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Alzheimer is ranked as the sixth leading cause of death in the United States. Majority of Americans who die due to this condition are around the age bracket of sixty five years and older (“ 2009 Alzheimer's disease facts and figures.” 237). Research shows that death as a result of this disease is tremendously higher than due to other causes. Around the period 2000 and 2006, stroke deaths decreased by 18%, heart disease by almost 12%, prostate and cancer related deaths by 14%, but death by Alzheimer increased by 47% (“ 2009 Alzheimer's disease facts and figures.” 237). It is estimated that 5. 3 Americans have this disease and approximately 200000 under the age of sixty five comprise the younger generation with the onset of Alzheimer’s condition (“ 2009 Alzheimer's disease facts and figures.” 237). There is a confirmed rate that after every seventy seconds in America someone develops this condition (“ 2009 Alzheimer's disease facts and figures.” 237). This rate is expected to rise to after every thirty three seconds.   
The condition by 2050 is projected to reach a million people per year. Management of Alzheimer is costly and it is estimated to be about $148 billion in a year directly and indirectly like in reduced business productivity (“ 2009 Alzheimer's disease facts and figures.” 237). This figure excludes the 94 billion unpaid services provided by care givers to individuals with Alzheimer’s each year ((“ 2009 Alzheimer's disease facts and figures.” 249). Alzheimer falls under the dementia category (Knopman chap 409) and Mild Cognitive Impairment (MCI) helps in the recognition of individuals shifting from healthy to demented (Peterson 2228). An ultimate goal to preventing Alzheimer is determining which individuals are at high risk of developing this condition. This essay will analyze the causes of Alzheimer, symptoms, ways of handling patients diagnosed with the condition and what is expected of the society at large when dealing with such patients.   
The causes of this disease is believed to be a combination of several factors, including the environment, genetic factors that cause the initiation of the destruction of brain nerve cells. Genetics is believed to be play a role in early onset of this disease. A gene apolipoprotein (ApoE) is associated with late onset of the disease however the risk for of ApoE this gene has only been observed with a smaller number of individuals (Verghese, Castellano, and Holtzman 241). As for environmental factors some studies have shown that head injuries in early adulthood could also be a cause for the development of this condition. Lower educational level which is believed to decrease neural simulation and mental activity has also been investigated (Querfurth and LaFerla 239).   
Symptoms of Alzheimer especially early symptoms may not be visible as they resemble signs of old age. Typical old age signs include extreme memory loss and other cognitive changes. MCI as earlier described is now believed to be associated with old age Alzheimer, as older individuals who experience Mild Cognitive Impairment develop Alzheimer’s later in life (“ 2009 Alzheimer's disease facts and figures.” 264). Alzheimer’s Association recommends that when ten warning signs are presentable then patients should seek professional help (“ 2009 Alzheimer's disease facts and figures.” 264). These signs include; memory changes that affect normal life, forgetfulness that is worrisome to the extent of asking for the same information. Having problems in planning due to lack of concentration and inability to efficiently complete tasks involving abstract thinking or simple arithmetic. Finding difficulty in completing simple tasks at home or work that one was previously used to. Confusing time and places and having difficulty in recognizing familiar places and arriving at locations and the routes one took. Confusing days, months and events, having trouble in understanding visual images and space relationships, and difficulty in reading, differentiating color, determining distance. Having language problems forgetting names, missing words and difficulty in completing sentences and conversations. Loosing things quite easily, and putting objects in unusual places and accusing others of hiding them. Having impaired judgment, this is visible in poor decision making and dressing inappropriately. Withdrawing from work is also another sign; one feels there is no need to participate in familiar interest and hobbies. There are also mood and personality changes. There is increased fear, confusion, suspicion, depression, apathy, and anxiety. There can also be loss of interest in activities, abnormal sleeping hours, sitting in front of the television for abnormally longer periods.   
Currently there is no known treatment for Alzheimer, or treatments to reverse the symptoms or stop its progression (“ 2009 Alzheimer's disease facts and figures.” 236). Medications are used to slow down cognitive decline and help with behavioral symptoms. Research shows that people who exercise are likely to prevent the onset of Alzheimer or even better not develop it completely (Rosenthal 1). This disease has various stages ranging from moderate to severe. The final stages render the patient inactive and unable to communicate completely. This disease reduces the life span of its patients, but many live from between 3- 20 years after their diagnosis. The final phase whereby the patient becomes immobile and dysfunctional may last from a few months to several years.   
Home treatment for early stages could include the following explained steps. Ensure that environmental distractions are at a minimum to prevent the trigger of agitation. Speaking clearly to patients making statements that can be understood (The New York Times 1). Use a combination of communication strategies including facial expressions, and voice tones for effective communication. Limit choices to reduce the level of confusion of the patient. In case the patients gets agitated offer distractions like a car ride (The New York Times 1). Maintain a natural attitude as much as possible and show movies of past experiences of the patients. Keeping the patient clean is mandatory as they often lose sense of color and might dress inappropriately. Once diagnosed they should be prevented from driving and alarms and security should be heightened as they can leave unattended and get lost (The New York Times 1).   
Home treatment at later stages requires that the patients get utmost attention (The New York Times 1). Home visits by a health profession can help as it could delay the need for a nursing home. Patients can lose control of their bowel and urine function. Thus, seeking professional help is necessary to determine that it is not caused by an infection (The New York Times 1). This problem can also be controlled by monitoring times of liquid intake, feeding and urinating. This might help the care giver anticipate episodes and direct the patient before the incident occurs. Later stages are characterized with immobility; this can lead to bedsores due to being bedridden (The New York Times 1). The patients skin should thus be washed frequently, dried and moisturizers applied (The New York Times 1). The patient should also be moved after every two hours and kept on high form raised with pads or pillows. The limbs should be exercised to keep them flexible.   
Institutionalization of patients with Alzheimer is necessary at some level. This can be when the care giver’s emotional endurance has surpassed the maximum level; their physical stamina has gone low, and the patient’s condition worsening to that of a young child. Thus the family has to consider the financial implications in such case (The New York Times 1). Choosing a nursing home that has programs that specifically cater for individuals suffering from Alzheimer’s is paramount (The New York Times 1). But most homes do not offer such services and those which do are often situated far from most homes of the patients. Thus, to the care giver they have to make a decision regarding whether good care out ways the distance between them and their family member. This is because the visits will be limited due to the location of the home.   
As is noted a larger portion of taking care of patients with Alzheimer is a responsibility left to the care takers. This is more than often a family member or a close friend of the patient, and this responsibility can weigh someone down in so many ways (The New York Times 1). Thus there are some things they have to consider for their safety and the patient’s. One is that they need to take care of themselves so as to ensure that they continue taking care of things that are important (The New York Times 1). It might be difficult for them to control the disease but the can control many aspects of how it affects the patient. They need a simplified life so that their time and energy and well used to help the patient. They should allow others to help as the responsibility of taking care of an Alzheimer’s patient is too much work for an individual. Taking one day at a time is the rather than worrying about the future is the secret to getting through this situation (The New York Times 1).   
Care givers need a structured day plan that way they get a consistent schedule that is easy for them and the patient (The New York Times 1). A sense of humor would help in getting over the dullness of the situation. They also need to remember that the patients demands are not on purpose, but most of their actions are distorted by the illness. Focus on what the patient can still do rather than lamenting over what they have lost. Depend on other relatives for support and love to get through the day. The caregivers also need to remind themselves that they are doing the best as per the situation. Looking at the achievement s helps in getting through the day. This also helps teach others on how to handle such cases in the vent they are bombarded with one. Alzheimer’s has no tangible symptom or cause thus it can affect anyone, this herein then indicates that good care given to one might just be reciprocated as other will have learnt on how to act in such a situation.

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