

Is it dementia, or a simple infection?

Too often, doctors and caregivers see symptoms of dementia as permanent when the problem may be a simple infection.

By [Gary Drevitch](#) for [Next Avenue](#)



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Among the myriad ways my kids have it better than me: As a child, I had only two grandparents, one of whom died when I was still very young. But my kids, at least the older two, were born with a full complement of grandmas and grandpas, plus a great-grandmother, and while the ranks of grandparents have thinned somewhat in recent years, that 98-year-old “Nanny,” my wife’s grandmother, endures.

In fact, Nanny continues to live on her own, in an Upper Manhattan apartment, with the support of her walker, a daytime home-care aide, and a delightful pet cat. She manages her finances and keeps up with her large extended family, limited in conversation only by her somewhat impaired hearing.

So it was a surprise to many of us when she recently started to show fairly sudden and pronounced signs of dementia, characterized by mood swings, a far less sharp conversational tone, and paranoia, especially about her finances. Still, given her age, many of those around her imagined that this was *it*, that she had finally succumbed to dementia and would face declining faculties for the rest of her life.

We were wrong.

After a few weeks, Nanny was taken to her doctor to find out what the cause of her dementia might be. As it turned out, she was not suffering from Alzheimer's disease or, in fact, any permanent dementia-causing syndrome. She had a simple [urinary-tract infection](#), which was treated with antibiotics, restoring her previous sharpness.

I should have been able to come up with this diagnosis. My late mother long lived with, and eventually died from complications of, [vascular dementia](#), a condition periodically worsened by UTIs, which caused increased agitation and confusion. When the urinary tract infections were treated, the symptoms eased, although the accumulated infections probably sped up the overall progression of her dementia.

UTIs, which affect women more often than men, are common among the elderly, and easily treated with antibiotics. They represent just one of several conditions that can potentially cause dementia or delirium-like effects in that population. According to the National Institute on Aging, too many doctors make the same mistake that most relatives do, seeing dementia as a natural part of aging and failing to check for causes of what is sometimes called pseudosenility or reversible dementia. Depending on the overall health of the patient, reversible symptoms resembling dementia can be caused by high fever, dehydration, vitamin deficiency or poor nutrition, a bad reaction to medications, a thyroid problem or a minor head injury. (Learn more from Next Avenue about [the link between hearing loss and dementia](#).) Stress or depression can also bring on similar symptoms and should be treated to alleviate the effects.

The real shame is that, as the National Institute on Aging puts it, "much pain and suffering can be avoided if older people, their families, and their doctors recognize dementia as a disease, not part of normal aging."

Family caregivers who notice sudden, unexplained changes in their loved one's personality, whether it be confusion, agitation, or withdrawal, should take action and contact a doctor who can explore all the possible causes, rather than throwing up their hands and accepting the symptoms as an inevitable part of aging. Keep in mind that

your loved one, as he or she suffers the effects of reversible dementia, is unlikely to be able to communicate the cause to you.

With quick action, a caregiver may be able to get relief for the patient's symptoms and help a loved one, like Nanny, return to the business of watching Grand Slam tennis tournaments, playing cards, and dispensing candy and quarters to great-grandchildren.

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