

# Letters to the Editor

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## The treatment of dementia sufferers without the use of drugs

SIR - I write from a background that included many years as a president of mental health tribunals. Jeremy Hunt, the Health Secretary (report, January 15), is quite correct to draw attention to the ignorance of the medical profession as to the treatment of dementia sufferers.

Much can be done to alleviate the distress of the sufferer and the family, if it is appreciated that the problem is an inability to lay down a memory of the present.

A small charity, Contented Dementia, working out of the Old Burford Hospital, has pioneered a method, not using drugs but using the sufferers' past memories that remain intact, to enable them to live without the painful distress this condition causes them. It does not claim to be a cure, for no cure is known to exist.

Unfortunately, while some enlightened medical professionals acknowledge the improvement in quality of life using this method, it continues to meet opposition from the Alzheimer's Society and others. However, it is surely the sufferer's human

right to achieve the best quality of life obtainable, and consideration should be given to methods to assist in this.

There are said to be ethical issues involved, but my examination of this matter leads me to conclude that this viewpoint is based on ignorance.

**His Honour Ian Alexander QC**  
Chipping Norton, Oxfordshire

SIR - I share some concerns about the risk of dementia-screening programmes over-medicalising mild health problems. But early diagnosis has significant benefits.

Most people to be targeted under the government initiative will have mild or no memory problems, and can give informed consent on participating in the screening.

Most patients with mild cognitive impairment and dementia, visiting our memory service on the Isle of Wight, are keen to know their diagnosis. They want to discuss with a specialist possible causes of their memory problems, what they can do to prevent them getting worse and who to

contact if they become more troublesome.

There are evidence-based things to be done for patients with mild cognitive impairment and dementia, including cognitive stimulation therapy, post-diagnostic support, psychological therapy and support for their carers.

Thus to argue that, because drugs for dementia are not very effective, it should not be diagnosed early, is ill-informed.

So I support screening, with some caveats. First, time should be given for discussion of the risks and benefits of the screening, to enable patients and carers to make an informed decision about whether to participate.

Secondly, the programme should not be a substitute for developing memory assessment and therapeutic services to a high level throughout the United Kingdom.

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