

## Are we sure it's Alzheimer's?



Tests to confirm that memory loss is due to Alzheimer's Disease (AD) are still being developed. Problems in these areas are classic for Alzheimer's Disease:

### **Memory impairment (two kinds)**

- Episodic Memory: The ability to remember details about what, when, and how things happened.
- Recent Memory: what is often called "short-term" memory loss.

### **Difficulty with Problem solving and Decision-making**

- Poor judgment and loss of insight. Patients with AD often have a hard time "figuring things out" or understanding complicated problems.

### **Alzheimers.org lists the 10 Signs of AD as-**

- Memory loss that disrupts daily life
- Challenges in planning or solving problems
- Difficulty completing familiar tasks
- Confusion with time and place
- Trouble understanding visual images
- Problems with speaking or writing
- Misplacing things
- Decreased judgment
- Social withdrawal
- Changes in mood or personality

## Available Tests for Alzheimer's disease:



- **Standardized Cognitive tests**
  - Memory tests used by doctors in the office. The most common memory tests such as the Mini-Mental Status Exam (MMSE), St. Louis University Mental Status (SLUMS), or Montreal Cognitive Assessment (MoCA), are all that is needed to confirm the diagnosis.
- **Neuropsychiatric Testing**
  - Testing of several types of brain functions that is more detailed and individualized. It is most valuable in cases where the diagnosis is unclear.
  - Most patients with AD are diagnosed without these tests.
- **X-ray or Imaging tests**
  - Certain radiology tests can show abnormalities suggestive of AD. Patients with the common symptoms of AD may not need imaging to be diagnosed.
  - The value of advanced tests such as PET scans and Amyloid scans is not clear, but research is ongoing.
- **Other tests**
  - Similar research continues on blood tests and tests of fluid around the brain.

## Adjusting to a diagnosis of Alzheimer's Disease

<https://www.alz.org/help-support/i-have-alz/know-what-to-expect/just-diagnosed>

When working through your feelings about AD, the following tips may be helpful:

- Write down your thoughts and feelings in a journal.
- Your friends and family may be struggling with your diagnosis too! Talk to them.
- Share your feelings with close family and friends. Be honest!
- Find an early-stage support group. To find a support group in your area, check with Alzheimer's OC. (<http://www.alzoc.org>)
- Talk to your doctor if you or others are worried about the way you are handling your diagnosis. Especially if you are very depressed or sad.
- Seek help from a counselor or minister, someone who can help you to see things in a new way and understand your diagnosis.
- Continue to do the activities you enjoy for as long as you are able.
- Take the time you need to feel sad and to grieve.

## Legal, Health & Financial Planning

[https://www.alz.org/help-support/i-have-alz/plan-for-your-future/legal\\_planning](https://www.alz.org/help-support/i-have-alz/plan-for-your-future/legal_planning)

As Alzheimer's disease worsens over time, it is important to plan ahead. Planning ahead in the early stages of the disease gives everyone the confidence they are truly doing what the patient wants.

**Legal planning** should include choosing your **Decision Making – Power of Attorney**

- **Legal/Financial Decision-Making Authority**
  - If you have a trust, a will, or other legal documents, it is good time to review them and make changes if you need to.
  - If you do not have a will or a trust, now is the time to make one!
  - Officially name the person who you want to make legal decisions when you cannot.
- **Health Decisions**
  - Talk to your doctor about how you want to be treated if you ever cannot communicate. Create a written plan – **POLST**(<https://polst.org>)/**Advanced Directive** (<https://www.aarp.org/caregiving/financial-legal/free-printable-advance-directives/>)
  - & Officially name another person to make decisions on your behalf when you cannot.

**Consult with an Estate Planning attorney, or you may download forms for Durable Power of Attorney or Advance directives at:** [https://www.va.gov/vaforms/medical/pdf/VA\\_Form\\_10-0137\\_FILL.pdf](https://www.va.gov/vaforms/medical/pdf/VA_Form_10-0137_FILL.pdf)

## Non-Legal Planning



**Financial Planning:** Where someone with AD is cared for and for how long depends on finances. Choices only include what you can afford. It is important to discuss savings and investment accounts, home values and mortgage balances, social security, pensions, and other sources of income. Be sure to include debts and obligations. Once known, families can talk about -

- **Future Placement or Living Arrangements** - Many people would like to stay in their homes, but this is not always possible. Patients need to tell their families their preferences and give them permission to consider long term care before it is needed.
- **Driving** - The day will come when patients can no longer drive safely. This is not just a matter of being able to steer and work the controls of a car. It also includes awareness of other drivers and remembering directions. A good resource for discussion can be found at: [www.alz.org/help-support/caregiving/safety/dementia-driving](http://www.alz.org/help-support/caregiving/safety/dementia-driving)
- **In Home Safety** - Patients become more childlike as AD progresses. The home can become a dangerous place. Tips and a safety checklist can be found at <https://www.alz.org/help-support/caregiving/safety/home-safety>

## Will medications help with Alzheimer's Disease?



The short answer to this question is, "Sometimes, but not very much." **Stopping** sleeping pills and sedatives may make a big difference.

There are 3 classes of medicines to treat AD. Cholinesterase Inhibitors, Glutamate Regulators, and Anti-Amyloid antibodies. On average the benefits are small.

**Cholinesterase Inhibitors** are the most often prescribed medications. They do not help everyone. Only about 1 in 3 patients will show improvements in brain function. Drugs in this class include Donepezil (Aricept), galantamine (Razadyne), and rivastigmine (Exelon)

**Memantine** (Namenda) is added for moderate to severe AD. Patients taking both Namenda and Cholinesterase inhibitors together do better than on either one alone.

**Anti-Amyloid antibodies** – Amyloid deposits are part of AD. The FDA recently approved a new medication that targets deposits called lecanemab (Leqembi). The approval was controversial since the FDA Advisory committee recommended **against** approval because several trials were stopped when it seemed **unlikely** that the drug would help. The medicine must be given by intravenous infusion (IV) every 4 weeks for 18 months.

Lecanemab is only approved for patients in the earliest stages of AD for patients with evidence of amyloid on PET Scans or in spinal fluids. This drug is extremely expensive, (\$26,500/year), and can cause bleeding on the brain. The vast majority of these bleeds do not cause symptoms. Long-term effects are still unknown, and there are still no results comparing it directly to other medicines. Memory benefits are often barely noticeable and may not be better than those from even 6 months of oral medications. Given the cost, side effects, inconvenience and lack of clear benefit, it is not recommended for most patients with AD.

## Do I need to see a Specialist?



As baby boomers age, the number of patients with Alzheimer’s Disease and other dementias is increasing. Primary Care Physicians (PCPs) have diagnosed AD and prescribed medications for it for years. Because PCPs see people for regular check-ups and other conditions, they have a better understanding of who their patients are and how AD is affecting them and their families. By treating so many patients with AD, they also know which patients are following the typical course of the disease and which patients are different. To put it another way, most PCPs know which patients they can take care of on their own and which ones to send to a specialist. This is important, because with so many new patients with AD, there aren’t enough specialists to take care of them all!

## How much time do I have?



No two patients are the same, but AD always gets worse over time. Some patients will decline slowly and others more rapidly, but there is an average rate of decline. The chart below is a rough estimate, but gives a sense of what to expect in the coming years to help you and your family plan for what lies ahead.

The left column lists the stages of the disease. The “Characteristic” column describes features of patients at that stage. The “Expected Untreated AD Duration” column is the average time that an untreated person takes to move to the next stage. **Examples:** it takes an average of 84 months or 7 years for a person with Stage 3 Mild Cognitive Impairment to progress to Stage 4 Mild Dementia. It only takes an average of 18 months before a patient with Stage 5 Moderate Dementia declines to Stage 6a Moderately Severe Dementia.

**Every patient is different!** The best predictor of how fast a patient will progress is how long it took between earlier stages.

Stage	Stage Name	Characteristic	Expected Untreated AD Duration (months)	Mental Age (years)	MMSE (score)
1	Normal Aging	No deficits whatsoever	--	Adult	29-30
2	Possible Mild Cognitive Impairment	Subjective functional deficit	--		28-29
3	Mild Cognitive Impairment	Objective functional deficit interferes with a person’s most complex tasks	84	12+	24-28
4	Mild Dementia	IADLs become affected, such as bill paying, cooking, cleaning, traveling	24	8-12	19-20
5	Moderate Dementia	Needs help selecting proper attire	18	5-7	15
6a	Moderately Severe Dementia	Needs help putting on clothes	4.8	5	9
6b	Moderately Severe Dementia	Needs help bathing	4.8	4	8
6c	Moderately Severe Dementia	Needs help toileting	4.8	4	5
6d	Moderately Severe Dementia	Urinary incontinence	3.6	3-4	3
6e	Moderately Severe Dementia	Fecal incontinence	9.6	2-3	1
7a	Severe Dementia	Speaks 5-6 words during day	12	1.25	0
7b	Severe Dementia	Speaks only 1 word clearly	18	1	0
7c	Severe Dementia	Can no longer walk	12	1	0
7d	Severe Dementia	Can no longer sit up	12	0.5-0.8	0
7e	Severe Dementia	Can no longer smile	18	0.2-0.4	0
7f	Severe Dementia	Can no longer hold up head	12+	0-0.2	0

## Is there anything else I can do?

**KEEP PHYSICALLY ACTIVE**, stay **SOCIALLY CONNECTED**, and **eat healthy** to decrease your risk, delay progression, and add years to your life.

According to a [2020 Lancet Commission study](#) on dementia prevention, addressing 12 risk factors may delay or prevent up to 40% of dementia diagnoses worldwide. RECOMMENDATIONS ARE TO:

- be physically active
- stay socially engaged
- control diabetes
- control high blood pressure
- reduce alcohol intake
- stop smoking
- treat obesity
- manage depression
- improve hearing
- avoid head injury
- avoid air pollution/second hand smoke
- get educated on dementia



The MIND diet combines the DASH and Mediterranean diets to create a diet aimed at reducing the risk of dementia and the decline in brain health that people often experience as they age. Research has shown that following the MIND diet, even to a moderate degree, is associated with a reduced risk of Alzheimer's disease.

### 10 foods to eat on the MIND diet

- **Green, leafy vegetables:** Six or more servings per week. This includes kale, spinach, cooked greens, and salads.
- **All other vegetables:** Eat another vegetable in addition to the green leafy vegetables at least once per day. Non-starchy vegetables are best & offer a lot of nutrients for a low number of calories. (peppers, broccoli, squash, celery, tomatoes, string beans, etc.)
- **Berries:** At least twice per week. Berries such as strawberries, blueberries, raspberries, and blackberries all have antioxidant benefits.
- **Nuts:** Try to get five or more servings of nuts each week.
- **Olive oil:** Use olive oil as your main cooking oil.
- **Whole grains:** Aim for at least three servings daily. Choose whole grains like oatmeal, quinoa, brown rice, whole wheat pasta, and 100% whole wheat bread.
- **Fish:** Eat fish at least once per week. It is best to choose fatty fish such as salmon, sardines, trout, tuna, and mackerel for their high amounts of omega-3 fatty acids.
- **Beans:** Include beans, lentils, or soybeans in at least four meals per week.
- **Poultry:** Try to eat chicken or turkey at least twice per week, but don't fry it!
- **Wine:** Aim for no more than one glass daily.

## 5 foods to avoid - the MIND diet recommends limiting the following 5 foods:

- **Butter and margarine:** Eat less than 1 tablespoon (about 14 grams) daily. Instead, use olive oil as your primary cooking fat and dip your bread in olive oil with herbs instead of using butter.
- **Cheese:** The MIND diet recommends eating cheese less than once per week.
- **Red meat:** No more than three servings per week. (Includes all beef, pork, lamb, and products)
- **Fried food:** The MIND diet highly discourages fried food, especially the kind from fast-food restaurants. Limit your consumption to less than once per week.
- **Pastries and sweets:** This includes most of the processed snack foods and desserts you may think of — ice cream, cookies, brownies, snack cakes, doughnuts, candy, and more. Try to limit these to no more than four times per week.

## Resources



[Home - Alzheimer's Los Angeles \(alzheimersla.org\)](https://www.alzheimersla.org/) (<https://www.alzheimersla.org/>)

[Alzheimer's Orange County \(alzoc.org\)](https://www.alzoc.org/) (<https://www.alzoc.org/>)

### References/Citations:

[The MIND Diet: A Detailed Guide for Beginners \(healthline.com\)](https://www.healthline.com/health/alzheimers/life-expectancy#risk-factors)

[MIND diet slows cognitive decline with aging - PMC \(nih.gov\)](https://www.healthline.com/health/alzheimers/life-expectancy#risk-factors)

<https://www.healthline.com/health/alzheimers/life-expectancy#risk-factors>

[Alzheimer's Disease Fact Sheet | National Institute on Aging \(nih.gov\)](https://www.healthline.com/health/alzheimers/life-expectancy#risk-factors)

(Physician Resources/References: [Treatment of Alzheimer disease – UpToDate](#))