Semantic dementia

About the condition

Semantic dementia is a variant of Frontotemporal dementia (FTD) and can be the cause of young 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 loses 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 complain of loss of memory or being unable to recall words and their meaning. They are aware of their lessening vocabulary, but are unaware of 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 a car, but be unable to understand how it works and any 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 may 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

People who are living with semantic dementia may experience behavioural changes that make them seem inflexible or unconcerned about the needs or feelings of others. They may become fixated with things in a compulsive way, such as needing a fixed routine every day, having set food choices, or being obsessed with the time. Rather than trying to challenge these behaviours, it's better to find a way to make them more manageable. For example, you could use clocks with big numbers or purchase a talking clock if the person wants to know the time regularly. Or, if they are compulsively eating sugary foods, ensuring a healthy, high protein diet will help to curb that desire.

To help with practical issues such as receiving and understanding prescriptions, these should be made up in boxes by a pharmacist. This will avoid duplication and reduce confusion if the person cannot read or recognise the 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.

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.

In recent years, more studies have been devoted to semantic dementia which have shown that it is a highly complex disorder.

There is currently no cure but there are treatments that can help manage some of the symptoms. To find out more, speak to the person's GP.

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 and apps 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 sometimes be a frightening experience for someone living with semantic dementia - they may have forgotten the importance of washing or may no longer undertstand how the shower works. As the condition progresses to a more advanced stage, a bed bath might be more favourable. If a full body wash is not necessary, soaking hands and feet in a basin might be better. Always ensure that their body is protected and private by covering in warm towels.
- Pay attention to oral hygiene. If visiting a dental surgery is problematic, ask for a community dental appointment. This service provides care in health centres, hospitals, and care homes and occasionally in your own home **www.nhs.uk/nhs-services/dentists/dental-treatment-for-people-with-special-needs/**
- Use clocks with large numbers or calendars in big print to help if the person becomes obsesses with the time.
- Regularity helps when caring for someone with semantic dementia so try to keep to a routine.

Carer support

Caring for someone with semantic dementia can be an intense and tiring experience. If the person displays obsessive behaviours it can be even more difficult to manage and in the longer term, can have a negative impact on the carer's own health. It is important to enlist support so that things don't become overwhelming.

Your GP may be able to offer advice. More information can also be found at **www.carersuk.org** and **www.nhs.uk/conditions/social-care-and-support-guide/support-and-benefits-for-carers**

You can also call our 24 hour Freephone Helpline on **0808 808 3000.**

Useful information

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

  www.raredementiasupport.org/frontotemporal-dementia/

- **Alzheimer's Society/Talking Point**

  www.forum.alzheimers.org.uk

  www.alzheimers.org.uk/about-dementia/types-dementia/frontotemporal-dementia