

## Understanding Dementia: Some Upcoming Issues

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The growing impact of cognitive impaired diseases on social structures, put the attention of researchers, and their sponsors, on the searching of etiopathogenic mechanisms associated with the yet identified risk factors to dementia development. Ageing is one of these variables. The epidemiological data are valuable and essential to the understanding of age role, but there are many gaps, concerning the key question; if age itself (apoptosis) or associated disturbances are the triggering factor do the appearance of dementia. Some reports add some new insights to the understanding. Gender also plays a role in the matter. It was demonstrated that being male could be a risk to dementia in older Parkinson's patients. But again we have to be in mind that hormones acts in distinct ways in male and female. Metabolic distress, including cerebral glucose oxidation impairment and peripheral insulin resistance are among the factors implicated in dementia manifestations.

The possibility of superposition of dementia associated with Parkinson disease and Lewy Body dementia and even with Alzheimer's disease, as well as frontal-temporal dementia associated with cortical-basal cognitive impairment was also discussed in many reports.

Another point of interests are ambient characteristics. Nutritional aspects inserts in this context. Some reports from Japan, call the attention to higher glycaemia index among Parkinson's patients, demented or not.

The confluence of dysfunctions in the same patient, but in distinct moments, is still an open field for new researches. The clinical manifestations of dementia could be the result of a conjunction of disturbances from several origins. In income years we can expect novel information on molecular genetics, nutritional factors, epidemiological

data and metabolism comprehension, to offer an individual approach to demented patients, minimizing suffer and costs to individuals and society.

The worries about legal aspects and autonomy of demented patient are also a current subject to be developed. In the evaluation of capacity for decision making, in demented patients, is crucial the emphasis on the multi-disciplinarily of caregivers. Is not only autonomy of the patient itself that must be guaranteed, but also the obligations of family and healthcare staff. Decisions like proposal of enteral feeding, tracheotomy and other life sustaining measures must be accounted for, based in individual "in life" manifestations. Another point of interest is the timing and spectrum of limitations to be imposed to competency impaired patients. A partial or intermittent restriction could impose limitations beyond the desire of demented ones. Such questions require a multidisciplinary approach. The role of an integrated team must not being forgotten. In many countries the so called speech therapists act in deglutition evaluation and are a strong support to avoid dysphagia consequences. The inter-professional collaborative attitude of nurses, nutritionists, physicians and psychologists is a guarantee for good results in healthcare provision.

Legal implications of dementia are a novel question to judicial sphere in many countries. The question of whether someone has responsibility for their acts is an important matter to many citizens, especially in the early phases of dementia.

All world societies must be prepared to face the demands that come with ageing of population, and specifically with the growing number of individuals affected by dementia, a broad concept that includes distinct cognitive dysfunctions.

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