

Semantic dementia

About the condition

Semantic dementia is a variant of Frontotemporal dementia (FTD) and can be the cause of early onset dementia. It presents as disintegration of the temporal lobe, predominantly on the left side of the brain and can spread to both sides as the disease progresses.

It is a very rare progressive neurodegenerative syndrome of semantic memory impairment, which means that everything learned throughout life (general knowledge) that is stored and retrieved has lost its meaning. It presents as progressive impairment of language (known as aphasia) affecting naming of words, word comprehension, and object recognition (inability to match pictures or objects with the descriptive word).

In contrast to Alzheimer's disease, people with semantic dementia have no long term memory that involves recollection of specific events, situations and past life experience. However, orientation is intact with an ability to relate to recent life events.

Despite the profound loss of semantic memory people often cope well with everyday life, at least in their own home where there is a familiarity and routine.

Changes that might happen

People with semantic dementia typically present complaining of loss of memory for words and their meaning. They are aware of their shrinking vocabulary, but oblivious to their impaired comprehension.

A person may:

- show behaviour and personality changes
- have difficulty spelling and pronouncing words accurately
- have difficulty recognising people
- develop addictive or compulsive behaviour
- develop apathy or depression
- appear able to operate machinery, including driving, but be unable to understand how it works and the subsequent risks involved.

A holistic assessment that includes a focus on social aspects of the person's ability as well as a clinical diagnosis is helpful. Traditional memory testing is unreliable as the person will likely not understand questions, be able to name objects or recognise names.

Clinical evaluation should include neuropsychiatric assessment, neuropsychological testing and neuroimaging.

Carer observations are key to establishing a diagnosis and professional teams should fully engage with the carer or family.

Things to consider and strategies to cope

The person is likely to be most comfortable in a quiet and calm environment, so listening and allowing time for conversation and communication and avoiding jumping in to replace forgotten words are useful strategies.

Obsessive or compulsive behaviour will give meaning to the person; rather than challenging a change in behaviour, it is important to mitigate any risks i.e. use clocks with big numbers if time has become the obsession. Ensuring a healthy, high protein diet will help avoid addictive and compulsive eating of sugary foods.

Prescriptions should be made up in boxes by the pharmacist to avoid duplicating medicine and because the person cannot read or recognise packaging.

Speech and language therapy can be helpful to develop coping strategies in the early stages and help in the later stages if swallowing becomes difficult.

Supporting routine and familiarity can help promote a sense of calm. As with other dementias, using tablet computers with images of family members or favourite places can be useful to help maintain recognition and connections.

Like other rarer dementias, there has been little research into the syndrome or into interventions or treatments.

There are no known clinical or drug treatments for people with semantic dementia.

Hints and Tips

The person with semantic dementia is very aware of their surroundings and likes a quiet and calm environment. Listen and allow time for conversation and communication. They need time to absorb what is being said and time to respond; don't jump in to replace the words unless it is obvious they are looking for help.

Respect and include the person in company by playing dominoes or a card game, instead of conversation.

Introduce yourself with a handshake; touch is important, to let them know they are valued.

iPads and other tablets can be useful tools to help with communication. Mapping apps

(such as Google maps) can help to explain places and journeys. Onscreen images can support conversation. Programs such as Facetime or Skype can make it easier to keep in touch with family and friends.

Use everyday items as prompts, such as car keys and coats to indicate going out and bags to indicate going shopping.

When travelling, the person should always carry their card saying they have dementia, especially at airport security. Don't be afraid to say, "I have dementia, I need a bit of time, please help me".

Serve food attractively in deep sided plates. Chop into bite size portions to prevent problems with swallowing and choking as the disease progresses.

Showers can be frightening; the person may have forgotten the importance of washing or may no longer understand how the shower works. A bed bath is more favourable in the advanced stage and less risky, soaking hands and feet in basin. Keep their body protected and private in warm towels.

Pay attention to oral hygiene. If visiting a dental surgery is problematic, ask for community dental appointment.

The person can become obsessive with time, clocks with large numbers and calendars in big print can help with this.

Regularity helps when caring for someone with semantic dementia; keep to a routine.

Carer Support

Carer support should be encouraged as the intensity of this type of complex caring complicated by behaviour and obsessive behaviours can have a negative impact on the carer's own health. The person with semantic dementia becomes very dependent on the carer with everyday living.

Useful information

Fronto temporal dementia (Pick's disease)
Clinical features and assessment, John R
Hodges, MD, FRCP Neurology 2001;(supp
4):S6-S10

Fronto temporal Dementia Support Group
www.ftdsg.org

Alzheimer's Society/Talking Point
www.forum.alzheimers.org.uk



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