

EDUCATION SERIES

# Dementia

## Types of Dementia and Associated Risk Factors



Dementia is one of the main causes of disability later in life, ahead of cancer, cardiovascular disease, and stroke. See the [Prevalence and Monetary Cost of Dementia in Canada report](#), published by Alzheimer's Society of Canada (ASC) and Public Health Agency of Canada (PHAC).

Dementia is not a disease; rather it is an umbrella term used when describing many types of neurodegenerative conditions.

While there are five common types of dementia in Canada, a number of rare diseases also fall under the dementia canopy.

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## Types of dementia

**Alzheimer's disease** is by far the most common form of dementia, accounting for up to 80% of all diagnoses according to ASC. Alzheimer's is progressive, fatal, and affects all parts of one's life, including thought, feelings, memory, speech, actions, and mobility. It causes the brain to shrink and brain cells to die. By the time someone living with dementia reaches the end-of-life stage of the illness, they will require 24-hour care. There is currently no cure for Alzheimer's disease, and the demand for research to be prioritized is being echoed around the globe.

### Did you know?

January is Alzheimer's Awareness Month in Canada

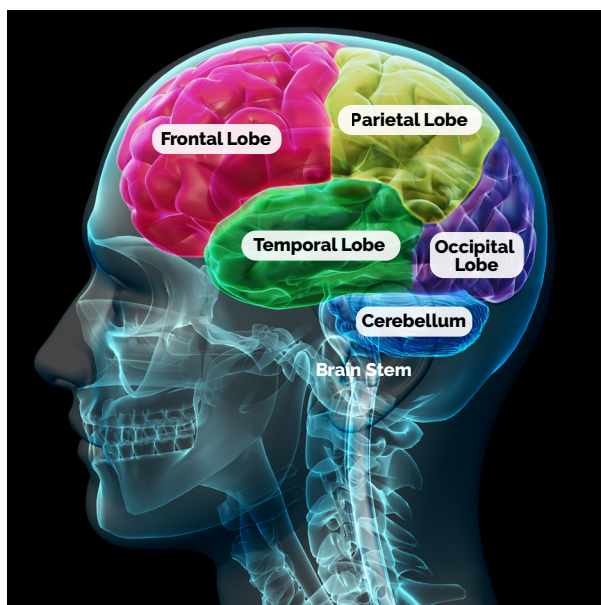
**Vascular dementia** is the second-most common form of dementia. Vascular dementia can be caused by a stroke. When the blood vessels in the brain (the vascular system) are diseased or blocked, blood, oxygen and nutrients cannot reach the brain. This results in the death of brain cells, which can cause dementia. Quality of life for someone living with vascular dementia depends on the location and size of the cell death; the larger the affected area is, the greater the symptoms can be. A combination of cognitive and physical tests is used to identify this disease; there is no single diagnostic test available to do so.

**Lewy body dementia** (sometimes called dementia with Lewy bodies) also accounts for between 5-15% of dementia cases. It is caused by a buildup of proteins (Lewy bodies, named after the doctor who discovered them) in the brain that affect sleep, mental capacity, movement, and behaviour. Lewy body symptoms often mimic those of Alzheimer's, and so it can be difficult to diagnose. As with vascular dementia, no particular test exists to diagnose Lewy body dementia; rather, doctors use a process of eliminating other diseases.

**Parkinson's disease dementia** is a rare form of dementia that occurs in some but not all cases of Parkinson's disease. This is diagnosed when dementia symptoms and Lewy bodies appear about one year after living with Parkinson's disease. Symptoms include those common to other types of dementia, along with hallucinations, acting out dreams, and paranoia. While there is no cure for Parkinson's disease dementia, treatments are available to help people manage their symptoms.

**Frontotemporal dementia**, like the term "dementia" itself, frontotemporal dementia is an umbrella term used to describe a group of rare conditions that affect the parts of the brain responsible for personality, language, and behaviour. Generally, loss of nerve cells in the frontal (close to the forehead) and temporal (around the ears) lobes of the brain cause this disorder, which comprises about 5-10% of dementia cases. It is a progressive condition with no cure or treatment, as existing dementia medicine is not effective in treating frontotemporal dementia.

**Mixed dementia** is a rare, hidden disease. It is diagnosed when a person exhibits signs of more than one type of dementia. In most cases, Alzheimer's and vascular dementia are responsible for mixed dementia. Because the symptoms of both conditions are so similar, it is difficult to diagnose, and researchers don't know much about its prevalence. Sometimes it only becomes apparent during an autopsy. Treatment options are currently limited to Alzheimer's medications, largely because the vast majority of patients are presumed to have only Alzheimer's, as mixed dementia is hardly ever diagnosed in the living.





## Risk factors associated with dementia

In terms of risk factors associated with most forms of dementia, lifestyle choices factor highly. Some risk factors can be managed or eliminated, such as smoking, having high blood pressure and/or high cholesterol, excessive alcohol consumption, and carrying extra weight. Diabetes is a risk factor for both Alzheimer's disease and vascular dementia. Some risk factors however, cannot be modified, such as age, gender, existing brain injury, and genetics.

Some socio-economic factors are also considered to be risk factors for dementia. These include inadequate or lack of access to early childhood education, living near an area with high levels of air pollution, and social isolation.

Your genetic makeup may play a part in whether or not you will get dementia in your lifetime, but it is not written in stone. Just because your aunt had Alzheimer's later in life does not mean that you will. It is important to remember that "risk factor" is not the same as "cause."

Another way of safeguarding your brain health is to eliminate trip hazards. Head trauma caused by falls can have serious health impacts, especially for older adults. A fall resulting in a traumatic brain injury could put one at risk of dementia in one form or another.

**Waiting until dementia has markedly progressed before seeking treatment is a risk factor in and of itself.**

The importance of obtaining an early diagnosis is key to establishing a pathway of care and support, and to identifying ways to maintain quality of life. While fear and stigma may prevent someone from seeing their doctor, the best way to approach any of the types of dementia discussed here is head-on, when symptoms first start to appear.

According to the Alzheimer's Society of Canada,  
***"It's never too soon, or too late, to make changes that will maintain or improve your brain health."***



# What is CanAge doing for those living with dementia in Canada?



In our [Submission for the Pre-Budget Consultations in Advance of the 2021 Federal Budget](#), CanAge recommended that our health system invest in cost-effective preventive care, well-being initiatives, and technology to meet the needs of our aging population, specifically:

- **work with key stakeholders** to break down the stigma of dementia and cognitive impairment;
- **implement the National Dementia Strategy** (promised in 2019) and ensure adequate investment to operationalize the strategy; and
- **prioritize investment in technology and digital supports** for dementia and cognitive impairment;
- **work with stakeholders** to integrate hospice, palliative, and end-of-life care into dementia supports.

The cost of dementia in Canada is astronomical. According to the ASC and PHAC [report](#) “the total health care system costs and out-of-pocket costs of caring for people with dementia were \$10.4 billion in 2016, and are projected to double by 2031.” That cost could be under-estimated given the expenses of fighting stigma and the psychological and physical burden carried by caregivers.

In Canada today there is great opportunity – and great appetite – for a National Dementia Strategy, and more (and better) investment in research. People are living longer than ever before, and are taking a more active role in the management of their health. We know more about how to prevent dementia: take good care of your heart, your body, and your mind.



A great deal of work was undertaken leading up to the promise of a National Dementia Strategy. Principles, objectives, and pillars have been established, yet the community of dementia physicians, researchers, and caregivers is still waiting for, as the Strategy states, “**a Canada in which all people living with dementia and caregivers are valued and supported, quality of life is optimized, and dementia is prevented, well understood, and effectively treated.**”





# Follow CanAge's campaign to learn more about dementia

Our **A Roadmap for Optimal Health and Wellness in the Area of Dementia and Cognitive Impairment** campaign, launched in 2021, aims to draw attention to several key policy recommendations in this area.

Drawn from the Optimal Health and Wellness chapter in our [VOICES of Canada's Seniors](#) policy book, our [seven recommendations](#) address the serious gaps in support for people living with dementia, as well as for their caregivers.



Learn more at [CanAge.ca/Dementia](https://CanAge.ca/Dementia)









**CanAge.ca/Dementia**



Authored by CanAge  
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