

ALZHEIMER'S DISEASE (AD)

“That is part of getting old” and “That is normal for my age” are common explanations of memory loss as a person who gets older. However, the degree of memory problems considered to be part of “normal aging” is much less than previously believed. In fact, the most common cause of progressive memory loss in the elderly is Alzheimer's disease. Since there are now medications that may slow decline, early recognition of symptoms is vital to beginning treatment and delaying the debilitating effects of Alzheimer's disease.

Presenting Symptoms

Usually appearing after the age of 60, the first symptom of AD is impaired memory formation, especially for recent events or newly learned information. Memory lapses may be very subtle at first, thus leading many people to discount the symptoms as a sign of getting old. A person will ask the same question or say the same thing repeatedly within a short period of time but without remembering the prior conversation. Important objects such as checkbooks or wallets may be misplaced and lost. In the kitchen, pots can be left on the stove resulting in burnt food or small fires.

AD is also defined by problems in other cognitive areas that result in a decline from previous levels of functioning. The additional cognitive areas include visuospatial skills, language, abstraction, planning and organization.

Visuospatial problems may cause an individual to become disoriented or lost in familiar environments. Accidents or becoming lost while driving can occur. Inability to recognize familiar individuals may also develop.

Language problems such as impaired comprehension or decreased speech output may occur in AD.

Declines in planning and organization often result in missed bill payments or other difficulty handling finances.

Behavioral symptoms are also common in AD. Apathy or decreased motivation causes affected individuals to appear lazy and indifferent. Depressed mood is also common.

Evaluation

AD is a clinical diagnosis, which means the most accurate way of diagnosing AD is through a careful evaluation by specially trained physicians. No single or combination of laboratory or radiological test provides better diagnostic accuracy.

In addition to an interview with the patient, an evaluation should include a collateral source such as a relative, spouse, or close friend. The collateral source can provide examples of memory loss and functional decline in areas such as hobbies, household chores, personal hygiene, problem-solving, and community affairs.

Because other neurologic disorders may mimic AD, a physical examination by a neurologist should be performed. Neuropsychological tests provide quantitative measures of cognitive functions. Laboratory and imaging tests may also be ordered.

Treatment

Currently, there are several medications approved for management of AD. Some individuals may experience a slight temporary improvement in cognition soon after starting medication. However, the duration of improvement and stability is highly variable. It appears that all individuals with AD will progress over the long-term despite treatment.

Non-pharmacological interventions are also beneficial in AD. An aerobic and weight-bearing exercise regimen may increase energy levels, reduce apathy, and improve the overall sense of well-being. Since lack of motivation can be significant in AD, a personal trainer may assist in compliance with the exercise program.

Caregivers

Being a caregiver for someone with AD can be physically and emotionally challenging. Often, the caregiver has to assume tasks such as household finances and cooking that were previously the responsibility of the affected individual. Also, progressive loss of memory can impair recognition of familiar individuals which leads to emotional detachment and separation.

There are several reasons why someone may overlook memory problems in a family member:

1. Disorientation and confusion may be attributed to being unfamiliar with new surroundings.
2. Memory problems are thought to be normal when people get older.
3. Cognitive deficits are believed to be due to an imbalance in yin-yang, bad feng shui, or punishment for past wrongs.
4. People may be afraid to mention memory problems to a doctor because it may embarrass the affected person or bring shame to the family.

Unfortunately, these beliefs are common in the Chinese culture and delay the appropriate evaluation, treatment, and assistance. In the San Francisco Bay Area, there is a wide range of support services specifically for Chinese individuals with dementia and their caregivers.

Resources

Alzheimer's Association
<http://www.alz.org> or (800) 272-3900

Alzheimer's Disease Education and Referral Center
<http://www.alzheimers.org> or (800) 438-4380

Family Caregiver Alliance
<http://www.caregiver.org> or (800) 445-8106

UCSF Memory and Aging Center
<http://memory.ucsf.edu> or (415) 476-6880