementia.

This guide is intended for people living in or near Calgary, and most of the resources discussed will be in the Calgary area. If accessing the internet creates difficulty for you please contact the Alzheimer Society of Calgary.

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## Warning Signs

Dementia is not a normal part of aging. Recognizing the symptoms is important, in order to help to identify when it is time to seek assistance. Below are the ten warning signs for dementia:

### 1. MEMORY LOSS

Forgetting things more often and not remembering them later; for example, forgetting the car is parked at the mall and taking the bus home. Normal age-related change: Forgetting the name of a person momentarily or forgetting an appointment and recalling it later.

### 2. DIFFICULTY WITH FAMILIAR TASKS

Having trouble with simple tasks such as making a cup of coffee or a sandwich; remembering the rules of a favourite game. Normal age-related change: Needing occasional help with the settings of the television or another appliance.

### 3. DIFFICULTY WITH LANGUAGE

Struggling with vocabulary, frequently experiencing trouble finding the right word or calling things by the wrong name. Normal age-related change: Having difficulty finding the right word from time to time.

### 4. CONFUSION OF TIME AND PLACE

Becoming lost in a familiar neighbourhood or not knowing how you arrived at a particular place; difficulty with finding your way home. Normal age-related change: Momentarily forgetting the day of the week or the reason you went into a room.

### 5. POOR JUDGMENT

Unusual changes in judgment or decision making, such as wearing a heavy sweater on a hot day, or being unable to make decisions that used to be simple. Normal age-related change: Making poor decisions occasionally, such as putting off a doctor's visit despite being sick.

### 6. PROBLEMS WITH ABSTRACT THINKING

Having difficulty with numbers, like finding the right coins for the bus, being unable to read a non-digital clock, or not knowing what the numbers mean on a cheque. Normal age-related change: Having occasional difficulty doing simple calculations.

### 7. MISPLACING THINGS

Putting items in odd places, like putting the milk in the pantry, placing car keys in the bathroom cabinet, or being unable to think back through the activities of the day to determine where the keys could have been left. Normal age-related change: Forgetting where you left the keys from time to time, and being able to retrace your steps to retrieve them.

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## 8. **CHANGES IN MOOD AND BEHAVIOUR**

Acting out of character; having rapid changes in mood for no apparent reason, like becoming easily angry or upset or increasingly suspicious. Normal age-related change: Getting upset and anxious when a set routine is changed.

## 9. **CHANGES IN PERSONALITY**

Acting very different than usual; appearing confused, fearful, apathetic or lacking confidence. An outgoing person may become more introverted, or vice versa. Normal age-related change: Personality changes can sometimes happen over time, but they are typically not dramatically different or prominent changes for the person.

## 10. **LOSS OF INITIATIVE**

Seeming inability to begin a task without cues or prompting. Withdrawing from hobbies, social activities, work projects or sports. Normal age-related change: Sometimes feeling tired of work, family or social obligations.

It is important to be aware that all people experience or display these symptoms from time to time. For someone with dementia, however, the difference is more profound and the symptoms interfere with their ability to conduct a normal day to day life.

Warning Signs from the Alzheimer Society of Calgary website. Used with permission.

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## Forms of Dementia

Dementia is a term used to apply to a variety of conditions that can cause a person to have memory problems, difficulty with judgment and reasoning, changes in mood, behaviour, and ability to communicate. It is important to know that dementia is not a normal part of aging and that getting a diagnosis is an important first step in preparing for the road ahead.

Some of the most common forms of dementia are:

**ALZHEIMER'S DISEASE:** Alzheimer's disease is the most common type of dementia. Alzheimer's disease is a physical, progressive and degenerative disease of the brain characterized by memory loss, communication difficulties, disorientation regarding time and place, changes in personality and behaviour. Each of these symptoms affects a person's ability to function independently.

It is caused by the appearance of plaques and tangles in the brain and affects the ability of the nerve cells to communicate with each other, ultimately causing the nerve cells to die. In addition to the loss of connections between cells, there is a decrease in the level of neurotransmitters that help transmit messages from one cell to the other. The affected parts of the brain may shrink as a result.

Symptoms of Alzheimer's disease and the course of its progression can vary greatly from one person to another, depending on the parts of the brain affected and the rate of progression.

**VASCULAR DEMENTIA:** Vascular dementia is the second most common type of dementia occurring in the population. It's caused by an interruption of blood flow to the brain and the resulting death of brain cells responsible for regular functioning. Typically, it's a series of strokes or a blockage in the arteries that creates this interruption of blood flow to the brain.

Common symptoms include memory loss, confusion, hallucinations and problems with visual perception. Additional symptoms coordinate with the location of the event that has taken place in the brain (E.g., loss of strength in a particular area of the body or drooping of the eyelids).

**FRONTO-TEMPORAL DEMENTIA:** Frontotemporal lobe dementia (FTD) is an umbrella term for a spectrum of relatively uncommon disorders that primarily affect the frontal and temporal lobes of the brain, which are the areas associated with personality, behaviour and language. It is caused by the death of brain cells in the frontal and temporal lobes of brain, causing portions of those areas to atrophy or shrink, and is a significant cause of dementia in younger people.

**LEWY BODY DEMENTIA:** Lewy Body Dementia (LBD) is a form of progressive dementia identified by unusual collections of alpha-synuclein proteins (called lewy bodies) in the nerve cells of the brain. The typical onset is between 60 and 65 years of age.

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Lewy Body Dementia has similarities with both Alzheimer's disease and Parkinson's disease. What differentiates Lewy Body Dementia from other types of dementia is often visual hallucinations, fluctuating intellectual (cognitive) skills and development of a shuffling gait (Parkinson-type symptoms).

There are other forms of dementia that are less common, and having one form of dementia does not preclude having other forms as well.

**WEB RESOURCES:**

Alzheimer Society of Calgary: [www.alzheimercalgary.ca](http://www.alzheimercalgary.ca)

Educational videos about dementia:

[www.youtube.com/playlist?list=plksatcjjpzu\\_easeadsgvwsuybd7nta8b](http://www.youtube.com/playlist?list=plksatcjjpzu_easeadsgvwsuybd7nta8b)

**PHONE NUMBERS:**

Alzheimer Society of Calgary: 403-290-0110

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## Getting a Diagnosis

The starting point for dealing with dementia is getting a diagnosis. This process usually starts with your family doctor. Before your visit, you may want to consider preparing for the appointment by spending some time documenting:

- When symptoms began and if they are changing over time. The more specific you can be, the better. The warning signs discussed earlier in this guide may be of assistance in creating a list of what symptoms are being experienced and how they might be changing over time.
- Any medications currently being taken along with any important aspects of a medical history
- Questions you have.

### WEB RESOURCES:

Preparing for a Doctor's Visit: [www.alzheimer.ca/en/about-dementia/diagnosis](http://www.alzheimer.ca/en/about-dementia/diagnosis)

Primary Care Network: for assistance in finding a doctor: [www.calgaryareadocs.com](http://www.calgaryareadocs.com)

### PHONE RESOURCES:

Health Link for assistance in finding a doctor: 811

## After the Diagnosis

Following a diagnosis, you may have many questions. This section outlines some of the most common first steps that need to be considered.

### EMOTIONAL SUPPORT

Coming to terms with the diagnosis is a difficult step. If you need someone to talk to regarding the diagnosis, there are many supports available.

Alzheimer Society of Calgary has one-to-one support available as well as support groups that offer a chance to discuss your situation with others who are going through similar experiences.

The Family Caregiver Centre offers counselling supports for caregivers. The 211 Information and Referral line can also assist in locating and accessing other counselling services.

### PHONE RESOURCES

Family Caregiver Centre 403-955-1674

Other counselling supports: 211



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## Medications

While there are currently no medications that reverse or stop the course of dementia, there are medications that can assist with cognitive function, for a time. Three types of medications can be used in the early to moderate stages (brand name in brackets):

- Donepezil (Aricept)
- Rivastigmine (Exelon)
- Galantamine (Reminyl)

These medications assist the brain cells in communicating with each other, providing an improvement in memory function for some people. However, not every individual responds well to the medication, nor are they appropriate in all situations.

A fourth approved medication, Memantine, is for people in the more advanced stages of dementia. Memantine is not covered by public health insurance in Alberta.

Other medications may also be prescribed to assist with anxiety, depression, or other health issues that someone may have. All medication use should be discussed with your doctor, and monitored for effectiveness and side effects

## Sharing the diagnosis

Once a diagnosis has been made, a common situation faced by many people is deciding who to tell and when to tell them. The stigma and lack of understanding that exists with dementia leaves many reluctant or scared to share the diagnosis.

There is no right way to share the diagnosis, but it is important to note that friends and family members will start to notice changes and will start to wonder what is happening. Without information and understanding, they may withdraw from interaction or not be available for support going forward.

Sharing information about the disease, its effects, and other educational resources will help with understanding. It can also open up a conversation about how they can help with care. It is an opportunity to remind everyone that the person with dementia still has capabilities and should still be included in activities and plans.

Dementia Network Calgary has also crafted some tools which may be useful in discussions with friends and family. Let me Re-Introduce myself is a toolkit designed to help the person with dementia share their story with their friends, family, and others who might need to know what is happening. It offers a template for the person with dementia and their family to begin the conversation with others about the diagnosis.

The Communicating and engaging toolkit offers some strategies for family members and friends to assist them in continuing to engage with the person with dementia.



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For more information, or to provide feedback, please contact:

Alzheimer Society of Calgary  
[www.alzheimercalgary.ca](http://www.alzheimercalgary.ca)  
403-290-0110

OR

Dementia Network Calgary  
[www.dementianetworkcalgary.ca](http://www.dementianetworkcalgary.ca)

## Notes