"HELLO, MUM" ----- "DO I KNOW YOU????"

We are all living longer - our life expectancy now is 10 to 15 years more than it was 50 years ago. Due to medical research, the NHS, social education and community services and a rising standard of living most of us can expect to live well into our 70's, 80's and even 90's in reasonably good health other than the normal aches and pains that come with old age. Even when faced with major illnesses such as cancer and heart disease modern medicine grants us strong hopes of successful recovery and continued quality of life almost regardless of age. Yet there is a big problem for which we currently have no solution.

DEMENTIA (often referred to as Alzheimer's) is an illness primarily of old age, and as we all grow older it will come to affect more and more of us. Most of us have had direct or indirect contact with a sufferer. It has been estimated that, perhaps, 1 in 3 of the population will suffer from some form of dementia in their later years. It will directly and indirectly come to dominate the budget of the NHS and place severe strain on the Social Services.

Dementia is an illness that progressively attacks our mental capacity. It seriously damages the structure of the brain leading to memory loss, disorientation, loss of visual awareness, mood and behaviour changes, loss of mental ability, etc. But the disease is not, of itself, life threatening and the sufferer may live for many years. During this time brain function progressively deteriorates from what may, at first appear to be mild eccentricity, forgetfulness, repetitiveness, wandering, etc to, ultimately total lack of awareness, disruptiveness and complete dependence on carers for all activity. There is no cure and currently no effective treatment.

For the sufferer, the illness is generally frightening and deeply frustrating but often they are unaware of their symptoms or their behaviour. For the carer it is extremely difficult, exhausting, very stressful, and, as the disease progresses, heartbreaking. Family and friends care for most sufferers for years until eventually they can no longer cope and residential nursing care is essential. Places in quality specialist care homes are woefully inadequate and the cost beyond many families. Family difficulties and depression are commonplace among carers, often due to a misplaced feeling of guilt.

Is there any good news? Well, for the sufferer, there is some - but not much. Dementia has now achieved importance on the public stage. The government has announced a plan to assist GP practices in diagnosing the condition earlier and for specialist memory clinics, which

will monitor its progression. Various reports on standards in care homes will ultimately yield improvements in their quality. There is limited evidence to suggest that certain activities may delay the onset of dementia and/or slow its progression. Medical research is beginning to suggest some limited hope for the long term: But there needs to be much more. For the carer the picture is bleak although there are some excellent charitable organisations that provide advice, and some support is available if you know how to access it: Again much more is needed.

What can we do? Actually, I believe we can do quite a lot, specifically, to support carers and thus, through them, the sufferer. I would like to invite you to come to a discussion meeting at 7.30 on Thursday 23rd April at Dove Cottage. We have three experts in aspects of the problem -

Dr John Gumpert Consultant Neurologist (rtd)
Dr Paddy Fielder Senior GP Practitioner

Sue Jackson Mental Health Social Worker (rtd)

They have kindly agreed to help us understand the nature of the problem we are facing and, I hope, help to kick off a discussion as to what we might do towards supporting sufferers and carers.

One final point: If the estimates are correct then at least 70% of us will not get dementia - we will just be forgetful, eccentric and grumpy - that's just old age!

Lynden Jackson