Understanding Memory Loss

A basic introduction to the disease and its implications

Reality check

Most people past the grand old age of 7 experience some change in memory. However, most memory changes are not memory loss.

Age-related changes

- Increased sensitivity to distractions
- More difficulty concentrating
- Less efficient processing & storage of new information
- Decreased ability to shift attention among many objects
- Slowing down of free recall (proper nouns / names / places)
Changes in recall ability

- Ability to recall information immediately when & where needed
- Slows down just as muscles and all other bodily functions slow down
- Research shows we lose 1% of our capacity each year after age 30.

Reality check

**Memory changes are not necessarily dementia!**

Common, age-related slowing of memory function is not the same as dementia.

Memory symptoms of concern

- Lack of awareness that you have forgotten something
- Forgetting recently learned information
- Memory loss that interferes with daily life
### Alzheimer’s vs. normal aging

<table>
<thead>
<tr>
<th>Activity</th>
<th>Age-associated memory problems</th>
<th>Alzheimer’s memory problems</th>
</tr>
</thead>
<tbody>
<tr>
<td>Forgets</td>
<td>Part of an experience</td>
<td>Whole experiences</td>
</tr>
<tr>
<td>Remembers Later</td>
<td>Often</td>
<td>Rarely</td>
</tr>
<tr>
<td>Can follow written</td>
<td>Usually able</td>
<td>Gradually Unable</td>
</tr>
<tr>
<td>or spoken directions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Can use notes</td>
<td>Usually able</td>
<td>Gradually Unable</td>
</tr>
<tr>
<td>Can care for self</td>
<td>Usually able</td>
<td>Gradually Unable</td>
</tr>
</tbody>
</table>

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### What is dementia?

- Dementia is a group of symptoms characterized by a decline in intellectual functioning severe enough to interfere with a person’s normal daily activities and social relationships.

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**DEMENTIA**

- ALZHEIMER’S
- VASCULAR
- PARKINSON’S
- LEBY

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24-Hour Helpline
800-980-9080

alzheimer’s association

St. Louis Chapter © 2005
Types of dementia

- Over 60 separate dementia-causing diseases have currently been identified:
  - Alzheimer's disease (60 – 80% of cases)
  - Vascular dementia (strokes); Lewy body dementia & frontotemporal dementias like Pick's (15 – 20%)
  - Other rare dementias like Creutzfeld-Jakob disease (5%)
- Some dementias are reversible

What is Alzheimer's disease?

- The most common form of dementia
  - Progressive in nature
  - Causes breakdown of brain cells
  - Starts with gradual memory loss & confusion
  - Likely causes memory loss, communication challenges, personality changes & confusion
  - Worsens over time until death
- No cure currently for Alzheimer's

Prevalence by age, in US
Projections of growth, in millions

- 2000: 4
- 2010: 5.8
- 2020: 6.8
- 2030: 8.7
- 2040: 11.8
- 2050: 14.3

Effects on brain tissue

As the disease progresses, more areas of the brain are affected. Shown here, the dissected brain is greatly reduced in size.

Atrophy

Over time, the brain with Alzheimer's disease atrophies and reduces in both size and function.
Top 10 warning signs

- Has trouble at work; gets mixed up about long-time jobs or hobbies.
- Has problems thinking clearly, doesn’t use common sense, can’t make change or balance a checkbook.
- Can’t think of the right word – a common word used every day.

Top 10 warning signs

- Begins misplacing things like mail, bills, glasses, tools.
- Doesn’t have any interest in being active; just sits around.
- Changes in personality; for example, an easy-going person gets angry often.

Top 10 warning signs

- Does strange things like going outside without a coat in the cold.
- Cries for no reason or is sad often.
- Eventually can’t do everyday things like getting dressed alone.
- Doesn’t recognize familiar things & people.
Stages of Alzheimer's disease
- No two Alzheimer cases are alike & these stages are general guidelines.
- People may have symptoms from several stages at one time.
- The typical course of Alzheimer’s lasts an average of 8 – 10 years from diagnosis.
- Some people may have symptoms as much as 3 years prior to diagnosis.

Mild Cognitive Impairment
- An individual reports own memory problems, preferably confirmed by another person.
- Measurable greater-than-normal memory impairment detected with standard memory assessment tests.
- Normal general thinking and reasoning skills.

Stage 1 – Early Stage
- **Mild** memory loss of recent events
- Forgets what was just done, loses items
- Word finding challenges
- Mood / personality changes
- Less tolerant / may seem angry
- Less energy/initiative
- Can still care for self, but takes longer with chores / handling finances
Stage 2 – Middle Stage

- **Moderate** memory loss & confusion
- Difficulty expressing thoughts
- May seem moody, irritable, or focused only on self & forget other’s feelings
- Needs more assistance with daily tasks and hygiene.
- Can’t calculate, judge, plan or decide well
- Disoriented to time, place and date

Stage 3 – Late Stage

- **Severe** memory and cognitive impairment
- Appears to not understand surroundings
- Can’t recognize self or family
- Minimal or no speech
- Bedridden requiring 24-hour assistance
- Personal hygiene / weight loss problems
- May have delusions
- Physical symptoms include loss of coordination, inability to swallow, inability to walk, infections, incontinence.

Is it hereditary?

- Early onset (well before age 65)
  - Individuals usually have a 1st degree relative who died from same form.
- Late onset (after age 65)
  - Several risk factors could be involved
  - Risk increases with number of close relatives with the disease
Reasons to get a diagnosis
- Rule out possibility of reversible dementia
- Take advantage of early treatments
- Involve person with memory loss in planning for future
- Participate in early stage support programs
- Participate in research, public awareness & advocacy

The diagnostic workup
- Specialist physicians are 90 – 95% accurate in making a diagnosis today.
- Initial evaluation often starts with primary care physician, then referral to geropsychiatrists, neurologist, geriatrician.
- A thorough diagnosis usually takes more than 1 visit and lasts a couple of hours.

What’s involved in a diagnosis?
- Thorough memory interview verified by a collateral source
- Lab tests (CBC, blood chemistries, TSH, vitamin B₁₂)
- Head CT, MRI or speciality scan (PET, SPECT)
- General medical and neurological exam
- Advanced cognitive test with Mini Mental
Treatments

- FDA-approved by prescription only
- Cholinesterase inhibitors
  - tacrine (Cognex®) – rarely used
  - donepezil (Aricept®)
  - rivastigmine (Exelon®)
  - galantamine (Razadyne®) formerly Reminyl
- Neurotransmitter meds
  - memantine (Namenda®) – newest med

Risk Reduction Strategies

Maintain Your Brain – Recent research indicates that which is protective against heart disease may also be protective against AD

- Be mentally active
- Be physically active
  - Exercise 5 times per week
- Be socially active
- Maintain good numbers (diabetes, blood pressure, cholesterol)

Manage stress

- Eat a healthy, balanced diet
  - Eat vegetables (spinach) & fruits (blueberries) high in antioxidants
- Take vitamins
  - Antioxidants, folates or a good multivitamin
- Volunteer with the Alzheimer’s Association!
The compassion to care, the leadership to conquer

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