

## Symptoms continued

Hallucinations and delusions can be very upsetting to the person with the disease. Common reactions are feelings of fear, anxiety and paranoia, as well as agitation, aggression and verbal outbursts.

Individuals with psychiatric symptoms tend to exhibit more behavioral problems than those without these symptoms. It is important to recognize these symptoms so that appropriate medications can be prescribed and safety precautions can be taken.

Psychotic symptoms can often be reduced through the carefully supervised use of medications. Talk to your primary care doctor, neurologist or geriatric psychiatrist about these symptoms because they are treatable.

## Treatment

Currently, there is no cure for Alzheimer's disease. Researchers are continually testing the effectiveness of various drug therapies that will control symptoms; slow, reduce and/or reverse mental and behavioral symptoms; and prevent or halt the disease.

The U.S. Food and Drug Administration (FDA) has so far approved four drugs for the treatment of mild to moderate Alzheimer's disease. They are tacrine (Cognex®), introduced in 1993; donepezil hydrochloride (Aricept®), marketed since 1996; rivastigmine (Exelon®), available since the spring 2000; and galantamine hydrobromide (Razadyne™-formerly called Reminyl®), approved in February 2001. These drugs inhibit the enzyme that breaks down the brain chemical acetylcholine, and thereby may help slow the worsening of symptoms.

The FDA in October 2003 approved memantine HCl (Namenda™) for the treatment of moderate to severe Alzheimer's disease, which can slow the decline in mental function. In October 2006, the FDA approved Aricept for the treatment of severe Alzheimer's disease in addition to mild to moderate Alzheimer's disease.

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## Alzheimer's: The Facts



Definition - Warning Signs  
Symptoms & more



**A guide for family, friends  
and loved ones**

This information was provided by the  
Alzheimer's Foundation of America



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## Alzheimer's: Definition

Alzheimer's disease is a progressive, degenerative disorder that attacks the brain's nerve cells, or neurons, resulting in loss of memory, thinking and language skills, and behavioral changes.

These neurons, which produce the brain chemical, or neurotransmitter, acetylcholine, break connections with other nerve cells and ultimately die. For example, short-term memory fails when Alzheimer's disease first destroys nerve cells in the hippocampus, and language skills and judgment decline when neurons die in the cerebral cortex.

Two types of abnormal lesions clog the brains of individuals with Alzheimer's disease: Beta-amyloid plaques—sticky clumps of protein fragments and cellular material that form outside and around neurons; and neurofibrillary tangles—insoluble twisted fibers composed largely of the protein tau that build up inside nerve cells. Although these structures are hallmarks of the disease, scientists are unclear whether they cause it or a byproduct of it.

Alzheimer's disease is the most common cause of dementia, or loss of intellectual function, among people aged 65 and older.

Alzheimer's disease is not a normal part of aging. Origin of the term Alzheimer's disease dates back to 1906 when Dr. Alois Alzheimer, a German physician, presented a case history before a medical meeting of a 51-year-old woman who suffered from a rare brain disorder. A brain autopsy identified the plaques and tangles that today characterize Alzheimer's disease.

## Warning Signs

Although every case of Alzheimer's disease is different, experts have identified common warning signs of the brain disease. Remember, Alzheimer's disease is not a normal part of aging, and it is important to look for signs that might indicate Alzheimer's disease versus basic forgetfulness. With Alzheimer's disease, these symptoms gradually increase and become more persistent.

## Typical Warning Signs

- Memory loss, especially of recent events, names placement of objects, and other new information.
- Confusion about time and place.
- Struggling to complete familiar actions, such as brushing teeth or getting dressed .
- Trouble finding the appropriate words, completing sentences, and following directions and conversations.
- Poor judgment when making decisions.
- Changes in mood and personality, such as increased suspicion, rapid and persistent mood swings, withdrawal, and disinterest in usual activities.
- Difficulty with complex mental assignments, such as balancing a checkbook or other tasks involving numbers

## Symptoms

Symptoms are divided into two categories:

Cognitive, or intellectual, and Psychiatric  
Differentiating them is important so that behavioral problems that are caused by loss of cognitive functioning are not treated with anti-psychotic or anti-anxiety medications.

Cognitive, or intellectual, symptoms are amnesia, aphasia, apraxia and agnosia (the 4 As of Alzheimer's).

Amnesia is defined as loss of memory, or the inability to remember facts or events. We have two types of memories: the short-term (recent, new) and long-term (remote, old) memories. Short-term memory is programmed in a part of the brain called the temporal lobe, while long-term memory is stored throughout extensive nerve cell networks in the temporal and parietal lobes. In Alzheimer's disease, short-term memory storage is damaged first.

## Symptoms continued

Aphasia is the inability to communicate effectively. The loss of ability to speak and write is called expressive aphasia. An individual may forget words he has learned, and will have increasing difficulty with communication. With receptive aphasia, an individual may be unable to understand spoken or written words or may read and not understand a word of what is read. Sometimes an individual pretends to understand and even nods in agreement; this is to cover-up aphasia. Although individuals may not understand words and grammar, they may still understand non-verbal behavior, i.e., smiling.

Apraxia is the inability to do pre-programmed motor tasks, or to perform activities of daily living such as brushing teeth and dressing. An individual may forget all motor skills learned during development. Sophisticated motor skills that require extensive learning, such as job-related skills, are the first functions that become impaired. More instinctive functions like chewing, swallowing and walking are lost in the last stages of the disease.

Agnosia is an individual's inability to correctly interpret signals from their five senses. Individuals with Alzheimer's disease may not recognize familiar people and objects. A common yet often unrecognized agnosia is the inability to appropriately perceive visceral, or internal, information such as a full bladder or chest pain.

Major psychiatric symptoms include personality changes, depression, hallucinations and delusions.

Personality changes can become evident in the early stages of Alzheimer's disease. Signs include irritability, apathy, withdrawal and isolation. Individuals may show symptoms of depression at any stage of the disease. Depression is treatable, even in the latter stages of Alzheimer's disease.

Psychotic symptoms include hallucinations and delusions, which usually occur in the middle stage. Hallucinations typically are auditory and/or visual, and sensory impairments, such as hearing loss or poor eyesight, tend to increase hallucinations in the elderly.

This information was provided by the  
Alzheimer's Foundation of America.  
To learn more, visit [www.alzfdn.org](http://www.alzfdn.org)

