Other conditions with dementia: what to ask your doctor

You may experience other medical problems or conditions that may or may not be related to dementia. Each person is different and the way these medical problems or conditions are managed for you might be different from how they would be managed for someone who does not have dementia.

This fact sheet outlines information about some conditions commonly experienced by people living with dementia, to help enable them and their family, friends and carers to be involved in decisions about management and support for these conditions.

Depression

It is normal to feel sad or down from time to time, but this is not the same as being depressed. A person who is depressed will experience negative feelings on a regular basis for several weeks or longer.[1] These feelings commonly include unhappiness, hopelessness, low self-esteem and loss of interest in previously enjoyable activities.[1, 2] People with depression may also experience physical symptoms such as fatigue, sleep disturbances and changes in appetite.[1, 2]

Depression is common in people living with dementia and can be difficult to diagnose because some symptoms are similar to those of dementia.[1, 2] If depression is suspected, it is important that you speak to your doctor. Once a diagnosis of depression is confirmed, choosing the most appropriate management approach for a person can be challenging. Growing evidence supports the use of non-pharmacological approaches to manage symptoms of depression, particularly for patients with mild or moderate depression. Treatment may include antidepressant medicines.[1, 2] Your doctor can help you decide which option is most suitable for you.

QUESTIONS TO ASK YOUR DOCTOR:

- Which treatment options are most suitable to alleviate symptoms?
- Are there specific things I need to know when starting or stopping a medicine?
- What are the side effects of medicines relevant to me? (such as effects on memory, ability to undertake everyday tasks or increased risk of falling)

MORE INFORMATION ON DEPRESSION IN DEMENTIA:

- *Depression and dementia*, a fact sheet by Alzheimer's Australia fightdementia.org.au/sites/default/files/helpsheets
- *A guide for family carers*, Dementia Behaviour Management Advisory Services booklet dbmas.org.au/uploads/resources/A_Guide_for_Family_Carers.pdf

Sleep disturbances

You may experience sleep problems such as trouble falling asleep, interrupted or poor quality sleep, decreased total sleep time, or reversed day-night patterns. These changes are common in people with dementia.[2, 3]

Sleep disturbances can cause you distress, particularly at night, and are associated with reduced quality of life and depressive symptoms for you and your carers.[2]

It is important to try to identify what is causing the sleep disturbances so that the issue can be addressed. Dementia can cause chemical and structural changes in your brain which can change sleeping patterns.[2] Some other common causes include:[2, 3]

- physical factors such as hunger, discomfort or generally feeling unwell
- symptoms from a medical condition, such as pain from arthritis, or a frequent need to urinate because of urinary tract infection
- side effects from medicines
- changes to the usual night-time environment or routine, as a result of moving to a new home or being hospitalised.

You can try things at home to identify and address the underlying causes of sleep disturbances, including adjusting daily routine and environment, or changing types or timing of food and drinks.[2, 3] The resources listed below provide more detailed suggestions for strategies to try at home. Medicines may be considered for short-term use, but can add to problems with memory, urinary incontinence and the risk of falls.

Talking to your doctor can help you decide the option most suitable for you.

QUESTIONS TO ASK YOUR DOCTOR:

- Could untreated physical or emotional symptoms (such as infection, constipation, pain, or loss and grief) be disrupting my sleep?
- Could another medical condition (such as depression) or a sleep disorder (such as restless leg syndrome, sleep walking or sleep apnoea) be the cause of my sleep disturbance?
- Could the sleep disturbance be a side effect of a medicine, and if so, are alternatives available?
- Are there other ways to help reduce my sleep disturbance that do not involve medicines?
- If a medicine is prescribed, what are the side effects and how long would I need to take it for?

DETAILED INFORMATION ON SLEEP DISTURBANCES IN DEMENTIA:

- *Sleeping*, a fact sheet by Alzheimer's Australia fightdementia.org.au/sites/default/files/helpsheets
- *A guide for family carers*, Dementia Behaviour Management Advisory Services booklet dbmas.org.au/uploads/resources/A_Guide_for_Family_Carers.pdf

Pain

While dementia itself is not known to cause pain, you can experience pain from the same physical and medical conditions as a person without dementia.[4] As with any pain, it is important to treat your pain quickly and effectively.

Pain may sometimes go unnoticed and untreated if you are not able to communicate it clearly and your family and/or carers are not able to recognise signs of pain. Talk to your family, friends and carers about behaviours and signs that may indicate pain or discomfort, such as crying, facial or verbal expressions, reluctance to move, or expressions of frustration or anger. They need to know to ask you about pain using a range of words (eg, hurting, aching, discomfort, sore), and at regular intervals, rather than just once.[4]

It also helps to discuss with them the medical conditions that may cause pain in older people. Examples include arthritis, back pain, history of fractures, dental problems, pressure sores or constipation.[4]

Your doctor will be able to advise on how best to manage any pain. You may need medicine to relieve the pain and in some cases you will need to take it at regular intervals, rather than just when signs of pain are present.

QUESTIONS TO ASK YOUR DOCTOR:

- Could untreated physical issues (such as constipation) or another medical condition (such as urinary tract infection or arthritis) be causing pain?
- What pain relief medicines are most suitable and how often should these be given?
- What are the side effects of medicines relevant to me? (such as effects on memory, ability to undertake everyday tasks or increased risk of falling)
- Are there other ways to help reduce my pain that do not involve medicines (such as massage)?

DETAILED INFORMATION ON PAIN IN DEMENTIA:

- *Pain*, a fact sheet by Alzheimer's Australia fightdementia.org.au/sites/default/files/helpsheets

Incontinence

Incontinence refers to the accidental or involuntary leakage of urine (urinary incontinence) or faeces (faecal or bowel incontinence), or both (double incontinence).[5, 6]

Older people in general are more likely to experience incontinence because of medical issues which can cause incontinence, such as urinary tract infections, constipation or other bowel conditions, prostate gland trouble in men, or medicine side effects.[6] Mobility problems caused by conditions such as arthritis can also make it difficult for some older people to get to the toilet in time. If you have dementia, you are more likely to have incontinence or toilet problems as the dementia can interfere with recognition of the sensation of needing to go to the toilet. You may also have trouble communicating this need, or getting to the toilet or removing clothing and underwear in time.[5, 6] Some people with dementia may also have difficulty finding, recognising or using the toilet successfully.[5, 6]

Incontinence can range from a small leakage of urine or faeces to a total loss of bladder or bowel control and can be very distressing and embarrassing. It can also cause frustration for family, friends and carers. Although toilet problems are embarrassing, it is important to discuss them with your doctor and seek help. Incontinence can limit your activities which may add to problems such as depression and social isolation. If you are going out, there are websites and apps which can locate public toilets nearby and make it easier for people with incontinence.

Medical causes of incontinence, such as urinary tract infections and constipation, can often be treated or managed.[5, 6] If incontinence is not related to another medical condition, there are many strategies for managing routines, the environment, clothing and communication that can help reduce the frequency of incontinence or make it easier to manage. Aids and appliances are available that can assist in managing incontinence. Discuss any incontinence with your doctor as some medicines that may be used to help the memory symptoms of dementia can also contribute to or worsen both urinary and faecal incontinence, and some medicines used to treat incontinence can make memory worse.

See an incontinence nurse specialist who will be able to support you. A strategy such as timed toileting, which is put into place in the earlier phases of dementia, is likely to assist greatly when the dementia advances.

QUESTIONS TO ASK YOUR DOCTOR:

- Could another medical condition (such as a urinary tract infection or constipation) be causing incontinence or is it directly related to the dementia?
- What are some strategies that can help manage or reduce the frequency of incontinence?
- What aids are available to help manage incontinence?

DETAILED INFORMATION ON INCONTINENCE IN DEMENTIA:

- *Continence*, Alzheimer's Australia fact sheet fightdementia.org.au/sites/default/files/helpsheets
- *Managing toilet problems and incontinence*, Alzheimer's Society of UK fact sheet www.alzheimers.org.uk/factsheets

Urinary tract infections

If bacteria enters the urinary tract it may cause a urinary tract infection (UTI) but having bacteria in the urine does not necessarily mean that you have an infection that requires treatment with an antibiotic.[7] Some UTIs can cause discomfort and pain in the pubic region or when urinating, as well as the usual symptoms of infection including fever and chills.[7] If left untreated, the infection can move upwards through the urinary tract and infect the bladder, the kidneys, and the bloodstream, which can have serious – even life threatening – consequences.[7]

Women, older people, people with diabetes or kidney problems, and people with a urinary catheter are at higher risk of UTIs.[7, 8]

It is common for older people to get UTIs and the symptoms they experience may be different from those in a younger person.[8] Older people with UTIs may show signs of increased confusion, agitation or withdrawal (also known as delirium). If you have dementia, these behavioural changes may be perceived as part of the dementia, especially if you are not able to clearly communicate how you feel.[8] If you are caring for a person with dementia, it is important to talk to the doctor about any sudden changes in their behaviour, as the cause may be a treatable condition such as a UTI.

UTIs are usually treated with a short course of antibiotics.[8] Pain relief medicine may also be given to relieve discomfort associated with the UTI. A UTI that has reached the kidneys will need a longer course of antibiotics and in serious cases the person needs to go to hospital.[7, 8]

QUESTIONS TO ASK YOUR DOCTOR:

- What are the signs of a UTI in an older person with dementia?
- Are pain relief medicines needed and how often should these be given?
- Are there strategies to help reduce the risk of developing a UTI?

DETAILED INFORMATION ON URINARY TRACT INFECTIONS IN DEMENTIA:

- *Urinary tract infections (UTIs) and dementia,* Alzheimer's Society of UK fact sheet www.alzheimers.org.uk/factsheets

Managing medicines

For more information on managing medicines for people with dementia see:

- NPS MedicineWise fact sheet
  Tips for good medicine management
  www.nps.org.au/dementia-medicines

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