

Alzheimer's disease and dementia

[Health & Medicine](#), [Disease](#)



Alzheimer disease, the most common cause of old-age-associated dementia, accounts for over 50% of the dementias seen in the general adult population. Current projections indicate that over 4 million Americans will be suffering from various stages of the disease. Clinically, Alzheimer disease is characterized by a progressive deterioration of cognitive and physical status that sometimes begins during middle age (presenile dementia) but more typically has onset late in life (senile dementia), with considerable variability in behavioral manifestation.

Diagnosis of Alzheimer disease requires both the presence of dementia and a characteristic pattern of neuropathology, including the presence of gross atrophy. The earliest stage of Alzheimer disease can generally be characterized by mild memory disturbances. This phase may be followed by one or more of a combination of agnosia, aphasia, and apraxia. Alzheimer's disease and dementia Dementia is a gradual deterioration of mental functioning affecting all areas of cognition, including, judgment, language, and memory. An irreversible, progressive condition in which nerve cells in the brain degenerate, and the size of the brain decreases.

Dementia generally occurs in the elderly, although it can appear at any age. Several substantial studies have been done to determine its prevalence, and in 1991 a major study was conducted which found that dementia occurred in just over 1 percent in ages 75 to 84; and more than doubling to 10.14 percent in persons 85 and over. Other studies have concluded that many as 47 percent of people over 85 suffer from some form of dementia. Prevalence rates tend to be comparable between the sexes and across socio cultural barriers, such as education and class.

It is also worth noting that, despite what is often commonly thought, dementia is not an inevitable consequence of aging. Alzheimer's disease is the most common degenerative brain disorder, although onset of the disease is rare before the age of 60. After that age, the incidences of Alzheimer's disease increases steadily, and then one-quarter of all individuals above the age of 85 have this disease. In addition, Alzheimer's disease is the cause of about three-quarter of all cases of dementia in individuals above the age of 65. Researchers have identified many types of dementia.

Including dementia resulting from Alzheimer's disease, vascular dementia, substance induced dementia, dementia due to other general medical conditions, and dementia not otherwise specified. More than half of the persons diagnosed with dementia are classified as having dementia resulting from Alzheimer's disease. This type of dementia occurs in more than half of dementia cases in the United States. There is no definitive method in diagnosing this kind of dementia until after the patient's death and an autopsy can be performed on the brain. Symptoms of Alzheimer's disease and Dementia

Generally speaking, dementia has a gradual onset and can take different routes in different people. All sufferers, however, are eventually impaired in all of cognition. Initially, dementia can appear in memory loss, which may result in being able to vividly remember events from many years past while not being able to remember events of the very recent past. Other symptoms of dementia are agnosia, which is the technical term for not being able to recognize familiar objects, facial agnosia, the inability to recognize familiar faces, and Visio spatial impairment, the inability to locate familiar places.

Along with cognitive deterioration, sufferers of dementia often experience related emotional disorders as they recognize their deterioration and experience anxiety about its continuation and worsening. Typical among reactions are depression, anxiety, aggression, and apathy. Psychologists are uncertain to what extent these symptoms are direct results of dementia or simply responses to its devastation. Dementia progressively deteriorates the brain and eventually sufferers are completely unable to care for themselves and, ultimately, the disease results in death.

Causes of the Alzheimer's disease and Dementia The cause of Alzheimer's disease and dementia is not known, but several theories of causality have been advanced. These theories propose genetic, environmental, viral, immunological, biochemical, and other causes for the disease. The specific features of disease vary from individual to individual, but the general course of the disease is fairly consistent in most cases. The symptoms of the disease tend to be more severe at night. The first stage of disease is usually forgetfulness, accompanied by some anxiety and mild depression.

This usually develops into a more serious loss of memory, especially of recent events, moderate spatial and temporal disorientation, loss of ability to concentrate, aphasia, and increased anxiety. This set of symptoms is usually followed by profound spatial and temporal disorientation, delusions, hallucinations, incontinence, general physical decline, and death.

Alzheimer's disease and memory drugs Since there are many possible reasons for dementia-like attributes, it is important to see a neurologist.

A neurologist is a medical doctor who specializes in the brain and the disorders affect the brain. Neurologists often specialize in a particular brain

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disorders that affect the brain. Neurologists often specialize in a particular brain disorder. For instance, one neurologist may treat primarily patients who have had a stroke (temporary or permanent loss of some body functioning), While other neurologists may treat primarily Alzheimer's patients. Therefore, choosing an appropriate neurologist is one of the first steps in determining the correct diagnosis. History of Alzheimer's disease

A German neuropathologist and psychiatrist named Alois Alzheimer studied a 51-year old female patient with severe dementia. The woman started experiencing symptoms five years earlier, such as memory loss and trouble reading and writing. She rapidly declined to hallucinations and was unable to take care of herself. When Dr. Alzheimer's patient died, he was able to study her brain at autopsy. Alzheimer noted that the cerebral cortex, the outer layer of the brain responsible for numerous functions such as movement, perception, memory, and speaking, was thinner than normal and had severe atrophy.

He also noted two other abnormalities. The first was " senile plaque" (now know as neuritic plaque) that had earlier been seen in the brains of the elderly. Second, there were neurofibrillary tangles within the cortex that has not been previously described. These hallmarks, for which Alzheimer coined the term presenile dementia, are now known as Alzheimer's disease. Interestingly, to this day, the only way to definitively know that a person has AD is at autopsy. The impact of Alzheimer's Alzheimer's disease not only affects the patients but also the patients but also the patient'sfamily.

Almost one out of three household in the United States is affected by AD. A little over half of the care provided to AD patients is at home; some

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estimates place the care at home closer to 75%. The combination of healthcare expenses and the loss of income of both the patient and the caregiver are approaching \$100 billion nationwide. The average cost per patient from the onset of symptoms is about \$ 174, 000. Over half of thenursingresidents in the United States have AD or some other form of dementia.

The annual cost of caring for an AD patient ranges from \$18, 400 for mild symptoms to \$ 36, 132 for those with advanced symptoms. In addition, the average cost of nursing home care is almost \$58, 000 a year. Medicare and mosthealthinsurance plans do not cover the care of an AD patient since it is considered " custodial care". Caregivers are a subset of the Alzheimer's picture that is often overlooked. Stressand depression are reported frequently among caregivers: depression affects approximately 50% of caregivers, with stress occurring in at least 80%.

Not surprisingly, the emotional, financial, and sometimes physical burden of witnessing a loved one decline mentally and physically is often overwhelming. Support and hope There are several organizations dedicated to educating patients, families, and caregivers about Alzheimer's, providing helpful insights into where to go for help and support. Researchers have been studying the AD brain with all its complexities, since Alois Alzheimer presented his patient in 1907. Scienceis now closer to finding some answers about what may cause AD, and therefore gaining momentum on what may prevent or treat the disease.