

Alzheimer's Disease (AD) and Dementia: What Everybody NEEDS to Know

There are millions people with Alzheimer's disease (one type of dementia) living in the US. But if have or have someone in your life with Alzheimer's or another dementia, you are more than a number. Here's help!

Early diagnosis is important and accurate diagnosis is critical!

Why? Because...

- Early treatment is more effective than waiting.
- Early and accurate diagnosis allows for **better** planning and **inclusion** of the person with dementia in the process. Planning can make a difference in options as these diseases lead to changes in abilities and needs.

How is dementia diagnosed?

Diagnosis is complicated and includes gathering lots of information, including:

- History of the changes
- Health history
- Medication review
- Physical exam (focusing on neurological and cardiovascular systems)
- Laboratory studies
- Imaging study of the brain (MRI, CT, PET)
- Cognitive assessment (what's working well and what's not working well)
- Emotional assessment
- Others (ECG, EEG etc as indicated)

It's important as this information is gathered, people are compared to what's normal for them and to others of their age and situation.

How is Dementia Different from Aging and Forgetfulness?

- Aging happens to everyone. Dementia is **ALWAYS** a disease; it **DOESN'T** happen to everyone.
- With age associated changes, new information can be stored; it may take more effort or practice, but new information can "stick". With most types of dementia, new information cannot be predictably retained.

- People experiencing age associated changes often find lists and calendars helpful. With most dementias, these prompts CAN'T help after the earliest stages.
- Being forgetful makes an independent life *difficult*; having dementia makes independent life *impossible*.

What is "Normal Aging"?

Normal aging includes:

- Being more forgetful...for you
- Taking longer to learn new information...again for you
- Requiring more practice to learn new skills or technologies (you can do it, just have to try harder than earlier)
- Having more trouble recalling people's names (than you used to have)
- Knowing the word you want but hesitating (different for you)

See the pattern? The amount of effort might change but the ability doesn't. And, if you don't know where the person started, or the "baseline" it's hard to measure change.

What is Mild Cognitive Impairment?

Mild cognitive impairment is a fairly new term and is used when:

- An individual experiences more than expected cognitive change (especially in memory and/or language)
- *But* typically doesn't show changes in thinking or judgment
- *And* can still function and do everyday activities
- *Often*, requiring more practice and systems

MCI is now being diagnosed and treated, although what that treatment might be may fluctuate greatly. Some people with MCI will experience continued decline and develop dementia; some will reach a plateau and not progress to dementia. More research is needed to understand why.

It can be helpful to think of normal aging, mild cognitive impairment and dementia as a continuum.

What is Dementia?

Dementia is a non-specific or “umbrella” term used to group progressive and terminal diseases that cause changes in two or more areas of the brain creating interference in ability to function and do everyday activities. These changes can include; memory, language, impulse control, self-care, personality, etc.

There are many different types of dementia, each impacting the brain in different ways, with different symptoms, different changes in abilities, in different orders, and at different rates. Some people may have more than one type of dementia. For more information about any of these diseases, contact ANC.

Alzheimer’s Disease (AD)

AD impacts memory, personality, communication and language, vision, physical function and self-care abilities. These changes typically occur slowly with losses moving from complex to simple. If the person has a sudden change in health status, living situation or caregiver system he or she may APPEAR to change quickly. The brain has actually been changing slowly but since the person was in a routine, the person’s abilities weren’t being challenged and he or she was relying on OLD patterns and memories to function. The pattern and progression of the disease is predictable BUT the experience is individual.

Early signs might include: memory loss of recent events and information; confusion about place and time; familiar tasks become challenging; trouble finding words, finishing thoughts and sentences, following directions; decreased reasoning ability and altered judgment; changes in mood/personality, frequent mood swings, disinterest, withdrawal, suspicion; difficulty with complex mental tasks, planning, problem solving

Vascular Dementia

Vascular dementia is a group of multiple conditions associated with heart disease, high blood pressure and diabetes, diseases that damage the blood vessels that provide nutrition and oxygen to cells throughout the body and the brain. Symptoms depend on where in the brain the damage occurs and can include; fluctuating thinking and abilities-memory, movement, speech, mood swings.

Lewy Body Dementia

Lewy Body Dementia is associated with fluctuating changes in memory and thinking and concurrent onset of neurological changes like tremor or rigidity. People may also often experience nightmares and hallucinations. Medications used to manage one group of symptoms (hallucinations) can make the other symptoms (movement) worse or vice versa.

Frontotemporal Dementia (FTD)

Frontotemporal dementia is characterized by symptoms associated with deterioration of either the frontal or temporal lobes of the brain. If the frontal lobe is effected, the initial symptoms are often problems with executive function (planning, organizing), logic and reasoning or behaviors (impulsivity). If the temporal lobe is impacted, symptoms initially involve language.

Caregiver *“think about its”*.

Much of the care of people with dementia is provided by unpaid caregivers: family members, friends, neighbors, faith communities. However, not everyone is made to be a direct caregiver for someone with dementia! If caregiving is challenging for you, reach out for education and assistance.

If you take care of yourself, you will be able to be your best for the person living with dementia. Each year we lose too many caregivers to chronic illness and stress! This is a long-term commitment—***You can't sprint a marathon!!!***

Planning for end of life care is *essential* in making good and consistent decisions with/for the person with living with dementia, having reasonable options and possessing the resources necessary to make those decisions and options realistic.

We are learning more each year; you need to make sure **you** stay up-to-date.

What **YOU** do makes a difference, to the person living with dementia, to your other partners in the journey of caring, to your community and to those who come after you.