

# Social effects of alzheimer's

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



“ What Are the Social Effects of Alzheimer’s Disease? ” The growing epidemic of Alzheimer’s Disease plagues more than 4 million people nationwide, according to the National Institute for Aging. The social and financial costs associated with Alzheimer’s Disease are on the rise with no relief in sight. Alzheimer’s Disease (AD), is the most common form of Dementia. It is an irreversible disease that destroys the brain over a period of time. AD is equivalent to child development in reverse. Scientists have found that AD patients share the abnormal processing and degradation of the beta-amyloid precursor protein.

Scientists have noted that there are 2 changes in the brain cells. That is plaque and tangles. Plaques are made up of a sticky protein called beta amyloid, which builds up into small, sticky clumps in the cortex of the brain, intermingled with the functioning nerve cells. Tangles are made up of tau molecules, which normally form tiny tubes that support the structure of the brain cell. In Alzheimer’s patients, the molecules change shape so that the tubes collapse, causing the cell to shrink and die. It is still unknown how these changes occur.

Alois Alzheimer first identified this disease in 1907. Generally, a person can develop this disease anywhere from 2 to 20 years after the first warning signs appear. Both men and women can become effected by AD. The older person is more likely to have it than the younger person. Rare inherited forms of AD such as Familal AD, can develop in individuals as early as their 30's and 40's. Most people develop it between the ages of 65 and 75 years old. AD has no single cause, but in the last 15 years, scientists have found several risk factors that increase one’s likelihood in developing the disease.

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One of the main risk factors is increasing age. According to the Multi-Institutional Research in Alzheimer's Genetic Epidemiology (MIRAGE) project based at Boston University School of Medicine shows that at all ages a women's risk of the disease is somewhat higher than men's. Scientists also believe genetic predisposition plays a role to some degree. Based upon the MIRAGE project's findings, it was found that people who's both parents had AD had 1.5 times the risk of people with just one affected parent and 5 times the risk of people with 2 unaffected parents.

It was also found that most people with one affected parent do not develop AD themselves. Scientists have also found that genetic mutations on chromosomes 1, 14, 12 and 21 greatly increase the risk of this disease in some families. Specifically chromosome 21 cause AD in people with down syndrome. A gene on chromosomes 12 and 19 play a significant role in late on-set AD, the most common type of AD. Scientists believe that ethnicity and environmental factors play a role in the development in this disease.

It has also been founded that high fat/low fiber diets have been linked to increase the risk of AD, as well as strokes, heart disease, hypertension and diabetes. It is believed that regular, moderate exercise also helps to prevent AD too. In 1998, AD researchers Erasmus University in Rotterdam found that women smokers are 2 times as likely to develop AD and men who smoke have 6 times the risk. More research is needed, as there is still no clear answer to the cause of this disease. There are 7 stages of Alzheimer's Disease.

The first stage is when the patient is cognitively normal. This is when there are no complaints or indication of any memory problems. The second stage is when the patient is very mild and cognitive deficit. In this stage, there is forgetfulness of new names or where they put things such as glasses or keys. The third stage is when the patient has a mild cognitive decline. This is when there is trouble remembering the names of objects and material they just read. The fourth stage is when the patient has a moderate cognitive decline.

This is when the patient gets lost going to familiar places and having difficulty counting and recognizing familiar people. The fifth stage is when the patient has a moderately severe cognitive decline. This is when the patient has early dementia. It is when the patient needs assistance to survive. They forget their address, phone number and where they are. The sixth stage is when the patient has a severe cognitive decline. This is when the patient has middle dementia. In this stage, they forget relatives names but not their own. They have no idea of where they are or what the date is.

They seem nervous and paranoid and usually lash out. Other times they are peaceful. They also lose bladder and bowel control. Finally, in the seventh stage, the patient has a very severe cognitive decline. It is the final stage of dementia. They later cannot feed themselves, and eventually lose the ability to walk and talk. The 10 Warnings signs generally associated with AD are: memory loss, difficulty performing familiar tasks, problems with language, disorientation with regard to time and place, poor or decreased judgment, problems with abstract thinking, misplacing things, changes in mood or

behavior, changes in personality and loss of initiative. A diagnosis of Alzheimer's Disease with 100% accuracy requires an examination of the brain tissue. This is typically done with an autopsy after a person dies. An autopsy of a person with Alzheimer's shows their brains literally tangled and deteriorated. Although a diagnosis of probable Alzheimer's is very accurate without autopsy with a complete physical examination of the patient. The diagnosis of AD is through a process of elimination after all possible causes of the symptoms are ruled out.

Early diagnosis of this horrible disease is very important, as it will give time to the patient to make plans for the care of themselves and their finances. There are no cures for AD. Only 5 prescription drugs to treat AD have been approved by the FDA. Unfortunately, none of these drugs stops the disease itself, but it slows down the process for a limited time and helps control some of the behavioral symptoms. There is no way of preventing AD. There is some indication that antioxidants such as Vitamin E and some anti-inflammatory drugs such as ibuprofen may reduce the risk of starting it.

It is believed that approximately 2-4 million Americans have AD. More than 70% of Alzheimer's sufferers live in their own home and the average out of pocket cost is \$12,500 a year. For Alzheimer's patients in residential care centers or nursing homes, the average cost is \$42,000-\$70,000 per person per year depending upon where they live. The average cost of Alzheimer's care from diagnosis until death is \$174,000. AD is very costly. Most assisted living facilities are self-financed. Unfortunately, most people cannot afford it. VA benefits may be an option for veterans.

Medicare pays for up to 150 days of nursing home care, but AD does not qualify because there is no possibility of rehabilitation. Medicaid is a federal program administered by individual states that pay for long term care. Unfortunately, there are many restrictions and depending upon the state and or the stage of AD, the sufferer is in dictates whether or not they qualify for such a benefit. That is why this is a health crisis facing our nation. The government must be willing to provide more money towards research, and until a cure is found the restrictions of Medicaid must be reorganized to aid those in need.