



MEDICAL DISORDERS IN OLDER PEOPLE WITH DEMENTIA – FACTSHEET

Medical disorders in older people are common and people with dementia are no less at risk than the general population of developing medical problems. Key areas are discussed here - high blood pressure, cholesterol, diabetes and thyroid disease.

Screening for and management of these comorbid conditions is more challenging in the presence of dementia because the patient may not report symptoms accurately or adhere to treatment recommendations. However, modifying these conditions may reduce the severity of cognitive impairment or dementia.

High blood pressure

Blood pressure is represented by two readings – a higher one (the systolic) and a lower one (the diastolic). The average blood pressure reading is 120/80. Blood pressure tends to increase with age, but this is less marked in people who live low-stress, active lives. Monitoring blood pressure is particularly important in older people. It has been shown by carrying out repeated blood pressure measurements (repeated measurements over a 20-minute period), that blood pressure in older people tends to drop with each successive measurement. It is therefore suggested that allowing people to relax for 15 minutes before a blood pressure check may result in a more accurate measurement.

In many older people, only the systolic blood pressure goes up. In older adults, arteries become stiffer and lose their elasticity. The main artery in the body, the aorta, cannot therefore expand as much as formerly when the heart pumps blood through it. Because the aorta is stiff and the heart has to pump harder, systolic blood pressure is elevated. It has been shown that treating high blood pressure is beneficial for older adults, possibly even more so than for younger people. Treating high blood pressure results in fewer strokes, heart attacks and heart failure in older adults with raised systolic blood pressure. However, most doctors do not recommend starting new treatment for mildly elevated blood pressure; nor is stopping existing treatment recommended. Treatment is

recommended if at least three consecutive readings are over 140/90.

High cholesterol

Cholesterol is a fatty substance that is present in all the cells of the body. It comes from two sources. The body itself makes some cholesterol, and it can be found in foods that come from animal sources (meat, milk and eggs). Eating too much of these foods may increase the total amount of cholesterol in the blood. Excess cholesterol can deposit in the arteries and decrease the blood flow and oxygen supply to the heart, brain and other body parts. One of the best ways to decrease the risk of having a heart attack or stroke is to control the amount of cholesterol in the blood. The best way to measure cholesterol is with blood test called a lipid profile. A patient should not eat for 12 hours before the blood test. The doctor will recommend treatment based on the results of the lipid profile. A cholesterol value of over 6.5 mmol/l is high. The treatment may include therapeutic lifestyle changes (healthy diet, exercise) or medication. Various medications can lower blood cholesterol levels. They may be prescribed individually or in combination with other drugs. Some of the common types of cholesterol-lowering drugs include simvastatin, gemfibrozil and clofibrate. After initiating treatment, the doctor may perform a new blood control several times a year to establish how the patient is responding. Based on the lipid profile results, the doctor may ask the patient to improve his diet, increase exercise or change his medication.

High blood sugar (Diabetes)

The main symptoms of diabetes are extreme thirst, weight loss despite eating and producing too much urine due to excess sugar in the blood. The sugar consumed by a diabetic does not get inside cells because there is a lack of effective insulin (the hormone produced by the pancreas which regulates the control of blood sugar). This chemical hormone comes from the pancreas and circulates freely in the blood. Energy in cells comes principally from sugar. If it is unable to

get into the cell due to lack of insulin, it builds up in the blood and is excreted in the urine. The high concentration of sugar extracts fluid from the rest of the body, which is why untreated patients are thirsty. Diabetes comes in two forms. Type I, where there is little or no circulating insulin, Type II, where the insulin for some reason does not interact with the cell. Type II usually occurs in older people who are often obese and are usually insulin insensitive. Exercise improves the sensitivity of cells to insulin and is particularly helpful in Type II diabetes. It is very important to control diabetes. Although urine glucose testing is not usually adequate, it is possible to prevent damage to the eyes, brain or kidney by testing blood sugar levels. For the elderly who have difficulties taking the pills that lower blood sugar, help is available. For example, sectional medication boxes may be of assistance. Syringe magnifiers and needle guides can help with insulin taking. With careful blood sugar control, diet and possibly by the use of tablets for lowering sugar, or by injections of insulin, complications can be delayed or even prevented.

Thyroid disease

The thyroid is a butterfly-shaped gland located in the lower neck, just above the collarbone. When it makes too much or too little thyroid hormone, many parts of the body may not work properly. There are two forms of thyroid disease: overactive (hyperthyroidism) and underactive (hypothyroidism). Both forms occur more frequently in older adults. The thyroid should be checked if the patient experiences any of the following symptoms: tiredness, change in appetite or weight, depression, forgetfulness or trouble sleeping. If thyroid disease is not treated it can lead to high cholesterol levels, heart disease or muscle weakness. If the thyroid gland has grown bigger and/or makes too much thyroid hormone the following symptoms may occur: nervousness, racing heart, sweating, tiredness, weight loss or depression. A blood test measures the level of thyroid hormone. The doctor may prescribe medication that slows down the thyroid. Because this works by destroying thyroid tissue, the thyroid will need to be monitored for the rest of the patient's life. Production of thyroid hormone slows down with age. The problem is more common in women. It starts slowly and symptoms may include: depression, confusion or forgetfulness, dry skin, deafness, hoarseness, weakness in the hands, trouble maintaining balance, constipation and

difficulties coping with cold weather. A blood test can find out if the thyroid hormone production is below normal levels. Not all patients with decreased thyroid hormone levels will have full thyroid failure. If the symptoms are not severe, the doctor may decide to wait and measure hormone levels again. If symptoms of fatigue, low energy or constipation are present, a trial of thyroid hormone replacement therapy may help.

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The views expressed in this factsheet are those of the author, not necessarily those of the NWDC

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