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Alzheimer's & Dementia

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Alzheimer's and dementia

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loss, and mood issues

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and legal issues

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Introduction

Pick up a newspaper or turn on the television or radio, and it won't be long before you come across a reference to Alzheimer's disease (AD) or dementia. Either someone is touting a breakthrough in research, or someone famous has been diagnosed with it, or an expert has decided that some food or other, which people have previously enjoyed without a second thought, is now believed to double our risk of developing the condition.

But its media popularity isn't really that much of a shock, because dementia is on the rise. In fact, scientists estimate that every four seconds someone somewhere in the world is diagnosed with dementia, so the number of cases is rising pretty fast.

Put simply, that increase means that more and more families are dealing with dementia or AD, trying to provide care for a loved one while maintaining some semblance of balance in their own lives. If you have a family member who's been diagnosed with AD or dementia, chances are you've got a lot of questions. *Alzheimer's and Dementia For Dummies* tries to help you find the answers that are right for your particular situation.

The media paints a big, frightening picture of how the increasing number of Americans with dementia will affect the economy, the healthcare industry, lost productivity, and a dozen other markers. However, little of that information is likely to hold much meaning for you as the family member that now must care for a loved one with a memory disorder. You want to know how Alzheimer's or some other form of dementia is going to affect your loved one as time goes on. As a caregiver, you want to know how to provide the best care for the person with dementia while you keep all the other balls in the air (work, spouse, the rest of the family, and other obligations).

About This Book

Dementia and AD are progressive conditions that affect sufferers more as time goes on. At present no cures are available. Although that is tough to swallow, we want to help you realize that you can do many things to improve the quality of life both for your loved one with a memory disorder and yourself, particularly if you're the primary caregiver.

Alzheimer's and Dementia For Dummies takes a realistic look at dementia and AD and offers pertinent, practical advice for dealing with the myriad of concerns and responsibilities that a primary caregiver must assume when managing a patient with a memory disorder. We look at the treatments available, both from mainstream medicine and complementary therapies, and review the evidence of what works and what doesn't. Other sections give tips to caregivers about how to handle difficult symptoms that may occur as the condition progresses. We emphasize the importance of taking care of yourself as the caregiver as you care for your loved one. We provide advice on the financial and legal issues that need to be considered. And we walk you through the details of how to choose the right residential care facility for your loved one should the need arise. Plus much more.

The main information about each topic is contained in the main text of each chapter, but you'll also notice shaded boxes of text in each chapter, called sidebars. These boxes offer interesting asides, designed to complement the rest of the chapter, rather than essential information. So if a sidebar doesn't interest you, just skip it; you'll still be able to understand everything else without it.

Within this book, you may note that some web addresses break across two lines of text. If you're reading this book in print and want to visit one of these web pages, simply type in the address exactly as it's noted in the text, pretending that the line break doesn't exist. If you're reading this as an e-book, you've got it easy: just click or tap the web address to be taken directly to the page.

Foolish Assumptions

As we wrote this book, we kept in mind everyone who has dementia or AD, or who may one day be affected by them. It's for those who are just generally worried about dementia and AD and want to find out more about the conditions and how they develop. If you're currently experiencing symptoms that you think may mean you have a memory disorder and want to know what to do next, you'll find valuable information here. We've also written this book for people who've already been given the diagnosis and need advice about how to get the best care available. People who are looking after people with dementia or AD can also use this book as a resource for being the best caregivers they can be.

But despite the wealth of information, we've designed this book so you don't need to have a degree in medicine or biology to understand the science stuff or be a lawyer to write a watertight will. Everything in this book should make sense to everyone with an interest in dementia and how best to care for the people who develop it.

Icons Used in This Book

As you go through the book, you'll notice that a variety of different icons pop up in the margins. These are designed to identify information that you need to know; information that may be interesting, but that you can live without; and hints about how to understand what you're reading:



TIP

These are handy bits of information that are worth remembering because they will help you deal with problems and perhaps head them off before they arise.



REMEMBER

These are key facts and important words that anyone wanting to get a handle on dementia or AD and what they're all about will want to know.



WARNING

This icon flags potential dangers and pitfalls that can lead to problems when managing dementia or AD.



TECHNICAL
STUFF

This icon points out information that's interesting or in-depth but that isn't necessary for you to read.

Beyond the Book

In addition to the material in the print or e-book you're reading right now, this product also comes with some access-anywhere goodies on the web. These resources are crammed with useful summaries about everything you need to know about dementia. To view this book's Cheat Sheet, simply go to www.dummies.com and search for "Alzheimer's & Dementia For Dummies Cheat Sheet" in the Search box.

You'll also find online articles at www.dummies.com/extras/alzheimersanddementia. One gives advice on how to cope with a patient who wanders; another discusses whether you should turn over power of attorney to a lawyer; the third talks about ensuring the patient's spiritual needs are met in her final days; and the last one lists ten points to tell the hospital staff if the person with the memory disorder is hospitalized for more than a few hours.

Where to Go from Here

We didn't design this book to be read from the front cover to the final page in order — although if you want to do that, it takes you on a logical journey from finding the diagnosis to dealing sensitively with end-of-life care. Instead, each chapter is designed to stand alone. You can read the chapters just as easily in a completely random order, according to your area of interest, as in numerical order by chapter.

If you don't know a thing about dementia or AD (or you just can't bring yourself to begin a book in the middle), start from the beginning with Chapter 1. If a loved one has received a diagnosis of dementia or AD and you want to know what treatments and care are available, check out Part 2. If you need advice on caring for someone with dementia or AD, see Part 3. If you're at the end of your rope and need some advice about maintaining your own mental and physical health, flip to Part 4.

Basically, thanks to the organization of all *For Dummies* books, the choice of how you read through this book is completely yours. But, however you decide to set off, we hope you enjoy learning more about this increasingly important subject.

1

Getting Started with Alzheimer's and Dementia

IN THIS PART . . .

Get an overview of dementia and Alzheimer's disease and see how the two are related.

Know what symptoms lead a doctor to consider the diagnosis of a memory disorder.

Discover the causes of dementia, the risk factors for developing it, and ways to possibly protect yourself from getting it.

Look at some other medical conditions whose symptoms, although similar to dementia, can be reversible with appropriate treatment.

IN THIS CHAPTER

Seeing the relationship between dementia and Alzheimer's disease

Understanding the link between age and dementia

Recognizing the four main types of dementia

Chapter 1

An Overview of Dementia and Alzheimer's Disease

If you're reading a book about dementia, you first need to understand what the term means. People have a whole lot of different ideas about what sort of condition the word *dementia* suggests. For some, it's the diagnostic label you give to people who keep having “senior moments” and regularly forget names and where they put their eyeglasses. To others, it refers to people who are old and confused and spend all day shouting at the television and letting their friends and neighbors know exactly what they think of them.

Although some of these symptoms clearly can be part of the picture of dementia, neither of the people described actually fit the diagnosis. The first is probably just forgetful but otherwise well, and the second may simply be grumpy and bad-tempered. Dementia has a very clear definition, and the diagnosis should never be made lightly.

This chapter looks in detail at what dementia is and what it certainly is not and serves a jumping-off point for what you can expect to face when your loved one receives a dementia or Alzheimer's disease (AD) diagnosis.

Defining the Relationship between Dementia and Alzheimer’s Disease

This section explains what dementia is and isn’t and then does the same for Alzheimer’s. As you read this text, keep in mind the relationship between dementia and AD. In many cases, what we write about dementia applies to AD, but what we write about AD may not apply to dementia in all of its forms.

Understanding what dementia is

Dementia is a general term for a decline in mental ability (including impaired memory, language, reasoning, judgment, visuospatial skills, and orientation) severe enough to interfere with daily life. Think of dementia as a big general category like the word “building.” Just as there are many specific types of buildings (stores, houses, cabins, skyscrapers, factories, and so on), there are many specific forms of dementia. AD is the most common cause of dementia, making up about 60 percent of dementia cases. We discuss other forms of dementia later in this chapter.

Dementia isn’t a single entity. Multiple different medical conditions that affect normal brain functioning are causes of dementia.



TECHNICAL
STUFF

The World Health Organization (WHO) defines dementia thus:

[A] syndrome — usually of a chronic or progressive nature — in which there is deterioration in cognitive function (i.e. the ability to process thought) beyond what might be expected from normal aging. It affects memory, thinking, orientation, comprehension, calculation, learning capacity, language, and judgment. Consciousness is not affected. The impairment in cognitive function is commonly accompanied, and occasionally preceded, by deterioration in emotional control, social behavior, or motivation.

This definition, however, still contains a fair amount of medical jargon. So we tried to come up with a simpler, but still accurate, version by considering each of the key terms used by the WHO:

» **Syndrome:** This word describes the symptoms that together are characteristic of a particular medical condition. People with the condition have most of these symptoms but don’t have to show all of them to receive the diagnosis. Thus with dementia, one person may have poor memory and language but still have judgment enough to not walk out into a busy road,

whereas another may have problems with both memory and judgment but have no changes in language skills.

- » **Chronic and progressive:** These terms mean that the condition is ongoing long term and gets steadily worse with time. Many people think that the word *chronic* means that something is severe. Although dementia may be severe for some people, it's mild in others; *chronic* here means long-lasting.
- » **Consciousness:** Used in relation to dementia, this word takes on both of its meanings. People with dementia are both awake (as opposed to unconscious) and mentally aware of their surroundings, although what's going on around them is confusing to them.



REMEMBER

A number of diseases of the brain that lead to a collection of progressively worsening symptoms affecting a person's thought processes, mood, and behavior can cause dementia; eventually, the person loses the ability to carry out the basic tasks of daily living.

In the “Realizing that Dementia Doesn't Just Mean Alzheimer's” section later in this chapter, we explain the four main types of dementia to help you understand the bigger picture of memory disorders.

Grasping what dementia is not

In the past, dementia has been referred to as “senility” or “senile dementia.” This terminology reflects the previously common but incorrect belief that serious mental decline is a normal part of aging. Many myths and misunderstandings circulate about dementia. And to get a grasp of what dementia actually is, it's important to have a clear idea about what it certainly isn't. So here's a selection of some of the most common misconceptions to help sort fact from fiction:

- » **All old people get dementia.** Although the chances of developing dementia do increase as people get older, it's not a normal part of the aging process. In the United States, 1 in 9 people older than 65 and 1 in 3 older than 85 suffer from it.
- » **Dementia is the same as Alzheimer's disease.** Alzheimer's disease is just one of a number of brain diseases that lead to dementia.
- » **Memory loss equals dementia.** Dementia does affect memory, but for someone to be diagnosed with the condition, he needs to show many other more complex symptoms rather than simply poor memory alone.
- » **Everyone with dementia becomes aggressive.** Even though some people with dementia can become agitated, aggression isn't a universal feature of dementia and is usually triggered by the way someone is treated or communicated with rather than being a symptom of the dementia alone.

- » **A diagnosis of dementia means a person's life is over.** Despite the fact that the condition is chronic and progressive, many medical, social, and psychological treatments and strategies are available to help make life as fulfilling as possible for someone with dementia, for many years.
- » **Everyone with dementia ends up in a nursing home.** Although one-third of people with dementia do eventually need this level of intense care in the later stages of their condition, many people are able to access enough help and support to stay in their own homes.
- » **My aunt has dementia, so I'm going to get it too.** Some forms of dementia do have a genetic component and may run in families, but these are in the minority. For most people, it doesn't follow that because a relative has dementia, they'll get it too. And contrary to what one patient thought, you can't catch it from your aunt either.

Understanding what Alzheimer's disease is

As previously stated, AD is a form of dementia. Although all AD patients have dementia, not all dementia patients have AD. The Alzheimer's Association defines Alzheimer's disease as "an irreversible, progressive brain disease that slowly destroys memory and thinking skills, eventually even the ability to carry out the simplest tasks." AD is a fatal disease, ending inevitably in death.

Alzheimer's disease was named after a German physician, Alois Alzheimer, who first identified the condition in 1906 when he performed an autopsy on the brain of a woman who'd been suffering severe memory loss and confusion for years. He observed microscopic amyloid plaques and neurofibrillary tangles in the woman's brain tissue under a microscope. He then correctly hypothesized that these abnormal deposits were responsible for the patient's loss of memory and other cognitive problems. To this day, AD can only be diagnosed with 100 percent accuracy through an autopsy that reveals the presence of the characteristic plaques and tangles in the brain. However, a comprehensive examination and good work-up do provide a reliable diagnosis with greater than 90 percent accuracy.

Abnormal deposits of specific proteins inside the brain disrupt normal brain function and cause the cognitive and functional problems typically associated with AD. Eventually, as these deposits spread throughout the brain, brain tissue starts dying, which leads to further cognitive impairment. The resulting brain shrinkage can be seen in CT scans and MRI scans. Current research is focused on trying to determine what causes these deposits and is looking for ways to prevent or reverse them before they cause permanent brain damage.