ALZHEIMER’S DISEASE

What you need to know about Alzheimer’s Disease.
Perhaps you have participated in a memory screening, or your family has mentioned on more than one occasion that you are forgetful. If you suspect changes in your memory, talk to your healthcare provider. There are many tools available to do quick assessments of memory or to identify signs of memory loss. Do not hesitate to have a conversation with your doctor regarding your concerns. To help the doctor determine a diagnosis regarding your memory loss, he or she will follow several steps. They will want to understand the problem, and may ask:
- What kind of symptoms have occurred
- When they began
- How often do they happen
- If they have gotten worse
In addition, the doctor will review medical history, evaluate mood and mental status, complete a physical exam and diagnostic tests, as well as a neurological exam.
Sometimes, these tests can potentially reveal other causes for your memory loss. However, if the diagnosis is Alzheimer’s, it will be crucial to develop an action plan. Action plans help secure information, support, community resources and much more. The plans will see you through disease progression, symptoms, care and treatment.

You are not alone.
There are many resources available to you and your loved one, other than your healthcare provider. Your provider may assist you in locating resources; there are many available to help you through the disease process.
Here are just a few:
- Alzheimer’s Association
- Alzheimer’s Foundation of America
- US Department of Health and Human Services: Alzheimer’s Disease Education and Referral Center
- Alvin A. Dubin Alzheimer’s Resource Center
I hope this series on Alzheimer’s Disease has provided you with useful information. Don’t forget to refer to the Health Corner bulletin board in Fellowship Hall for more information and handouts. Please let me know if you have any questions or concerns.

Alzheimer’s Disease: Behaviors, Communication, and Treatment

“The sooner an accurate diagnosis of “probable” Alzheimer’s disease is made, the easier it is to manage symptoms and plan for the future”. The changes that you or your loved one are or will be experiencing are because of disease. This disease affects each person differently. People can have good days and bad days, and can behave in unpredictable ways. Changes can vary from person to person, and depend on where he or she is in the disease process.

There are several common dementia-related behaviors, and identifying them with their causes can be helpful. Negative behavior may be the result of physical pain or discomfort, overstimulation, unfamiliar surroundings, complicated tasks, and/or frustrating interactions. Understanding the behaviors and their triggers can help in finding solutions and developing beneficial responses. Some of the common behaviors are:

- Aggression
- Anxiety/agitation
- Confusion
- Repetition
- Suspicion
- Wandering
- Trouble with sleep

No matter what the behavior, it is important to respond quickly and be willing to adapt the surrounding or offer new responses based on the situation. Always try to identify the immediate cause for the behavior (rule out pain first), remain calm and patient, provide reassurance, offer simple and brief explanations, ensure his or her safety, limit or
remove distractions, and do not take offense to the behavior or take it personally. The most important thing to note is that you or your loved one are not alone. Through proper treatment, support and care, help with symptoms and coping with this disease are available.

Although there is no cure for Alzheimer’s currently, researchers are continually working on and testing many different drug therapies in hopes of finding ways to control, slow, reduce and/or reverse these mental and behavioral symptoms. The ultimate goal is to prevent, halt, and eventually cure Alzheimer’s disease. The US Department of Health and Human Services along with the FDA are committed to the research of this disease. The FDA has approved several different medications for the treatment of Alzheimer’s disease.

**Namenda Namenda XR Namzaric Aricept Exelon Razadyne**

Your loved one’s or your healthcare provider can help you find the best pharmacological option for managing symptoms. Medications should be used in addition to education, counseling, and many other support services that can assist with quality of life.

*Please refer to the bulletin board in Fellowship Hall...lots more information!!!*

**Next week will be devoted to resources that are available to those affected by Alzheimer’s disease.**

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**Alzheimer’s Disease: What You Need to Know**

As discussed last week, Alzheimer’s Disease is the most common form of dementia, accounting for 60-80 percent of all cases. Alzheimer’s is not a normal part of aging; it is a progressive, degenerative disease that attacks the brain cells. Scientists do not know why damage occurs to the brain’s nerve cells. They have identified, however, some risk factors that increase the chance of developing the disease. Although Alzheimer’s is not a normal part of aging, increasing age is the greatest known risk factor for the disease. Research shows that family history and genetics can also predispose a person to develop Alzheimer’s. Those with a family member with Alzheimer’s (a parent or sibling) are
more likely to develop the disease. The risk increases if more than one member has the disease. There are different categories of genes that have been identified in having an impact on someone inheriting the gene and therefore having an increased risk of developing Alzheimer’s. Age, family history, and genetics are risk factors that cannot be changed.

Researchers are starting to identify other risk factors that we may be able to influence. The first of these are head injuries. They are finding a strong link between serious head injuries and the future risk of Alzheimer’s. Protecting the head in vehicles or during sports is one way to decrease this risk. Researchers are also suggesting a link between healthy aging and brain health reducing the risk of developing Alzheimer’s. Strategies for this include eating a healthy diet, avoiding tobacco and excess alcohol, exercising the body and mind, and staying socially active.

Symptoms of Alzheimer’s correlate with the location of where damage to brain cells takes place in the brain. Onset, warning signs and symptoms can all vary from person to person, however, experts have identified common warning signs of the disease. Educating yourself to recognizing these in a loved one, or becoming aware of changes you may be experiencing is the first step. Here are some of the common warning signs/symptoms of Alzheimer’s Disease:

- Memory loss that disrupts daily life, especially of new/recent events, names, etc.
- Challenges in planning or solving problems, i.e. balancing checkbook/numbers tasks
- Difficulty completing familiar tasks at home, work or leisure, i.e. making sandwich
- Confusion with time or place
- Trouble understanding visual images and spatial relationships
- Problems with words- speaking/writing, completing sentences, following conversations
- Misplacing things and losing the ability to retrace steps
- Decreased or poor judgment, making bad decisions and/or expressing false beliefs
- Withdrawal from work or social activities
- Mood/personality changes, i.e. rapid mood swings, increased suspicion, depression

If you (or a loved one) are exhibiting these symptoms, you should seek the consultation of a healthcare professional. Although Alzheimer’s does not have a cure, treatments,
education, support, and resources are available, but more importantly, research continues to offer hope.

**Normal Forgetfulness vs. Memory Impairment**

The aging process brings us many challenges. As our physical bodies experience changes and complications, so do our minds. It is not uncommon for one to experience forgetfulness. Not being able to remember an acquaintance’s name, an appointment time, or forgetting what you went to the kitchen for are all “normal” forgetfulness. Occasional forgetfulness may be a result of stress, distractions, grief, alcohol use, an illness, fatigue, poor vision or hearing, or clinical depression. Memory changes with normal aging are usually temporary in the sense that one can remember a fact later, or only forget part of an experience, and can be reminded or redirected through written/spoken directions or notes as reminders. When does forgetfulness become more than part of normal aging?

“Many people have memory loss issues – this does not mean they have Alzheimer’s or another dementia”. When there is a decline in one’s mental ability severe enough to interfere with daily life, dementia is considered. Dementia is an overall term that describes a wide range of symptoms associated with a decline in memory or other intellectual functions, such as thinking, judgement, language, complex motor skills and reasoning, severe enough to reduce a person’s ability to perform everyday activities. Dementia is caused by the permanent damage or death of the brain’s nerve cells (neurons). The symptoms and the progression of dementia vary, depending on the type of disease causing it, and the location/number of damaged brain cells. The two most common types of dementia are Alzheimer’s disease and Vascular Dementia. Alzheimer’s disease is the most common cause of dementia, accounting for 60-80 percent of dementia cases. Vascular Dementia is the second most common dementia type, and occurs after a stroke or blockage of blood supply to the brain. Dementia, more often than not, is permanent and progressive (worsens over time). There are some cases, however, that some changes in the brain causing dementia may improve when the condition is treated or addressed. These would include depression, thyroid problems, medication side effects, excess use of alcohol, and vitamin deficiencies.
The first step in dealing with dementia is educating oneself. Over the next four weeks, I will provide more detailed information on Dementia and Alzheimer’s disease including the basics of each and how they affect the brain, the causes and risk factors, diagnosis, behaviors, communication, treatment/care and finally, hope with these diseases. Please be sure to visit the bulletin board in Fellowship Hall weekly for resources and visual aids related to Dementia and Alzheimer’s.

Resources:

http://www.alzheimersswfl.org (Alvin A. Dubin Alzheimer’s Resource Center)

http://www.alz.org (Alzheimer’s Association)

http://www.alzfdn.org (Alzheimer’s Foundation of America)