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Opening Times

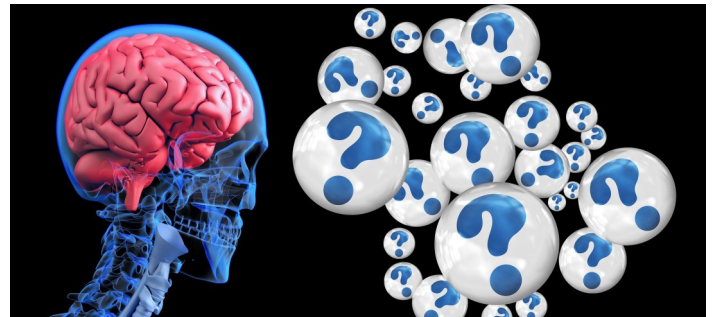
Monday - Friday 8.30am to 7pm

Saturday, and Sunday Closed

Bank Holidays Closed

Your FREE Healthy Living Leaflet for July 2022

1. How should dementia patients be treated?
2. Should these patients be called sufferers?
3. What made the biggest difference to Wendy?
4. Dementia affects a person's memory but what else does it affect?
5. Why are white plates and black tablecloths a problem?
6. Why is meat a problem?
7. Why are hot meals difficult?
8. What is Wendy's rule for hallucinations?
9. What is Hyperacusis?
10. What is the easiest way to see if a room is dementia friendly?



Asking the same question over and over again... It's not called getting old, it's called getting ill.

Answers on the bottom of page two

The fear of dementia

We all dread being diagnosed with dementia and immediately think of the end game, but many patients manage to live several years without carers. One such person is Wendy Mitchell, who was diagnosed with young onset dementia in July 2014. She had been a non-clinical team leader in the NHS for 20 years. When she was diagnosed, she found that there was no follow up, unlike if she had been diagnosed with cancer or heart failure. She was lucky in that, though she struggled with speech and memory she was still able to use a computer to record how dementia was affecting her. These thoughts were developed into two books – "Somebody I used to Know" and "What I wish people knew about dementia".



What I wish people knew about dementia

In the second book she records how other dementia patients were affected by their disease and what they felt would make things better. She found that this made the biggest difference to her. Being able to talk and share experiences really helped. She discovered that every person with dementia is as different as they were before they were diagnosed so they should all be treated differently. She stresses that the negative view of dementia that society has, compounds the feelings of despair the patient and their families feel when they are told of the diagnosis. For this reason, she hates the term "sufferers". Patients are not told that dementia affects more

than just their memories. It affects their senses, emotions and communications. By understanding these changes, it is possible to adapt a dementia patient's environment to help them.

Problems with eating

For example, eating can become a real problem. It is hard for people with dementia to detect things of the same colour, so white food on a white plate is not seen, black tablecloths look like sinkholes and using knives and forks becomes impossible.

Furthermore, meat is difficult to cut and remembering how many times to chew it to make sure it is small enough to swallow, is a challenge. As is hot food because somebody with dementia will not remember between one mouthful and the next that they burnt their mouth the first time, so they end up with many ulcers.

Hallucinations

Many people with dementia report visual, sound and smell hallucinations which are usually unpleasant. Dr. Jennifer Bute - an ex-GP diagnosed with dementia in 2009 - said these hallucinations are not "made up" by the dementia but just released by stored memories from the past.

Understanding these hallucinations and noting their patterns may give clues to help lessen their frequency. Wendy found the best way to distinguish

whether what she sees, hears or smells is real or not, is to do something else for 30 minutes. If the issue is still there after that, then it is not an hallucination.



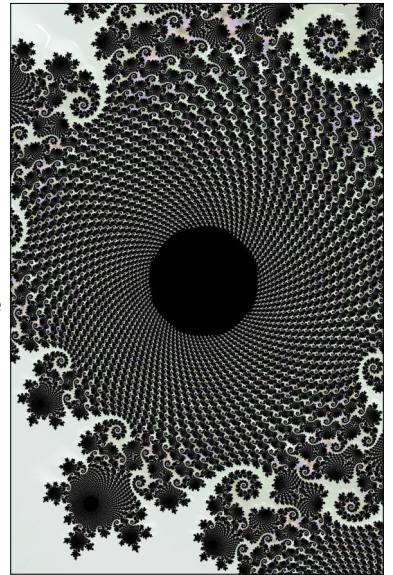
Hearing

Apart from imagining sounds, Wendy also found that loud noises became more and more distressing. The term for this is hyperacusis. Apparently the gate between her ears and her brain was left permanently open so a loud noise made her feel like a raging bull was crashing through her head.

The solution was hearing aids that blocked off the noises that she found particularly uncomfortable, so she could walk to the shops without jumping when a motorbike or rushing ambulance passed her by.

Vision

Here it is not the eyes that are the problem but the way the person interprets the messages their brain receives. They have trouble distinguishing the edge of stairs, patterned carpets come alive and black carpets look like sinkholes. The easiest way to find out if a room is dementia friendly is to take a black and white photograph. If the contrast between black, white and grey is obvious then it should be OK.



To find out more about what can be done to reduce the problems dementia patients have talk to one of our trained team members and/or read the books Wendy Mitchell has written.

Answers: Q1, As individuals. Each one is a different as they were before diagnosis. Q2, No, because it just compounds the feelings of despair that the person and their families feel. Q3, The people she met along the way. Q4, Their senses, emotions and communications. Q5, People with dementia need contrast to detect things so white food on a white plate just disappears and black tablecloths or carpets look like a black sink hole. Q6, Because a person with dementia can't cut it up easily and then won't remember how many times they have chewed it before trying to swallow. Q7, These lead to small burns inside their mouths because they forget between one mouthful and the next that the food is hot. Q8, She does something else for 30 minutes and then goes back. If the problem is still there, then it is not an hallucination. Q9, It is a condition that affects how you perceive sounds, so loud noises startle you. Q10, Take a black and white photograph.