



Alzheimer's disease and related disorders

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Dementia

- Diagnosis by history and clinical exam.
 - Presence of at least 2
 - Impaired short-term memory
 - Impaired handling of complex tasks
 - Impaired reasoning ability
 - Impaired orientation
 - Impaired language.
- Impairment in daily functioning
Duration 6 months or more



Dementia

- Causes: Alzheimer's disease, strokes, parkinson's disease, frontotemporal dementia, Lewy body dementia, alcohol, thyroid dysfunction, vitamin deficiencies, depression, medications, brain tumor, blood clot in the brain, etc.
- Thorough history taking, physical and mental status exam, routine blood tests and brain scan can usually identify the cause with more than 90% accuracy.



Alzheimer's disease (AD)

- More than 4 million Americans have AD.
- Barring a cure, this number will triple in the next three decades.
- 5% of people above age 65 will develop AD. 35% of people above age 85 will develop AD.
- Only neuropathological examination (after death) can confirm diagnosis of AD.



Alzheimer's disease (AD)

- There is no cure but treatment can greatly alleviate suffering of patient and caregiver.
- AD makes up 60-80% of dementing disorders by itself or in conjunction with other diseases such as stroke, Lewy body disease.
- Current medications approved for treatment of AD help only modestly in slowing functional decline by 3 months over one year and 6 months over 2 year period at the most.



Mild Cognitive Impairment (MCI)

- It is an intermediate zone between normal and AD.
- Presence of new memory complaints preferably corroborated by an informant and objective evidence of impairment of short term memory with lack of impairment in other cognitive functions and lack of noticeable loss of daily function defines MCI.
- 12% of older adults with MCI will convert to AD every year compared to 1-2% of normal elderly.



Mild Cognitive Impairment (MCI)

- Treatment involves regular physical exercise (aerobic), intellectually challenging activities, socially active life, health dietary habits, stress reduction, aggressive treatment of hypertension, hyperlipidemia, diabetes mellitus, avoiding alcohol and smoking, eating fruits, vegetables and fish, taking vitamin E and C supplements.
- Evaluation for thyroid dysfunction, medication side effects and vitamin deficiencies.
- Preliminary evidence indicates that drugs approved for AD may delay conversion from MCI to AD by 6 months.



Alzheimer's disease (AD)

- Pervasive forgetfulness is the most common manifestation of AD.
- Repeating questions and statements, forgetting to pay bills, take medications, time disorientation, word-finding difficulty, lapses in judgment are typical.
- Depression and anxiety, agitation, psychotic symptoms are also common at some point in the course.



Alzheimer's disease (AD)

- Apathy, loss of interest in previous pastimes and activities, loss of initiative may be the earliest manifestations.
- Insight is generally lost except in the earliest stages.
- Physical exam is generally normal.
- No blood tests or spinal fluid test as yet to diagnose AD.
- Brain scan (MRI) is to rule out other causes.



Alzheimer's disease (AD)

- Very mild stage: independent, can drive.
- Mild stage: needs help with complex activities such as taxes and taking medications, avoid driving except very short distances.
- Moderate stage: needs constant supervision for safety, some assistance for bathing and toileting, no driving.
- Severe stage: needs total care, may ambulate.
- End stage: bed bound, incoherent,



How long do people with AD survive?

- Generally speaking 6-8 years. Range 2-20 years.
- In general survival is decreased by half.
- Dementia patients in advanced stage, with gait disturbance and diabetes and heart failure fare much worse than average.
- Hospice is recommended for end-stages.
- Drugs approved for treatment of AD generally do not increase survival.



Dementia due to stroke

- Also called vascular dementia.
- Considered 2nd most common cause of dementia.
- Strokes may be silent.
- Recent evidence indicates that most dementia due to strokes also have AD.
- MRI useful in diagnosis.
- Treatment is same as AD.



Dementia with Lewy bodies (DLB)

- Some consider it 2nd most common cause of degenerative dementia.
- Recent evidence indicates that many patients with DLB also have AD.
- Presence of parkinsonism (shuffling gait, slowness in thinking and movement), prominent visual hallucinations early in the course and dramatic fluctuation in memory problems differentiate it from AD.
- Drugs used for AD also useful for DLB.
- Antipsychotics such as haloperidol to be avoided



Frontotemporal dementia

- Early change in personality (loss of empathy, socially inappropriate behavior) misdiagnosed as a mental disorder.
- Impaired reasoning or impaired handling of complex tasks.
- Speech problems severe in many cases.
- Forgetfulness not prominent initially.
- Drugs approved for AD do not help.



Treatment of dementias

- Education regarding cause, treatment, course, financial planning, advanced care directives, safety issues (driving, wandering, guns, etc.), resource education.
- Antidementia drugs
- Treatment of excess disability (hearing and vision loss, pain, adverse drug effects, medical conditions).
- Caregiver support groups and caregiver training.



Treatment of dementias

- Individual therapy for caregiver depression.
- Family therapy for family conflicts.
- Individual therapy for patients in early stages with depression and anxiety.
- Palliative Excellence in Alzheimer Care Effort (PEACE): focus on quality over quantity in advanced stages of dementia, achieving a peaceful and dignified death, bereavement counseling before death and hospice services.



Treatment of dementias

- Resource education: Alzheimer's Association, Caregiver Support Groups, Adult day programs, respite programs, websites (such as alzsh.net).
- Alzheimer's Center of Excellence, ThedaCare Behavioral Health.
- Memory Clinic, Affinity Health.
