

What Does The Term “Dementia” Mean? A Commentary to Enhance Everyday Usage

Daniel Marson PhD, JD*

Professor Emeritus, Department of Neurology, University of Alabama at Birmingham, Birmingham, Alabama USA.

Corresponding Author Information

Daniel Marson

Professor Emeritus, Department of Neurology, University of Alabama at Birmingham, Birmingham, Alabama USA.

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Issue: Misuse of the Term “Dementia”

In our aging society, we often encounter the scientific term *dementia* being misused as a general reference for any and all forms and stages of cognitive decline in the elderly. A common example is the older person with mild short-term memory loss but independent function in the community (successfully driving, managing finances, using medications, etc.) being described by family members as having a “dementia” or being “demented.”

In point of fact, such a person has a mild memory impairment but NOT a dementia. Why not a dementia? Because the person, although memory impaired, does not have sufficient cognitively based *everyday functional impairment* to support a dementia diagnosis. As discussed further below, the term *dementia* denotes an important clinical state involving both cognitive decline and associated significant decline in everyday functioning.

Unfortunately, such usage errors regarding the term *dementia* are made not just by family members and the lay public, but sometimes even by clinicians and researchers. The purpose of this brief commentary is to provide accepted definitions of the term dementia, account for its common misuse, and enhance accurate public usage of the term.

Definitions of Dementia

Multiple sources provide established definitions of the term dementia. The following definition is provided by the Alzheimer’s Association on its website: “Dementia is a general term for loss of memory, language, problem solving, and other thinking abilities that are severe enough to interfere with daily life.” [1]. A similar version of this definition on the same website is: “Dementia is an umbrella term for loss of memory and other thinking abilities severe enough to interfere with daily life.” [2].

The Diagnostic and Statistical Manual of Mental Disorders Fifth Edition (DSM-5) sets out a detailed codified definition of dementia (now referenced in DSM-5 as ‘major neurocognitive disorder’) [3]. For our purposes here, we set out the four core elements of the definition in full or pertinent part, with a focus on elements A and B:

- A. Evidence of significant cognitive decline from a previous level of performance in one or more cognitive domains (complex attention, executive function, learning and memory, language, perceptual motor, or social cognition)...
- B. The cognitive deficits interfere with independence in everyday activities (ie., at a minimum, requiring assistance with complex activities of daily living such as paying bills or managing medications).
- C. The cognitive deficits do not occur exclusively in the context of a delirium.
- D. The cognitive deficits are not better explained by another mental disorder (eg., major depressive disorder, schizophrenia).

Upon review, the three definitions of dementia above share two key definitional components:

- (1) A requirement of cognitive decline and impairment from a person's prior baseline, and
- (2) A requirement of significant impairment in the person's everyday functioning resulting from the cognitive decline.

Misusage of the Dementia Term

Professionals, families and the public usually readily understand and appreciate the *cognitive decline/impairment* component of the dementia term. For example, these parties can identify and describe symptoms and changes observed in a patient/research subject/family member's cognitive abilities, such as short-term memory, knowledge of words and concepts, organizational abilities, or expressive language abilities. However, family members, the lay public, and sometimes even clinical and research professionals can overlook or lack awareness of the equally important *significant functional impairment* requirement of the dementia definition. They may not consider the everyday functional changes the cognitively impaired patient or family member can also be undergoing, such as problems managing finances, using medications, driving a car safely, or maintaining personal hygiene. In addition, they may rarely consider whether or not the functional changes are sufficiently severe to impair the person's independence. In short, there is often a general misunderstanding and misuse of the *dementia* term because people lack knowledge or appreciation of its functional component. Instead people often use the dementia term simply as a cognitive description or observation. As a result, the scientific meaning and value of the dementia term is not fully appreciated or applied.

Recommendation: Continuing Educational Efforts Regarding the Dementia Term

The author recommends that federal, state, and local aging and dementia agencies, through educational conferences and outreach activities, continue to present, discuss and explain to the public the meaning of the dementia term. Such efforts will help the public better understand both the relationship and differences between

cognitive change and functional change in neurodegenerative disorders like Alzheimer's disease and Parkinson's disease. For example, an older Person X with Alzheimer's disease may have significant cognitive changes in memory, expressive language, and some social skills, but still remains largely functionally intact and able to live at home independently. As a result, Person X does not yet have a diagnosable 'dementia' because he/she remains functionally independent. At the same time, an older Person Y with Alzheimer's may have cognitive symptoms similar to Person X, but for various reasons suffers much more functional impairment living at home and must move to a nursing home or memory care facility. As a result, Person Y has a diagnosable 'dementia' due to the extent of his/her cognitively based functional impairment, which has significantly impaired independence.

Another Dementia Definitional Issue

Educational efforts can also help the public better understand and appreciate other challenging 'dementia' definitional and conceptual issues. For example, lay people often are confused about the difference between a dementia and Alzheimer's disease. They ask "what is the difference between dementia and Alzheimer's, or between dementia and Parkinson's?" These are good questions! It is important that the public be educated to understand the difference between a dementia -- which is a general clinical state or syndrome involving cognitive and functional decline, and neurological diseases like Alzheimer's or Parkinson's which are medical causes of a dementia state.

The author reports no conflict of interests.

References

1. Alzheimer's Association Alzheimer's and Dementia what is Dementia. www.alz.org, accessed June 28, 2023.
2. Alzheimer's Association Alzheimer's and Dementia About dementia. www.alz.org, accessed June 28, 2023.
3. American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition. Neurocognitive Disorders Major and mild neurocognitive disorders. Arlington VA. American Psychiatric Association. 2013; 602-603.