

## 常見觀念

## 事實

記憶力變差、變得混亂只是自然老化的一部分。

隨着年齡增長，我們的記憶力和思維能力可能會慢慢改變。但如果記憶力突然明顯下降或影響日常生活，就應該向家庭醫生查詢。

所有長者都會患上認知障礙症。

年老是認知障礙症的風險因素之一，但不是所有長者都會患病。

記憶力衰退是認知障礙症的第一個徵兆。

認知障礙症的早期症狀因人而異。有些人會先出現性格、行為、語言或能力方面的變化，而不只是記憶力減退。

我對過去的事記得清楚，所以我不會有認知障礙症。

視乎認知障礙症的類型，許多人仍能保留早年的記憶，近期的記憶則較容易流失。

我應該隱藏我的困難，避免被人發現。

隱藏困難無助於改善情況。向家庭醫生求助，有助於找出可能的醫學原因，從而獲得適當的治療和支援。

如果我保持健康的生活習慣，我就不會患上認知障礙症。

健康的生活方式可以降低認知障礙症的風險，但不能保證不會患病。

服用維他命和補充品可以預防認知障礙症。

良好的生活習慣可以減少患上認知障礙症的風險，但維他命和補充品並不能預防此病。

如果我有認知障礙症，我的子女也一定會有。

認知障礙症不只是由基因引起的。雖然有家族病史的人風險稍高，但生活方式對發病風險的影響更大。

認知障礙症是無藥可救的。

現時已有多種治療方法和策略可以減輕認知障礙症的症狀。

如果我有認知障礙症，我就不應該外出。

認知障礙症患者應該積極參與社交和戶外活動。保持心理、社交和身體活躍有助於減慢病情發展。

患上認知障礙症的人變得沒有用，只能住進護老院。

認知障礙症患者仍能照顧自己和家人，大部分人仍然可以繼續住在家中。

如果患上認知障礙症，人生便沒有意義。

許多認知障礙症患者仍能過着充實而有意義的生活。適當的治療和支援可以幫助患者及其家人活得更好。

認知障礙症患者會變得暴躁易怒，甚至有攻擊性。

認知障礙症患者的憤怒和攻擊行為通常是可以預防的，這些行為通常是對未能滿足的需要（如飢餓、無聊）的反應。

阿茲海默症等於認知障礙症。

認知障礙症是一組大腦疾病的統稱，阿茲海默症是最常見的類型之一，但還有其他類型的認知障礙症。

認知障礙症，又稱“失智症”，是“癡呆症”的一種科學名稱。



共面  
認知障礙症

訪問：[www.facingdementiatogether.au/ch](http://www.facingdementiatogether.au/ch)  
致電全國腦退化熱線 1800 100 500



## Common thoughts & concerns    The facts & reality

*Losing your memory and getting confused is just a natural part of aging*

We usually experience some gradual changes in memory and thinking with age. But memory loss or confusion should not get worse very quickly or affect daily life. If this happens, ask your GP for an assessment.

*All older people get dementia*

Old age is a risk factor for dementia, but it is not inevitable.

*Memory loss is the first sign of dementia*

Early signs of dementia vary. Some people have changes in personality, behaviour, language, or abilities rather than memory.

*I have a good memory for things in the past, so I don't have dementia*

Depending on the type of dementia, older memories, like those of early life are retained long into the course of dementia. More recent memories tend to be lost first.

*I should hide any difficulties I have, so that other people don't realise.*

Hiding difficulties won't help. Ask your GP - understanding any medical reasons for the changes can lead to treatments for symptoms and services which can help you.

*If I lead a healthy lifestyle, I will not get dementia.*

A healthy lifestyle will reduce your risk of dementia but does not guarantee you won't get dementia.

*If I take vitamins and supplements that will prevent dementia*

Having a healthy lifestyle reduces your risk of dementia, but vitamins and supplements do not prevent dementia.

*If I have dementia, then my children will get dementia*

Dementia is not just caused by genes. While family members have a small increase in risk of getting dementia, lifestyle has a big contribution to dementia risk.

*There is nothing you can do for dementia*

There are treatments and strategies that reduce dementia symptoms.

*If I have dementia, I should not go out*

It is important for people living with dementia to go out. Staying mentally, socially and physically active can slow the progression of dementia. Keep everyone connected.

*People with dementia become useless and have to live in a nursing home*

People with dementia can continue to do things for themselves and their families. Most people with dementia continue to live at home.

*Life is not worth living if you have dementia*

Many people with dementia lead full and meaningful lives. Getting the right treatments and support helps people with dementia and their families to live well.

*People with dementia become angry and aggressive.*

Anger and aggression are often preventable in people with dementia and is usually a reaction to an unmet need (e.g. hunger, boredom).

*Alzheimer's is the same as dementia*

Dementia is the name of a group of brain diseases. Alzheimer's is the most common brain disease causing dementia, but there are other types of dementia.



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1800 100 500

