

Facts

Alzheimer's disease is the term used to describe a degenerative disorder of the brain. It is not a normal part of aging. Rather, it is the leading cause of "dementia," which is a set of symptoms that includes loss of memory, judgment and reasoning, and changes in mood and behavior.

Alzheimer's disease is a slow disease, starting with mild memory problems and ending with severe mental damage. Alzheimer's disease is not curable or reversible, but there are ways to ease symptoms and suffering and to assist families. The course the disease takes and how fast changes occur vary from person to person. Some people only have the disease for 5 years, while others may have it for as many as 20 years.

The disease usually begins after age 65. About 3% of people ages 65 to 74 have Alzheimer's disease. The risk of developing Alzheimer's disease increases with age, particularly after age 85.

Signs & Symptoms

It is important to see a doctor for a complete examination. Symptoms may be due to other treatable conditions (such as depression, drug interactions, vitamin deficiencies, and thyroid problems) which may be reversible if detected early. If it is Alzheimer's disease, early intervention can slow the progression.

1) **Memory loss that affects day-to-day function**— It's normal to occasionally forget appointments or a friend's phone number and remember them later. A person with Alzheimer's disease may forget things more often and not remember them later, especially things that have happened more recently.

2) **Difficulty performing familiar tasks** — Busy people can be so distracted that they may occasionally leave the rolls in the oven and only remember to serve them at the end of the meal. A person with Alzheimer's disease may be unable to prepare any part of a meal or forget they ate it.

3) **Problems with language** — Everyone has

trouble coming up with the right word at times, but a person with Alzheimer's may forget simple words or substitute incorrect ones, making it difficult to understand his or her conversation.

4) **Disorientation of time and place** — It's normal to forget the day of the week or where you're going, for a moment. But a person with Alzheimer's disease can become lost on their own street, not knowing how they got there or how to get home.

5) **Poor or decreased judgment** — People may sometimes put off going to a doctor if they have an infection but eventually will seek medical attention. A person with Alzheimer's disease may not recognize the infection as a problem or go to the doctor at all.

6) **Problems with abstract thinking** — From time to time, people may find balancing a check book difficult. Someone with Alzheimer's disease may completely forget what the numbers are and what needs to be done with them. Celebrating a birthday is something many people do, but a person with Alzheimer's disease may not understand what a birthday is.

7) **Misplacing things** — Anyone can misplace their glasses or watch. A person with Alzheimer's disease may put things in inappropriate places: an iron in the cupboard or keys in the sugar bowl.

8) **Changes in mood or behavior** — Everyone becomes sad or moody occasionally. Someone with Alzheimer's disease can have rapid mood swings, from calm to tears to anger, for no apparent reason.

9) **Changes in personality** — People's personalities can change somewhat as they age. But a person with Alzheimer's disease can change dramatically, becoming extremely confused, suspicious or withdrawn. Changes may also include apathy, fearfulness or acting inappropriately.

10) **Loss of initiative** — It's normal to tire of housework, business activities or social obligations, but most people regain their initiative. A person with Alzheimer's disease may become very passive and require cues and prompting to get involved.

There is no one diagnostic test to detect if a person has Alzheimer's disease. The diagnosis is

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made by reviewing a detailed history of the person and the results of several tests, including a complete physical and neurological examination, a psychiatric assessment and laboratory tests. Once these tests are completed, a diagnosis of “probable” Alzheimer’s disease can be made by process of elimination.

Causes

Every day, scientists learn more about Alzheimer’s disease, but right now the cause of the disease is still unknown and there is no cure.

Treatment

No treatment can stop the progression, but medications can help ease symptoms and slow the decline for some people in the early and middle disease stages.

Helping Someone Else

Caring for a person with Alzheimer’s disease at home is a difficult job and can become overwhelming at times. Caregivers themselves often are at increased risk for depression and illness, especially if they do not receive adequate support from family, friends and the community. Seek help as needed.

One of the biggest struggles caregivers face is dealing with the difficult behaviors of the person they are caring for. Dressing, bathing, eating (basic activities of daily living) often become difficult to manage for the person with Alzheimer’s disease and the caregiver. Having a plan for getting through the day can help caregivers cope.

- Routine is very important. Study your day to see if you can develop a routine that makes things go more smoothly. If there are times of day when the person with Alzheimer’s disease is less confused or more cooperative, plan your routine to make the most of these moments. Keep in mind that the way the person functions may change from day to day, so try to be flexible and adapt your routine as needed.
- Try to maintain a familiar environment, consistent caregivers and a familiar routine.
- Increase lighting in the environment and use night lights. Avoid glare and florescent light when possible.
- Safety check your home. Install bells or buzzers on outside doors. Store all medications out of reach or out of sight. Make sure smoke detectors are installed and working properly. You may need to remove the knobs from the kitchen stove.
- Do not try to argue if a person is frightened by delusions and hallucinations. It is better to acknowledge their fear. Some hallucinations or false ideas may be ignored if they are harmless and do not cause the person to become agitated.
- Do not scold a person for mislaying objects or

hiding. Try to learn the person’s favorite hiding places. If possible, try to keep a spare set of things which are often mislaid, such as keys, glasses, or purse.

- Investigate suspicions to ensure they are not based on truth. Do not take accusations personally and be aware that the person is not able to control this behavior.
- Attempt to distract the person if possible. Distractions which may help include music, exercise, activities which the person can cope with, looking at old photos.
- Try to respond to the underlying feelings which may be at the bottom of statements the person makes. For example, if the person says their husband should be coming home now (when in fact he has been dead for years), say, “You must miss your husband, tell me about him.”
- Physical contact may be reassuring if the person is willing to accept it.
- Have vision and hearing tested, and have a medical check-up to eliminate other physical or psychiatric problems and check on the effects of medication.

Sources:

Diagnostic Statistical Manual, 4th Edition (DSM-IV)
American Psychiatric Association
Mental Health Net
Mental Health America
National Institute of Mental Health
Alzheimer’s Association
Alzheimer’s Disease Education and Referral Center
Alzheimer Society of Canada

For more information contact

Northern Lakes Community Mental Health
1-800-492-5742
(231) 922-4850

National Institute of Mental Health
www.nimh.nih.gov
(800) 421-4211 (depression info)
(888) 826-9438 (anxiety info)
(301) 443-4513 (other info)

Mental Health America
www.nmha.org
(800) 969-6642

Alzheimer’s Association
(800) 272-3900
www.alz.org

Alzheimer’s Disease Education and Referral Center
(800) 438-4380
www.alzheimers.org

National Institute on Aging
www.nia.nih.gov