

Editorial

Dementia-The Deadly Myth of Aging

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A confused older man was brought to the emergency room by his family. Diagnosed as having dementia, he was placed in a holding area and died hours later because of severe hypertension which was the real cause of this man's confusion. A 77-year-old woman, who, according to her family, sits all day and does nothing but stare at the television is called senile by her family. She is actually depressed and contemplating suicide. A once sharp 80-year-old man had been diagnosed with dementia a year earlier by his family physician, because he had a poor memory and a CAT scan that was indicative of Alzheimer's. No one noticed that his problems really began after he started taking an over-the-counter sleeping medication. He died recently because of an accidental drug overdose of this same medication.

The common thread in the above stories is that these persons were old and presumed to be demented or "senile". Professionals and lay persons alike routinely and unwittingly dispense a life sentence of misery, or worse, death to these older individuals.

These misjudgments are the result of a common misperception which I call the "The Deadly Myth of Aging". As a result millions of people live a life far different from the concept of the golden years. Many of these people prematurely die and we, as a society, are doing very little to stop this tragedy.

The diagnosis of dementia is essentially a chronic death sentence. Our society sees this malady as the beginning of the end for all older folks. However, dementia is significantly over diagnosed. For example, there are millions of depressed older persons, some of whom have a condition called "pseudo dementia". These people appear to be demented, however, they are actually depressed and with appropriate treatment their dementia can be reversed.

There are many other conditions that resemble Alzheimer's disease. A large number of elderly individuals have delirium which, on a subacute basis, can mimic dementia. These persons become confused as a result of misusing medications or as a result of some medical condition. Most of these conditions can be reversed with proper medical treatment and the dementia-like syndrome disappears. If the delirium-causing medical condition is not properly treated, these individuals may die as a result. An improper diagnosis of dementia is a dangerous one; and millions are affected.

We, as a caring society, must abandon the stereotype that older

people become senile. Because this misconception has been long-standing, this process will take years to accomplish. Thus, it not only affects our current elderly population, but will affect our younger generation in years to come, if we continue our current course. This process is costly both financially and in terms of human lives. For example, if just one person could have their so called "dementia" treated and reversed, it could save our society \$70,000 per year in nursing home costs.

Currently, 1.6 million people reside in nursing homes and almost one million in assisted living facilities. The annual average costs of nursing home and assisted living beds are about \$70,000 and \$24,000 per year respectively. If 10%, which I believe is a low estimate, of these persons have been misdiagnosed with Alzheimer's dementia, and, as a result, are living in such places, then we could save about 13.6 billion per year. The key would be to identify and treat these people so that they would not be disabled to the point where they require these facilities.

Let us take a look at the human cost. If you were told that your family member's dementia had a 10% chance of being reversed and even cured, would you pursue the evaluation? I am sure most of us would jump at this offer. I cannot tell you how many times physicians have heard the lament that sons or daughters wish they could have had that one more opportunity to have their parents enjoy their grandchildren or to take them on that special vacation. Such an intervention would provide quality years to this sizable group of elderly persons.

Here are the steps to destroy the deadly myth of old age and dementia. First, remember these are real people. Forget about their age for a moment. If younger persons had the same symptoms of dementia, we would use all of our resources to find the cause and fix it. Let us give our elders that same opportunity.

Second, we should advocate that all people, including the media, portray older persons as vibrant and active. There should be more stories and shows focusing on the spry, wise and witty elderly. We should denounce anyone who would use the elderly and, particularly the demented older person, as a basis of tasteless comedy routines.

This only serves to perpetuate the false image of the old senile buffoon.

Third, our healthcare system needs to provide updated education to providers that counter the idea that old folks automatically become senile. Perhaps we should occasionally bring in healthy, sharp elderly individuals into our training hospitals and clinics to show that this population does, indeed, exist. Doctors, thoroughly trained in the cultural issues of aging should be coming out of our medical schools. These physicians need to be reoriented from just treating disease to treating people.

Fourth, the same healthcare organizations need to provide similar education to the lay population. All information channels need to be

utilized to get the message out. Dementia or senility should not be considered normal in old age.

Finally, families and friends of elderly individuals who begin to show signs of senility should demand a comprehensive medical evaluation so that all potential causes of “dementia” can be discovered and addressed. Finding a physician who has this orientation can, at times, be difficult. Ask others who have gone through the same process or call your local medical society. The latter will usually have a directory indicating the doctors who have expertise with the elderly. When you make an appointment with a physician, you have every right to ask about the scope of the examination your family member

will receive. The doctor or office staff should be able to tell you that they will take ample time to obtain a thorough history and perform a careful examination. They should also assure you that all appropriate tests and medication reviews will be done. A ten to twenty minute visit will not do.

Our mission is clear. We can reverse this stereotype by discarding the concept that older persons routinely become senile. If people, who start to show dementia, are thoroughly evaluated and treated, instead of ignored, we will decrease medical costs substantially, save lives and, more importantly, give back the golden years to our elders. We must start now.