



Alzheimer's Disease

More than Memory Loss
& Normal Aging



Alzheimer's disease is a brain disorder that destroys brain cells. It slowly causes memory loss, trouble with thinking and speaking, and personality changes. Alzheimer's gets worse over time. Eventually, it can make carrying out simple daily tasks—like cooking a meal or getting dressed—impossible. In cases of very severe Alzheimer's, it affects your ability to speak, your bladder and bowel control, and your ability to walk without assistance.

The brain cells that this disease attacks are mainly in parts of the brain involved in memory and thinking. There is no cure for Alzheimer's disease, but current treatments may slow the advance of symptoms.

Alzheimer's disease is the leading cause of dementia (*a decline in mental function that interferes with daily living*). **About 5.3 million Americans have Alzheimer's.**

The older you are, the greater your chances of developing Alzheimer's. About 1 in 8 people aged 65 and older are affected, and nearly half of those who live to age 85 have Alzheimer's.

Symptoms & Signs

Everyone is forgetful now and again. Simply forgetting where you put your keys or why you started looking through that junk drawer isn't a sign of Alzheimer's. Many older people are afraid that having more of these kinds of lapses means they have Alzheimer's, but it's normal to be a bit more forgetful as you get older. There are important differences between simple forgetfulness and dementia (*see the chart below*).

Normal aging or dementia?

Normal aging	Dementia
Can perform daily activities by yourself	Needs help from others to perform daily tasks
Can provide details about incidents of forgetfulness	Complains of memory problems only if specifically asked; cannot recall instances of forgetfulness
More concerned about forgetfulness than close family members are	Less concerned about memory loss than family members are
Can recall recent important events, affairs, and conversations	Has trouble recalling recent events; ability to converse is impaired
Occasional trouble finding the right word	Frequent word-finding pauses and substitutions
Does not get lost in familiar territory; may have to pause momentarily to remember way	Gets lost in familiar territory while walking or driving; may take hours to return home
Can operate common appliances even if unwilling to learn how to use new devices	Cannot operate common appliances; unable to learn how to use even simple new appliances
No decline in interpersonal social skills	Loss of interest in social activities; socially inappropriate behaviors
Normal performance on mental status examinations, relative to the individual's education and culture	Below-normal performance on mental status examinations in ways not accounted for by educational or cultural factors

Source: American Medical Association: Diagnosis, Management and Treatment of Dementia: A Practical Guide for Primary Care Physicians.

Warning Signs

Be aware of these warning signs. If you notice them in yourself or a loved one, talk to a doctor. Recognizing symptoms early is crucial because medications tend to work best on symptoms that are caught early. Also, an early diagnosis allows you to plan for the future.

Trouble remembering things. Short-term memory is affected first. The individual may forget an appointment or the name of a new acquaintance.

Mood or personality changes. The person may suddenly become angry or sad for no apparent reason. Someone who is social and outgoing may become withdrawn or distrustful. Be alert for signs of depression: loss of interest in a favorite hobby or activity, a change in appetite, insomnia or sleeping too much, lack of energy, and hopelessness.

Trouble completing ordinary tasks. Simple tasks may now be difficult. For example, the individual may forget how to use the oven, lock the door, or get dressed.



Trouble finding the right word. The individual may try describing an object rather than using its name—for example, referring to the telephone as “the ringer” or “that thing I call people with.”

Putting things in unusual places.

The person may put his shoes in the microwave or his keys in the freezer.



Poor judgment. Making decisions and planning become more difficult. The person may choose summer clothes even when it’s very cold outside.

Trouble with abstract thinking. The person may have trouble doing simple math, paying bills, or balancing a checkbook.

Disorientation. Someone with Alzheimer’s disease may get lost in his or her own neighborhood. He or she may also lose track of dates and the time.

Unusual behavior. The person may wander, become agitated, or hide things. Or, they might wear too few or too many clothes, become overly suspicious, engage in unsafe behaviors, or use foul language to an unusual degree.

Passive behavior. Instead of doing once-loved things, like gardening or golfing, the person sits in front of the television for hours. Or, they sleep for much longer periods.

Severity

There are different ways to gauge the severity of Alzheimer's disease. Patients and caregivers are interviewed to assess the patient's memory, awareness of the world around them, judgment, ability to solve problems, relationship to their community, how they function at home, and their personal care. Their condition is judged to be mild, moderate, or severe, depending on the results of the interview.

Here are some examples of symptoms of each of the stages of Alzheimer's:

Mild Alzheimer's

- Decreased knowledge of recent events
- Decreased ability to perform tasks such as planning dinner, paying bills
- Subdued mood, especially in social situations

Moderate Alzheimer's

- Unable to recall current address or telephone number
- Trouble choosing clothes appropriate for the season or occasion

Severe Alzheimer's

- Cannot remember most recent events
- Need help getting dressed, keeping themselves clean

If you think that you or a loved one may have Alzheimer's disease, talk to a doctor.



Diagnosis

There is no simple test for Alzheimer's. Because many other health problems can produce symptoms similar to early Alzheimer's, reaching the correct diagnosis is complicated. That's why it's wise to find a doctor experienced in diagnosing the disease.

Be sure to bring a list of all the drugs the person is taking to the appointment. Also make a list of any changes in mental ability, mood, personality, and behavior, and bring this too. It can help the doctor in the evaluation.

The doctor will perform a complete physical exam and mental status testing. For example, the doctor may ask the patient to perform simple mental exercises, such as counting backward by sevens, obeying written instructions, memorizing words, copying designs, and performing simple calculations.

A brain scan, such as a CT or MRI, may also be ordered. These scans can rule out other health problems that affect thinking and memory, such as a tumor, hemorrhage, or stroke. They can also show changes in the brain that go hand-in-hand with Alzheimer's. Other types of brain scans, called PET (positron emission tomography) or SPECT (single-photon emission computed tomography) scans, can help your doctor make a diagnosis.



Talking to your doctor

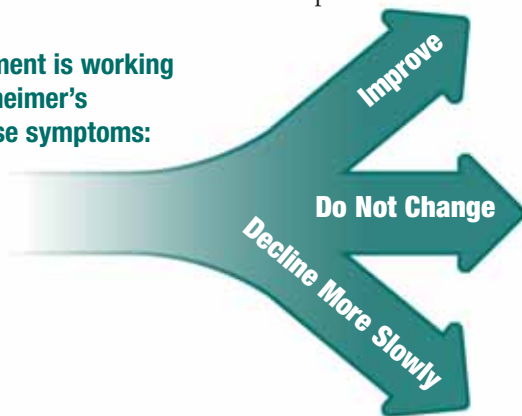
You should talk to your doctor whenever any warning signs are present. Bring a list of the warning signs that are present, how often they occur, and the warning signs that are absent. Ask the doctor if a formal assessment (interviews, physical examination, laboratory testing, and brain imaging studies) is needed.

Treatment

Unfortunately, there is no treatment now that can prevent or cure Alzheimer's disease. Scientists are trying to develop drugs to block Alzheimer's, but these therapies are years away. The main goal of treatment is to improve a person's quality of life. There are some medications that can keep memory problems or other symptoms from worsening for a while as well as help with mood or behavior problems.

It's important to know what treatment can do and be realistic about what to expect.

Treatment is working if Alzheimer's disease symptoms:



Drugs for Alzheimer's Disease

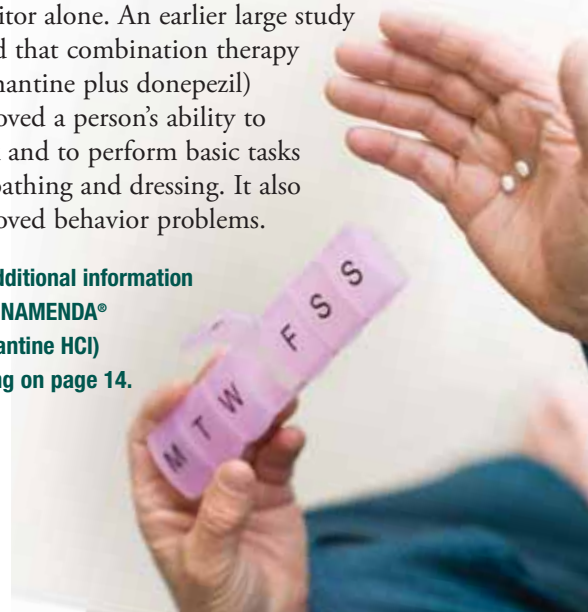
Drugs such as donepezil, rivastigmine, galantamine, tacrine, and memantine can help symptoms of Alzheimer's disease, including thinking and memory problems.

Donepezil, rivastigmine, galantamine, and tacrine belong to a class of drugs called *cholinesterase inhibitors*. They increase the brain chemical acetylcholine, which affects memory and learning.

Memantine works differently. It is an *NMDA (N-methyl-D-aspartate) antagonist*, and it works by blocking the chemical glutamate in the brain. Glutamate plays a role in destroying neurons. Memantine is used for people with moderate to severe Alzheimer's disease.

Combining memantine and another Alzheimer's medication (called "combination therapy") may be particularly effective. A 2008 study from doctors at Harvard Medical School found that people with Alzheimer's who took memantine plus a cholinesterase inhibitor were more likely to have a slower decline in their mental abilities and their ability to function compared with people who took a cholinesterase inhibitor alone. An earlier large study found that combination therapy (memantine plus donepezil) improved a person's ability to think and to perform basic tasks like bathing and dressing. It also improved behavior problems.

See additional information about NAMENDA® (memantine HCl) starting on page 14.



Living with Alzheimer's disease

Tips for caregivers

Alzheimer's disease has a profound effect on the person with the disease as well as his or her family. Fear, denial, anger, resentment, guilt, embarrassment, and grief are all normal reactions. Getting a diagnosis can be overwhelming. But, it's important to take steps now to manage the disease and plan for the future.



Get organized. Call a family meeting to decide what kind of care is needed. Try to put aside differences so the focus stays on your loved one's needs. Make a list of what needs to be done and who can do it.

Ask for help. Try to find out whether your loved one already has an informal network of support. Do any friends and neighbors stop by to visit or lend a hand? If you ask them to do so, many people may be willing to help more formally or call you if anything seems wrong.



Collect medical information.

Keep a file that includes information on the patient's current ailments, medications, allergies, medical history, specialists seen, and treatments.

Plan ahead. There will come a time when the person with Alzheimer's can no longer manage his or her affairs. Do not assume that you'll have advanced notice. Alzheimer's disease is unpredictable, and the person whose cognitive



problems seem mild may unexpectedly make irrational decisions with disastrous consequences. Talk to an attorney about a durable power of attorney. Through a durable power of attorney, the patient with Alzheimer's grants another person (usually the caregiver) the power to make decisions on his or her behalf regarding property, residence, and other financial affairs, such as paying bills.



Prepare advance directives and a will.

Also have the patient complete an advance directive for health care. There are two types: 1) a living will, and 2) a durable power of attorney for health care. Because living wills are narrower, many people opt for a durable power of attorney. In this case, a person designates someone to make medical decisions for him or her. Give a copy to the patient's doctor and keep extra copies on hand in case the need for emergency treatment or hospitalization comes up. The patient should also have a will.

Take care of yourself. Eat well, get enough rest and exercise, and pursue activities that bring you pleasure. If it's too hard to find the time, consider getting extra help with some household chores.

Additional Support

Seek financial assistance. Investigate whether the person in your care is eligible for benefits provided by Medicare, Medicaid, the Department of Veterans Affairs, or other agencies. To find out more about



Medicare coverage, call the Centers for Medicare & Medicaid Services at 877-267-2323 (toll-free) or visit them online at www.cms.hhs.gov.

Join a support group. Support groups allow you to talk out frustrations and share helpful ideas with other people in your situation. Some of these groups are available online. Others are run by the Alzheimer's Association, local hospitals, senior centers, or community groups.

Reasons for hope

In the past 20 years, scientists have made major advances in understanding the causes of Alzheimer's disease. These advances already are leading to studies of treatments that one day may prevent the disease or even reverse the disease once it starts.



For More Information



Alzheimer's Association

www.alz.org/index.asp
1.800.272.3900



Alzheimer's Disease Education and Referral (ADEAR) Center

www.nia.nih.gov/Alzheimers
1-800-438-4380



Alzheimer's Resource Room

US Department of Health & Human Services
www.aoa.gov/alz





To learn more about Alzheimer's disease, visit the **Pri-Med Patient Education Center** at www.patientedu.org/alzheimers

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