

Live Healthy and Be Well!

Alzheimer's Dementia and the power of "...love, love, love."

--Stephen Jarrard, MD, FACS

My good friend and editor of the *Georgia Mountain Laurel* recently wrote to me a beautiful story about her Aunt Mildred who had developed dementia later in life. While her memory slowly left her and she could no longer care for herself or others as she had always done – there were certain things that could still “get through” to her, or moments of clarity where Aunt Mildred would “come back,” like in the popular movie *The Notebook*. Many of you have family or know families affected by Alzheimer's or some form of dementia, so Tracy and I have decided to jointly team up this month and explore the topic – and try to find some hope for us all in the way of management, treatments, and prevention.

Alzheimer's disease (AD) is the worst of a group of dementia causing diseases – but it is more than just being “pleasantly forgetful.” AD is also a neurodegenerative disease that starts out very mild and innocent, and worsens over time to totally incapacitate and render a person unable to care for or help themselves. As the person declines, they and caregivers often withdraw from any outside activities and become reclusive. Gradually, the person may not eat or drink, bodily functions decline and are lost, and death eventually comes to call. With many of these people, their passing is almost anti-climactic, as their family and caregivers have “lost” them long ago, and have already grieved over the years. Sound familiar? Sadly, I feel many of us already know this story first or second hand.

AD is the cause of about 60% – 70% of “dementia.” Presently, the diagnosis of AD is clinical – meaning that there is no true test to determine it. It is only truly able to be diagnosed by a brain biopsy at autopsy. But, there is a certain progression and pattern of behaviors and such that have become “classic” and reliably predictive. We normally see it begin in people over 65 years of age, although, there is a small percentage of people who may exhibit “early onset Alzheimer's” at a younger age.

It is thought that a history of head injury, depression, or high blood pressure may contribute to this condition, but there is no strong evidence to support that. Mental and physical exercise, as well as avoiding obesity may also decrease the risk – but again that is based on weak evidence. Current medications are scarce and not very effective although we often feel we must try them. We do believe that keeping yourself physically and mentally active as you age may be somewhat preventive, which is always the best way to fight a disease.

The early stages involve short term memory loss and inability to make new memories that can easily be confused with normal aging changes. Gradually, over time, the memory losses become much more profound and personal – such as not recognizing close family members or spouses. As the spouse and close family may be the main caregivers, this development is very cruel. The patient may resist or even show frustration and aggression to caregivers. But, it is not their fault.

Alzheimer's and similar dementias involve many more than the affected person, and their caregivers must be attended to, as well – lest they reach exhaustion.

We are not sure what causes AD. There are many theories from it being a “genetically” inherited condition to a shortage of certain chemicals in the brain. The disease process is always associated with plaques and tangles in the brain. These block and interfere with normal cognitive functions, and worsen over time. The signs and symptoms can be divided into four stages: Pre-dementia, early, moderate, and advanced.

In the pre-dementia stage – forgetfulness increases, and subtle changes in cognitive function may be noticed by family and close friends. Apathy of self and surroundings begins to be evident – and will remain and worsen through the course of AD. This stage has also been called “mild cognitive impairment” or MCI. In some elderly people – this may not get worse and may be due to normal aging, but in those with AD, it will continue to progress over time.

As AD moves into the early stage, we begin to see deficits of memory, function, and even language (written and spoken) become more profound. Not all cases are the same, and some people may have intermittent symptoms, or retain much of their mid to long term memory, and be able to compensate quite well with minimal assistance from caregivers. During this time, there may be some “bad days,” but there will be many more “good days” to be enjoyed.

In the moderate stage, the person's independence is hampered more and more by their inability to carry out basic tasks that many of us take for granted. They may become “lost” in their own neighborhood, wander off from home, and exhibit unintentional but unsafe behaviors – such as leaving water running or forgetting to turn off the stove. Their reading and writing skills become lost, and their risk of falling becomes much greater. Long term memories, which may have remained intact to this point, become increasingly impaired. Recognition of family may now not be possible, or not happened very often. There may still be a few good days, but they are fewer and further between.

The hallmark of advanced Alzheimer's is the complete loss of independence, including the ability to care for themselves in even the most basic ways. Caregivers are now taxed to the limit mentally, emotionally, and financially in providing complete care. Language capability is very limited and eventually lost. The patient's apathy is nearly complete, and they begin to “waste away” and become bedridden. Their muscles atrophy and mobility is not possible. Death often comes from the infection of pressure sores or pneumonia. I would be remiss not to mention that in this phase of AD, hospice care is especially helpful for the comfort of the patient and is a valuable support system for the family and caregivers.

It is important to know that at any of the above stages of the disease, these people are still known to respond to emotions, touching, familiar things, and kind voices. Even in more advanced phases of AD, there may be “moments of clarity” where it seems they may come back for a while. These moments are to be treasured and enjoyed, and are filled with “...love, love, love.” But also, if you are a friend or family member, please remember another one who suffers with AD – the main caregiver. They also very much need your compassion, help, and understanding.

Ongoing research and development will hopefully find some better ways to treat and manage Alzheimer's disease in the near future. There is a lot of work being done in this regard, and we pray and hope for success.

We really do enjoy hearing from you with any questions, concerns, or ideas for future columns and/or health and wellness related issues for the *Georgia Mountain Laurel*. Please send an email to rabundocor@gmail.com, or call us at 706-782-3572, and we will be sure to consider your input. This and previous articles can be now be found on the web at www.rabundocor.com in an archived format. If you use Twitter, then follow us for health tips and wellness advice @rabundocor. Like and follow our Facebook page at facebook.com/rabundocor. Until next month, live healthy and be well!