

Alzheimer's Disease

Colorado Gerontological Society

Memory loss is generally not a normal part of the aging process. It is true that brain function slows somewhat as people age, but the inability to remember important facts is not normal. However, one in seven Americans age 71 and older has some type of dementia, and 2.4 million of them have Alzheimer's disease. Nearly half of those age 85 and older may have the disease.

Important causes of dementia in older Americans include Alzheimer's disease, vascular disease, Vitamin B12 deficiency, hypothyroidism, alcohol abuse, or medications, either alone or in combination (such as those used for pain and sleep).

Risk Factors

- Age
- Heredity
- Family history
- Head trauma which happens frequently or results in loss of consciousness
- Damage to the heart or blood vessels including high blood pressure, heart disease, stroke, diabetes, and high cholesterol

Prevention

- Prevent head trauma by using seat belts, wearing helmets, and fall-proofing your house.
- Adopt a long-term heart-healthy "food lifestyle" by eating in moderation.
- Reduce fat intake and cholesterol.



- Exercise for 30 minutes every day to get the body moving and the heart pumping.
- Do not smoke as it interferes with blood flow and oxygen to the brain.
- Manage your body weight, blood pressure, cholesterol and blood sugar.
- Take Vitamin B12 if needed.
- Have a dietary consultation to help with planning as tastes, textures and swallowing issues can interfere with a balanced diet.
- Get an evaluation by a physician. New tests can diagnose Alzheimer's disease much earlier than before, allowing for earlier treatment and more quality of life.
- Have lots of friends and acquaintances or join many social groups. Participation in many social activities is associated with decreased risk of dementia. Staying active is important for stimulation of the mind and the spiritual being.

Screening Tools

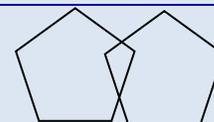
A common screening tool for dementia is the Mini Mental Status Exam. A score of 25-30 is normal; 19-24 is mild dementia; 10-19 is moderate dementia; and less than 10 is severe dementia.

Mini-Mental State Examination (MMSE)

Patient's Name: _____ Date: _____

Instructions: Ask the questions in the order listed. Score one point for each correct response within each question or activity.

Maximum Score	Patient's Score	Questions
5		"What is the year? Season? Date? Day of the week? Month?"
5		"Where are we now? State? County? Town/city? Hospital? Floor?"
3		The examiner names three unrelated objects clearly and slowly, then asks the patient to name all three of them. The patient's response is used for scoring. The examiner repeats them until the patient learns all of them, if possible. Number of trials: _____
5		"I would like you to count backward from 100 by sevens." (93, 86, 79, 72, 65,...) Stop after five answers. Alternative: "Spell WORLD backwards." (D-L-R-O-W)
3		"Earlier I told you the names of three things. Can you tell me what those were?"
2		Show the patient two simple objects, such as a wristwatch and a pencil, and ask the patient to name them.
1		"Repeat the phrase: 'No ifs, ands or buts.'"
3		"Take the paper in your right hand, fold it in half, and put it on the floor." (The examiner gives the patient a piece of blank paper.)
1		"Please read this and do what it says." (Written instruction is "Close your eyes.")
1		"Make up and write a sentence about anything." (This sentence must contain a noun and a verb.)
1		"Please copy this picture." (The examiner gives the patient a blank piece of paper and asks him/her to draw the symbol below. All 10 angles must be present and two must intersect.)
30		TOTAL



Diagnosis

A definitive diagnosis of Alzheimer's disease can only occur after death, but Medicare will pay for a diagnosis, which includes:



- Asking questions about the person's overall health, past medical problems, ability to carry out daily activities, and changes in behavior and personality.
- Conducting tests of memory, problem solving, attention, counting, and language.
- Doing diagnostic tests of blood, urine, or spinal fluid.
- Performing brain scans, such as computerized tomography (CT) or magnetic resonance imaging (MRI).

These tests may be repeated to give doctors information about how the person's memory is changing over time.

Treatment & Management

According to the National Health there are three methods for treating Alzheimer's disease including:

Medication: Four medications are approved by the U S Food and Drug Administration to treat Alzheimer's Donepezil (Aricept®), rivastigmine (Exelon®), and galantamine (Razadyne®) are used to treat mild to moderate Alzheimer's (NOTE: Donepezil can also be used for severe Alzheimer's) Memantine (Namenda®) is used to treat moderate to severe Alzheimer's.

By regulating neurotransmitters or the chemicals that transmit messages between neurons, the drugs help with thinking, memory, and speaking skills, as well as controlling certain behaviors.

However, these drugs do not change the underlying disease process and may help for only a limited time - up to a few years.

Managing behavioral symptoms: Medications and behavior management techniques can help to manage common behaviors such as sleeplessness, agitation, wandering, anxiety, anger, and depression

Help for the caregiver: Families often need emotional, physical, and financial support to manage the day-to-day care, changing family roles, and difficult decisions about long term care placement. No treatment has been proven to stop Alzheimer's disease progress, but dementia may be reversible for a period of time in approximately 10 percent of patients by treating hypothyroidism (not enough thyroid), depression and/or stopping certain medications. A large number of drugs may lead to memory and/or thinking impairment Anyone who is worried about memory failure should discuss these concerns with a health care professional. A new spinal fluid test can predict who might get the disease, which will help the health care provider determine early treatments for the disease.

10 Signs of Alzheimer's Disease

Often a loved one or friend begins to suspect Alzheimer's disease when an aging family member experiences some or all of these signs.

1. Memory changes that disrupt daily life.
2. Challenges in planning or solving problems.
3. Difficulty completing familiar tasks at home, at work or at leisure.
4. Confusion with time or place.
5. Trouble understanding visual images and spatial relationships.
6. New problems with words in speaking or writing.
7. Misplacing things and losing the ability to retrace steps.
8. Decreased or poor judgment.
9. Withdrawal from work or social activities.
10. Changes in mood and personality.

Questions For Your Doctor

- How can I help my loved one with memory problems?
- How can I talk to someone with memory problems?
- What are the signs that driving is no longer safe?
- How shall I handle diet and exercise?
- Who in my community is a resource to help with planning and resources?
- Questions to ask about the medications:
 - ◊ Is the medication safe to take with other medications?
 - ◊ What is the risk for side effects?
 - ◊ What are the adverse reactions and when should the healthcare provider be notified?
 - ◊ Are there any special instructions for taking the medication?
 - ◊ How long will it take for the medication to be effective?
 - ◊ Can the medication ever be discontinued?
 - ◊ What is the cost and will it be covered by insurance?

TIPS

- ⇒ It is important to be reminded that many people forget minor unimportant things in their daily lives. For example, an individual goes to the kitchen to get something, only to forget the reason for going to the kitchen. This happens to people at all ages, and can get worse with age. It is called Age Associated Memory Impairment. However, these individuals do not forget important things. This is generally not a sign of an approaching dementia.
- ⇒ Carry or wear an ID "bracelet or necklace" in the moderate to severe stages of dementia.

STAGES OF DEMENTIA

Stage 1 (Mild):

The person, family and friends are aware that the individual is having memory problems, but the individual is able to cope by making notes, using a calendar, and keeping lists. Medications may help in this stage.

Stage 2 (Moderate):

The individual experiences memory lapses and confusion and is unable to hide the problem. To ensure understanding and to try to follow simple directions, the individual may ask many questions. Managing day-to-day life (such as shopping, checkbooks, and housecleaning), and processing information from the outside stimuli is almost impossible. The individual may experience anxiety and become more isolated. In this stage, the individual needs family support to maintain day-to-

-day life activities, such as taking medications, eating properly and living in a safe environment. If the individual still has testamentary capacity, legal and medical documents should be prepared to appoint an agent to make future decisions. Medications may be prescribed to manage the anxiety and agitation. Families should consider long-term care options.

Stage 3 (Severe):

The individual is impaired, unable to communicate about daily needs such as bathing and dressing, requires ongoing supervision, and can no longer live alone. Family members must advocate with health care providers and represent the interests of the individual. Individuals in end-stage dementia may qualify for hospice care, which is covered by Medicare.



HELPFUL RESOURCES

Alzheimer's Association – www.alz.org or call 1.800.272.3900