

Alzheimer's Disease Fact Sheet

Definition

Alzheimer's disease (pronounced Alz'-hi-merz) is a progressive, degenerative disease that attacks the brain and results in impaired memory, thinking and behavior. Alzheimer's disease (AD) is the most common form of dementia. Dementia is a loss of intellectual function (thinking, remembering and reasoning) so severe it interferes with an individual's daily functioning and eventually results in death. Alzheimer's is the fourth leading cause of death in adults, after heart disease, cancer and stroke. Men and women are affected almost equally. Dr. Alois Alzheimer first described the disease in 1906. Since, researchers have developed a deeper understanding of the changes in the brain (plaques and tangles) and behavioral changes that characterize the disease. Age and family history have been identified as potential risk factors. Most people diagnosed with Alzheimer's are older than age 65; however, Alzheimer's can occur in people in their 30's, 40s and 50s.

Symptoms

Symptoms of Alzheimer's can include gradual memory loss, decline in the ability to perform routine tasks, disorientation, difficulty in learning, loss of language skills, impairment of judgment and planning and personality changes. The time from the onset of symptoms until death ranges from 8 to 20 years. Eventually people with Alzheimer's become totally incapable of caring for themselves.

Diagnosis

Early and careful evaluation is important because many conditions, including some that are treatable or reversible can cause dementia. Potentially reversible conditions include depression, adverse drug reactions, metabolic changes and nutritional deficiencies.

There is no single clinical test to identify Alzheimer's disease. A comprehensive evaluation to establish diagnosis will include a complete health history, physical examination, neurological and mental status assessments and other tests including analysis of blood and urine, electrocardiogram (EKG) and chest x-rays. Documenting symptoms and behaviors over time, in a diary fashion, will help physicians better understand the progression of the illness. The physician may order additional tests as needed including: computerized tomography (CT Scan), electroencephalograph (EEG), formal psychiatric assessment, and/or neuropsychological testing. While this evaluation may provide a diagnosis of possible or probable Alzheimer's, confirmation of the disease requires examination of brain tissue, which is done by an autopsy.

Treatment

Although no cure for Alzheimer's disease is presently available, good planning, medical and social management can ease the burdens on the individual with Alzheimer's and his/her family. Health care directives and decisions can be made while the individual has the mental capacity to do so. Physical exercise and social activity are important, as is proper nutrition. A calm and well-structured environment may help the person. Intervention strategies and (if necessary) appropriate medication can lessen symptoms such as agitation and anxiety while improving sleep and participation in activities. There is to date five FDA approved medications for the treatment of Alzheimer's disease – Aricept, Exelon, Razadyne, and Namenda. These medications do not cure or stop Alzheimer's disease but slow the progression of the symptoms.

Causes & Research

The causes of Alzheimer's are not known and are currently receiving intensive scientific investigation. Suspected causes include diseased genes or a genetic predisposition, abnormal protein buildup in the brain and environmental toxins. Scientists are applying the newest knowledge and research techniques in molecular genetics, pathology, immunology, toxicology, neurology, psychiatry, pharmacology, biochemistry and epidemiology to find the causes, treatments and cures for Alzheimer's disease.

Statistics

One in 8 people over 65 and nearly half of those over 85 have a diagnosis of probable Alzheimer's disease. At some point in the later stages of the disease, a person with Alzheimer's will require 24-hour care, including assistance with daily activities such as eating, grooming and toileting. The financing of care for Alzheimer's disease—including costs of diagnosis, treatment, nursing home care and formal or paid care—is estimated to be more than \$148 billion each year. The federal government covers \$91 billion and the states another \$21 billion. Much of the remaining costs are borne by individuals and their families. The average lifetime cost per patient is \$174,000. More than 7 out of 10 people with Alzheimer's disease live at home. Half of all nursing home residents suffer from Alzheimer's or a related disorder.