

PERSONAL STORIES

“After several years with seemingly unrelated symptoms, our father was diagnosed with NPH in 2002 at age 79. Since having a shunt installed, he has had a much improved quality of life with greater independence. He’s slowing down, but still walks a mile every day!” ~ P. S.



“An acupuncturist suggested I “check out” NPH. I researched it and even then had a big problem getting my doctor to believe me. ‘You don’t have that. It’s very rare!’ Thank goodness I had the emotional support to fight for what I believed and a neurologist and neurosurgeon who acted quickly. I have had almost 4 great years and expect to have many more.” D.N.



“If it wasn’t for our NPH group my husband would be in a nursing home being taken care of by people who never knew the wonderful man he now is. For years he was unable to walk, think clearly, and keep from wetting himself. His Neurologist told him how lucky he was that he just had NPH and not a brain tumour. Five years later and his shunt is keeping him from the deterioration of a disease of which doctors have little understanding and are able to fix.” S.C.

NORMAL PRESSURE HYDROCEPHALUS IS TREATABLE!

Normal Pressure Hydrocephalus is a progressive condition. 5%-10% of older adults with dementia may have NPH.

As a rule, the earlier the diagnosis and treatment, the better the chance of improvement. However, some patients who have had symptoms for years may improve with treatment.

Many patients in their 70s and 80s have had successful shunt surgery and are enjoying more independent lives.

ADDITIONAL INFORMATION

Online Support Group
[health.groups.yahoo.com/group/
NPH_Friends](http://health.groups.yahoo.com/group/NPH_Friends)

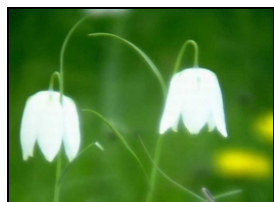
**National Hydrocephalus
Foundation**
www.nhfonline.org

Life NPH
www.lifenph.com

NORMAL PRESSURE HYDROCEPHALUS



**IMPORTANT
INFORMATION FOR
ADULTS OVER
55**



WHAT IS NPH?

In a normal brain, the Cerebrospinal Fluid (CSF) flows in and out of the brain, and some fluid is absorbed by the brain during the process.

In a brain affected by Normal Pressure Hydrocephalus, the brain does not absorb enough fluid, and the ventricles of the brain become enlarged. Eventually this will cause symptoms from increased pressure on the brain.

HOW DOES NPH DIFFER FROM ALZHEIMER'S DISEASE?

With NPH, the ventricles of the brain are enlarged, but usually there is not significant loss of gray matter in the brain. Typically, the first symptom to appear is gait disturbance.

With Alzheimer's Disease, the first symptom is dementia. However, the late stages of both conditions may be similar.

It is possible to have more than one neurological condition. A CT scan or MRI is used to diagnose NPH.

COMMON SIGNS OF NPH

GAIT DISTURBANCE

Often described as a **FEELING OF THE FEET BEING STUCK TO THE FLOOR**. Also common are **LEANING** forward or to the side. **WEAKNESS** in arms and legs. Difficulty rising from a seated position. **SUDDEN FALLS**

URINARY INCONTINENCE

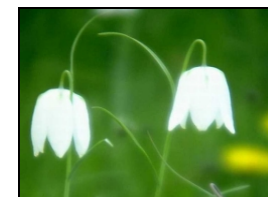
Urgency or Incontinence

SHORT TERM MEMORY LOSS

May include **MILD OR SEVERE DEMENTIA, CONFUSION, DEPRESSION, LETHARGY, SLEEPINESS**.

Less Common Symptoms

Bowel Incontinence. Headaches. Changes in vision.



HOW IS NPH DIAGNOSED?

If you have more than one of the symptoms described, and particularly if you have all three (called the "Hakim Triad") ask your primary care doctor to refer you to a neurologist for evaluation.

The neurologist will do a full psycho-neurological exam, and observe your walk. If NPH is suspected, a CT scan or MRI should be ordered.

WHAT'S NEXT?

If your examinations and tests show that you have enlarged ventricles, you should be referred to a neurosurgeon who may do further testing to determine if your condition is likely to improve with the placement of a shunt (a device which regulates the drainage of fluid from the brain). It is the only treatment available for this condition, and patients who are otherwise in good health usually improve with surgery.