

The best treatment for

Alzheimer's is tenderness

Dementia is a scourge, with victims ever more isolated, but rather than pray for a wonder cure we should open our hearts and our homes to sufferers, says **AA Gill**

If you were to update Dickens's A Christmas Carol, the object of the great weeping violin cadenza of sentimental sympathy wouldn't be tiny Tim, the crippled child; it would more typically and contemporarily be old Tim — grandad Tim diminished by Alzheimer's.

Christmas, we continue to tell ourselves, is for families and we think of the children, but this Christmas — and increasingly over recent years — the poor, the needy and, in the Victorian sense, the pathetic have been the elderly. The most testing time of our lives has shifted from the multiple perils of infancy and childhood to the long, sad, incremental shutdown of old age.

The modern version of the workhouse is the nursing home. At this season adult children trudge along to sit in common rooms strung with miserably jolly streamers and filled with plastic-covered comfy chairs and flickering silent televisions and the sound of Nat King Cole's Christmas Song to sit beside parents suffering paper hats and dementia.

The adult children talk with strained love, loudly and slowly, of the past and show photographs of other Christmases in an attempt to sift the ruins of memory and jog some coherent recognition; some sense of being family. But the memories are more likely to remind the children of how far their parents have drifted away from the vital,

funny, generous and heroic figures they once were.

At too many Christmas lunches places are set for ailing, ancient members of families who are there but not present; the living ghosts of Christmases past and the fearful warning of Christmases to come. No one in middle age will need to be told or reminded about dementia.



There is massive guilt attached to people in nursing homes and to the people who put them there

We have all of us seen it first-hand among close family, colleagues, neighbours; it is a great, rarely spoken fear — the shadow cast over every new year resolution.

When we forget a name, or the word for "what's it", we are pricked with the terror that this might be the first telling, fugitive symptom. Plenty of the middle-aged will have scanned the first sentence of this article and hurried on. Why depress yourself while you still have choice?

Last year was a big one for Alzheimer's: there were stories every week of breakthroughs, interesting research, promising laboratory mice and potentially significant brain scans. Daily there were the home-spun treatments and alternative preventatives: exercise might help, or coffee, learning a language, being married, not retiring, turmeric.

As I write, I see that The New York Times is trumpeting a study of army veterans that shows large doses of vitamin E have produced signs of helping some sufferers — but not much and not for long. Vitamin E in large doses can also kill you. All the research from around the world is long on possible causes and interventions, but still very short on cures.

Dementia continues to grow rapidly as a condition that is the consequence of the success of 100 years of medical research into other diseases. We live longer but the irony, the corollary, is that we enjoy it less.

Last year was also the first time that significant criticism of the provision for pensioners became part of the political mainstream — are their benefits protected at the expense of the young? Wasn't this the generation that selfishly emptied the larder and left the washing-up for their children?

At the end of the year there was a conference on dementia — it was a

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AA Gill with his father Michael, who died of Alzheimer's

drug that will fix things and look at the way we treat not the disease, but the patient; the old. There will be a cure some time, but probably not in time for those of us who worry about it. One of the exasperating causes of dementia is loneliness and the cure for that is not something we can expect the government to fund, or to hand over the responsibility for it to immigrant health workers. We should make far more of old people not as a charity but as a resource, an investment and a pleasure.

Nursing homes and sheltered accommodation are hidden away behind electric gates and laurel hedges and are given euphemistic names. There is a massive shame and guilt attached to the people inside them and to the people who put them there.

There is an embarrassment and awkwardness in dealing with the elderly that forces them apart from the rest of us. They don't command respect or incite interest. They are seen as the concern of social services rather than of individual members of our community.

Looking after Alzheimer's patients shouldn't have to be either the wearily sad martyrdom of a child (almost always a woman) or an elderly spouse. Neither should it be left to the questionable practices of private care homes, or the occasional visit of a stretched and haggard Filipino care worker: it should be all those things, with the added ingredient of the rest of us. This isn't simply about money or "realigning resources going forward" — it's about a collective attitude and civic responsibility.

Close to where I live in west London is a model retirement home where the guests live in comfortable splendour, have companionship and privacy but plenty of visitors. They have security and medical

treatment and a collegiate life that banishes loneliness. They are also deeply respected by the local community, so much so that they rarely have to buy their own pints or stand in queues. Strangers wish them well and ask if they can have photographs taken with them; they are the Chelsea pensioners.

This is not, I admit, a model that can be easily rolled out across the country — old soldiers in tricorne hats and red coats inspire a special affection, but shouldn't retired teachers get the same fondness? Postmen and bakers, loss adjusters, plumbers, farmers — shouldn't your mum and dad, shouldn't everyone?

There is nothing complicated or magic about the Chelsea pensioners' lives — the difference is the respect they are offered by the rest of us. It means they are still valued and an integral part of their wider community. The elderly ought to be able to count on the kindness of strangers as well as the love of their families.

Alzheimer's, dementia, incapacity, the fading of senses and abilities, are the natural consequences of ageing. We will all have to face them and we could start by helping others and making sure no one does it fearfully and alone. Surely that must be a basic measure of humanity.

There is nothing good or positive to be said of Alzheimer's or dementia, but they are symptoms of something that we should be proud of: life expectancy, extended through medical and social care, and a democratic will.

There is a lot to be said for that but we don't get all the way to being old simply to be left to fail alone. When scientists do come up with a prophylactic cure for Alzheimer's, we will still be left with old age and, ultimately, loss and none of us should have to face that without a hand to hold.

big and concerted deal. It ended with good intentions all round and guarded optimism and the usual call for more investment in research; more planning for an increasingly aged population.

There has been a breakthrough in early diagnosis. The government and the Alzheimer's Society, for whom I am an ambassador, want us all to go and get screened. But if you ask your doctor if he or she has been screened, the likelihood is they will prevaricate and then say no. My own GP asked wearily why would he want to know: there is very little his colleagues could do for him. The available drugs work for a bit, for about six months, for some

sufferers. The society and the healthcare professionals say early diagnosis means you can do long-term planning while still compos mentis and that families can be prepared — well, up to a point.

I watched my father die of Alzheimer's. I don't know what he would have done differently, or what we would have felt differently, meeting his disaster earlier.

Alzheimer's is a disease that particularly acutely affects people who don't have it and, as Hillary Clinton was so fond of pointing out, "it takes a village to bring up a child", so it takes a whole community to look after the elderly.

We should stop focusing on a