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Dementia Facts: A Primer

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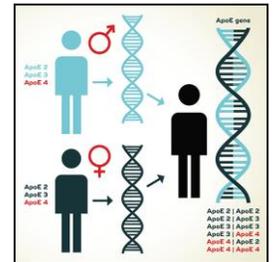
Most people these days are likely, when learning that someone has been diagnosed with dementia, to conclude that the person has Alzheimer (or Alzheimer's) disease. In fact, there are several different types of dementia that have been identified by medical science (e.g., dementia with Lewy bodies, frontotemporal dementia [Pick's disease] and vascular dementia, to name three of the more common types).

With respect to most types of dementia, it is important to remember certain critical facts, including the following:

1. As of this writing, there is no known cure for any of the types of dementia that have been identified by medical science; all forms of dementia are progressive, and some can strike even at a very young age, although dementia is more common among older adults.
2. The progress of some types of dementia, in particular Alzheimer and Lewy body, can be slowed by certain drug interventions – although the effectiveness of these interventions varies significantly from one

person to the next, and often there is minimal therapeutic benefit.

3. Some people have inherited known genetic risk factors for dementia, most notably a family history of dementia, even from time periods in which the term “dementia” was



unheard of (e.g., according to family oral tradition, Joe's great-grandfather was notorious for being forgetful and eventually “went a little soft in the head”).

4. Although most types of dementia primarily affect a person's cognitive capability, we need to keep in mind that we are not disembodied spirits, and some dementias can present very definite physical symptoms along with decreased cognitive functioning. For example, initial symptoms of both frontotemporal dementia (Pick's disease) and vascular dementia often include an abnormal gait along with balance problems.

5. Recent studies, most notably a 2017 survey in the United Kingdom,ⁱ suggest that as many as one-third of dementia cases may be the result of lifestyle factors. These include such things as midlife hypertension

and/or obesity, diabetes, smoking and physical inactivity.

Taking into account the facts presented in the first three points above and the growing research into lifestyle factors, this paper will focus on the importance of maintaining as healthy a lifestyle as possible as one ages.

Dementia vs Healthy Lifestyle

One of the most insidious aspects of aging is that our bodies naturally begin to, as one might put it, “wear out”. For example:

1. Muscle mass can decrease, resulting in a corresponding loss of strength in legs, arms and especially in one’s “core” (the belt of muscles that surround the abdomen and that essentially control/stabilize much of our voluntary movement) – which affects balance and one’s ability to manage even the most basic activities of daily living (a term often abbreviated as “ADL”) – which in turn can lead to an individual’s developing an aversion to physical activity out of fear of falling or other calamity.

2. Along with decreased muscle mass, bones, especially the major load-bearing bones, become more brittle and therefore prone to fracturing, even spontaneous fracturing (i.e., no apparent external cause such as an awkward fall or excessive force applied to the affected limb). Although this phenomenon (and its extreme manifestation, osteoporosis) tends to be more common in women, men are by no means immune.

3. Metabolism (i.e., the rate at which one’s body burns stored energy) slows, which can result in significant weight gain and subsequent obesity. (Here, it is important to

note that this process can actually begin in young adulthood.)

4. Hearing and vision can become impaired, which can lead gradually to social isolation and subsequent diminishing of both mental and physical activity.

5. Hypertension, or elevated blood pressure, often appears in midlife and can become more severe as a person ages.

6. A person’s overall sense of physical and mental well-being can diminish as a result of any one or combination of these phenomena, resulting in a general lethargy and lack of engagement, both physical and mental, with the person’s environment. This often results in the adoption of physical and mental sedentary behaviours such as extended TV viewing or simply sitting for hours at a time.

Although the above is by no means a comprehensive listing of all the phenomena, both physical and mental, that accompany aging, *those outlined here all have one thing in common: they either are or contribute to the development of identified risk factors for dementia*. More importantly, unlike genetic factors, they are manageable and/or controllable to a significant degree through healthy lifestyle decision-making.

Taking each of these in order, as above, we offer the following suggestions:

1. Engage in regular physical activity that is appropriate to one’s age and capabilities. For example, many experts recommend Tai Chi and/or certain types of yoga. Likewise, regular physical and occupational therapy

can provide significant benefits in terms of overall physical health. In addition, even those whose mobility is compromised to the point that they require a walker or even a wheelchair or scooter can stay physically active by walking, propelling a wheelchair as much as possible with legs and arms and using equipment such as stationary bicycles and dumbbells to exercise arms and legs. The important point here is to remain as physically active as possible, within the limitations imposed by one's overall condition.

2. Apart from regular appropriate physical activity, those prone to osteoporosis or bone brittleness should supplement their diet with appropriate levels of calcium and iron (bearing in mind that it is possible to overdose these minerals). *The guidance of a physician is essential when contemplating the use of dietary supplements.*

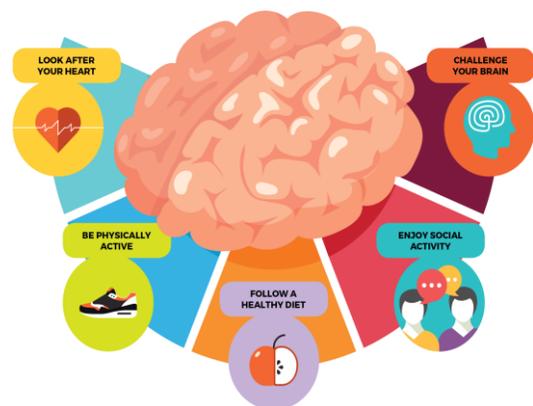
3. Although not universally regarded as an accurate measure of a person's healthy weight range, it can be helpful to calculate one's Body Mass Index (BMI).ⁱⁱ Regardless of whether one uses this or another tool (such as healthy waist, which in men is deemed to be 37 inches or less)ⁱⁱⁱ, all the research points to the importance of maintaining a healthy weight – best accomplished through a combination of healthy diet and regular physical activity – for decreasing the risk not only of dementia but also of type 2 diabetes, heart disease and stroke.

4. It should be common sense, but when it comes to correcting for impaired vision and hearing (the latter in particular) many people resist taking the necessary steps. Simply stated, everyone, but especially those

aged 65 and above, should have their vision and hearing assessed on an annual basis. In many places, these are fully covered by health insurance.

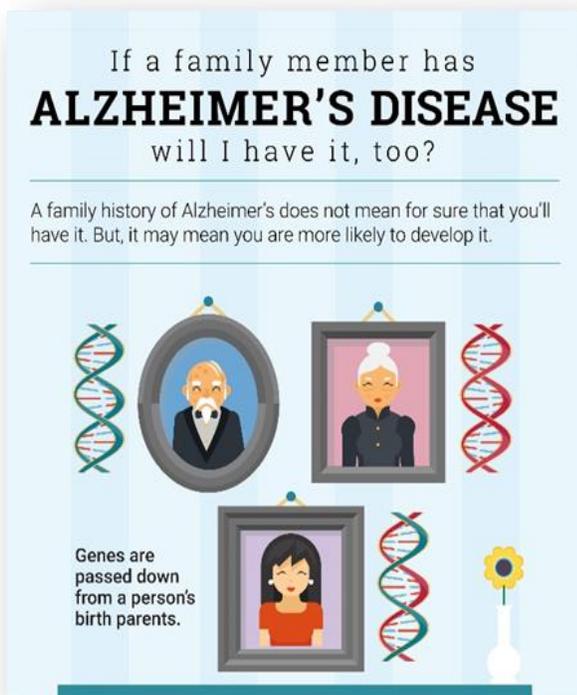
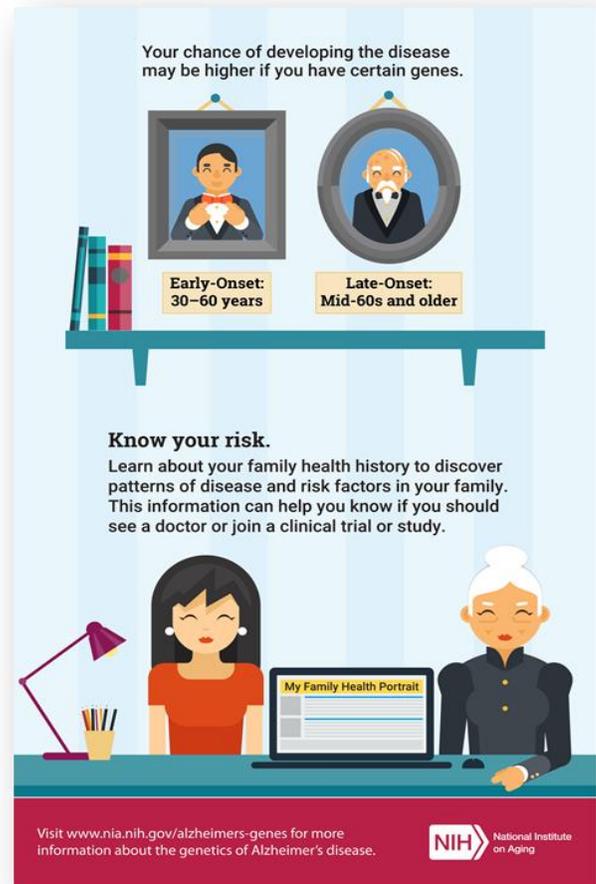
5. Hypertension is often referred to as a "silent killer", in that it usually does not have obvious symptoms and can only be diagnosed by means of regular monitoring using a blood pressure monitor.^{iv} People aged 40 or older should have their blood pressure measured by a physician or nurse at least once a year (oftener if there is a family history). The good news about high blood pressure is that it can be controlled using a combination of diet, exercise and medications.

6. With respect to overall sense of well-being, happiness and positive outlook, we should all be prepared to assess ourselves (and if necessary, our confreres) with respect to some of the common indicators of diminished or diminishing optimism and well-being. These can include general lethargy, tendency to spend long hours in isolation, overuse of alcohol or other stimulants and little or no interest in pursuing activities that are physically and mentally stimulating. For us religious, appropriate spiritual direction/guidance should be considered essential.



Conclusion: It's Not Only About Dementia!

Although this paper has focused on some of the more significant identified risk factors for developing and/or hastening the progress of dementia, we must note that dementia is one of a constellation of interrelated pathologies that have many risk factors in common and that adversely affect a person's health and well-being. These include type 2 diabetes, heart disease, stroke, hearing and vision impairment and impaired mobility. Simply stated, adopting a lifestyle program that is geared to eliminating or at least minimizing controllable risk factors can go a long way toward dramatically reducing one's personal risk of developing any one or more of these pathologies, including dementia.



References:

- i. "Dementia prevention"
cf. <https://www.healthline.com/health/dementia>
- ii. A measurement of body fat based on height and weight. A healthy BMI falls within the range 18.5 to 24.9. A BMI between 25 and 29.9 is considered overweight, with 30 and above obese.cf. https://www.nhlbi.nih.gov/health/educational/lose_wt/BMI/bmicalc.htm
- iii. cf. <https://www.heartandstroke.ca/get-healthy/healthy-weight/healthy-weight-and-waist>
- iv. Symptoms such as spontaneous nosebleeds, severe headaches and shortness of breath can indicate high blood pressure, but usually do not appear until blood pressure has reached dangerously high levels.

The Golden Calf

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The Genesis story of the golden calf is hard to fathom. The people rescued from slavery by God reject God and worship a golden calf “made by human hands”. There is one thing they got right though, however wrong in application – the need of humans to acknowledge a higher power. Humans, even the best of our human race, are creatures whose destiny is to enjoy life eternal with the Creator after a fruitful life on earth in proper relationship with God. This relationship is not one of subservience, not a cringing bowing down. It is the nature of the creature to find fulfillment in glorifying God, not something imposed from above.

In an excellent article in the Globe and Mail, “Let’s not forget about living with dignity” (Sept. 16, 2019, Opinion Page, p. A11), Tom Koch, a gerontologist and medical ethicist, takes issue with the recent Quebec court’s decision to expand the conditions allowing for Maid. Koch, maybe much like Australia’s Margaret Summerville, deals with the matter on a purely human level in trying to reach out to as wide a readership as possible. His main point is that people have a right prior to the right to commit suicide, the right to proper care to live a life compromised by pain or other restrictions. This care, clinical or otherwise, is available to some, but not to all. This must be addressed.

As good as Koch’s article is, it slams up against the widespread notion of personal

autonomy. “I am master of my own life. I bow to no-one or anything.” Of course, in practice, this is absurd. We bow to many things, whether natural (e.g., the weather) or fashion. In the area of individual morality, though, it does reign supreme, and has consequences for common morality.

If Koch’s article were to be taken seriously and acted upon, then one would think that many medically assisted suicides would be avoided. One question which he does not address in his short, specialized article in the question of compelling a medical person to act against his or her conscience. The fact of the matter is that religion is the dimension of ultimate meaning in human experience, concerning faith in what cannot be proved “scientifically”. Religious adherence is not restricted to those who attend church or say their prayers. The atheist’s ultimate meaning is nihilistic, death being for him or her the end of personal existence. This is, of course, a faith which cannot be proved in scientific terms. The question is, then, why should a claim to end one’s life take precedence over someone else’s faith, compelling the one who acknowledging God to deny Him?

The more pressing question for persons who glorify God is how to evangelize our country. As long as exaggerated notions of personal autonomy increase and multiply, more and more divine guidance as to human happiness will be rejected. Our killing of our own, the rejection or ignoring of our needy, will increase.

Oh that today you would listen to his voice.
Harden not your hearts.