



Causes of Dementia In Qatar

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Abstract

Dementia is getting a lot of interest in the gulf area due to aging of the population. More and more cases of dementia are being recognized. We attempt to find out the different causes of dementia in Qatar.

Key Words: Dementia, Gulf Area, Population Aging

Introduction

In the developing countries, in general, and in the gulf region, in particular, the specialty of geriatrics has lagged behind. This is attributed to the fact that the population was relatively young and population aging was not seen as a pressing issue. This attitude has recently changed because of the rate of increase in the elderly as projected by the World Health Organization.

As **Table 1** so clearly illustrates, the percentage of the over sixties will experience a 4-5 fold increase in the countries of the region by 2025 (except for Saudi Arabia and Oman). This has forced the governments in the GCC countries to pay more attention to the impending crisis. More resources are being diverted to deal with the aging population and interest in dementia has increased correspondingly on both the political and professional fronts.

Epidemiology

Worldwide Alzheimer's dementia is a disease of old age with a prevalence of 6% to 8% in those over the age of 65. The figure rises to 30% in those greater than 85. It is thought that Alzheimer's disease is the most common form making up to 50% of all cases of dementia, with vascular dementia making up 25-30%.

Of those presenting with Alzheimer's disease only 30% manifest the symptoms of early dementia, while the rest present with late symptoms. It is extremely important to differentiate the symptoms of dementia from those of normal aging (see **table 3**).

Dementia

Dementia is defined as a significant decline in two or more areas of cognitive functioning. Alzheimer's disease is the most common cause of dementia worldwide ⁽¹⁾. The diagnostic criteria of Alzheimer's disease include memory impairment and other cognitive disturbances like aphasia, apraxia, agnosia, or disturbance of executive function. For full details of diagnostic criteria, the reader is referred to DSM-IV ⁽²⁾.

In the Gulf region there are no statistics on dementia, in general, and Alzheimer's in particular. The reasons are: a) many elderly people do not have a birth record hence the age is always in doubt. b) no data are available to conduct a meaningful study. c) lack of interest (until now) on the aging population as this was not perceived to be a problem in the past. d) lack of awareness from professionals as well as family members of the disease. e) dementia was thought to be a normal process of aging.

Qatar's Experience

A study was performed looking into the different causes of dementia in Qatar. The study spanned six years from June 1997-June 2003 ⁽³⁾.

Of three hundred patients carrying the diagnosis of dementia, 166 were excluded due to lack of definitive studies or because patients were lost to follow up. The results of the study are shown in **tables 4, 5, 6 and 7**.

Alzheimer's disease was found to be the most common cause of dementia followed by vascular dementia and mixed type. In

the vascular type, neuro-imaging showed the aetiology to be multiple lacunar infarcts, leukoencephalopathy, large cortical and single infarcts in nearly equal proportion (**table 6**).

As far as the symptoms exhibited, psychiatric disorders were more common in Alzheimer's disease than in vascular dementia, except for affective disturbances (**table 7**).

Conclusions

The prevalence of Alzheimer's disease is probably similar in the Gulf area as in the rest of the world.

It is needed to establish a database for the whole region to come up with meaningful results. Awareness of the disease is essential for families and health professionals. Media help is of paramount importance. Effective drugs are needed to justify early detection. The impact of the disease on care-givers and society needs to be investigated.

References

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Table 1. Population of Older People In the GCC

Country	Life Expectancy	% Above 60 2000	% 2025	% 2050
Bahrain	73.8	4.7	20.4	24.9
Kuwait	78.4	4.4	15.7	25.6
Oman	73.8	4.2	6.6	10.5
Qatar	74.7	3.1	21.8	20.7
Saudi Arabia	71.4	4.8	7.9	12.9
UAE	72.6	5.1	23.6	26.7

Table 2 Source Data from Alzheimer’s Assoc. What are the warning signs?”

Domain	Occasional Normal Lapses	Symptoms of Dementia
Memory in daily tasks	Forgetting an acquaintance’s name	Unexplained confusion in familiar situations, settings
Performance of familiar tasks	Leaving the kettle on the boil	Forgetting to serve a meal just prepared
Language	Finding the right word	Forgetting simple words; substituting inappropriate words
Orientation	Forgetting the day or date	Getting lost in own neighborhood, inability to find the way home
Judgement	Choosing to wear a light sweater on a cold night	Wearing a bathrobe to the store; wearing two blouses at once
Abstract thinking	Having trouble balancing the cheque book	Not recognizing numbers, inability to do basic calculations
Misplacing objects	Losing car keys, glasses	Putting the iron in the freezer, wristwatch in the sugar bowl
Mood and behaviour	Getting the blues in a sad situation	Rapid mood swings for no apparent reason
Personality	Gradual perceptible change with age, changing circumstances	Sudden, dramatic change from, e.g., easy-going to suspicious
Initiative	Getting tired of housework, social obligations at times	Sustained lack of interest, involvement in usual pursuits

Table 3 Dementia due to Alzheimer’s disease, vascular dementia and mixed types

Dementia	n	%	M	F
Alzheimer’s disease	39	(29)	14	25
Vascular dementia	30	(22)	17	13
Mixed AD and VaD	20	(15)	11	9
Parkinson’s disease and AD	8	(6)	5	3

Table 4 Dementia due to other medical conditions

Medical conditions	n
Lewy body dementia	2
Huntington’s disease	3
Fronto-temporal dementia	1
Non specific dementia	3
Neuro-infection	8pts
HIV	4
Central nervous system tuberculosis, neuro-syphilis	1,1 1,1
Post herpes encephalitis, Iatrogenic CJD	7pts.
Metabolic	2
Hypothyroidism	1,1
Hypocalcaemia, B12 deficiency	1
Renal Failure	2
Liver disease	3
Brain tumour	7
Post traumatic head injury	2
Multiple sclerosis	2
Lafora disease	1
Subdural haematoma	

CJD – Creutzfeldt-Jakob disease, HIV- Human immunodeficiency virus

Table 5 Neuroimaging findings

Findings	Pure VaD %	Mixed %	AD %
Multiple lacunar infarcts	41	41	
Leukoencephalopathy	19	19	
Large cortical	18	18	
Strategic single infarct	16	16	
Intra-cerebral haemorrhage	6	6	
Brain atrophy	Not reported	Not reported	68

AD – Alzheimer’s disease, VaD – vascular dementia

Table 6 Symptomatology of VaD

Symptoms	VaD %	AD %
Paranoid and other delusional ideation	18	42
Hallucinations	24	54
Psychomotor activity disturbance	24	58
Aggressiveness	24	33
Diurnal rhythm disturbances	29	75
Affective disturbances	41	8
Anxiety and phobias	6	16
Appetite and eating disorders	18	20
Limited vocabulary	47	50
Limited ambulation	70	42
Urine and stool incontinence	45	50