

The alzheimer disease essay



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" The Alzheimer Disease" 1. Source Article Alzheimer's Association National Office (June 2008) A German physician Alois Alzheimer named Alzheimer's a brain disorder in 1906. This is a fatal brain disease affecting 5 million Americans today. Alzheimer's is the 6th leading cause of death around the world. It is most common term for memory loss. It also causes loss of intellectual abilities. It is a gradual disease that can interfere with daily life.

I get worse over time and can become fatal. 2.) Source Article Psychiatry, Amy " Early Stages of Alzheimers" 1994 Mar 15 Alzheimer's is more than a simple loss of memory. People with Alzheimer's experience difficulty in communication, learning, thinking and reasoning. There are seven warning signs: 1.

Asking the same question over and over 2. Repeating the same story word for word, again and again 3. Forgetting activities that were done with ease 4. Forgetting how to pay bills or balance a check book 5. Getting lost in familiar surroundings 6. Neglecting taking baths or changing into clean clothes 7. Relying on the spouse to answer simple question that were previously answered easily by them.

3.) Source Article Pia, Lorenzo and Conway, Paul M. (Alzheimer's disease) May 2008 Vol. 9 People who have AD show reduction of cerebral haematic flow in the frontal regions of the brain. The person also has deficits of executive functions and extra pyramidal signs. Depression could be interpreted as an adaptive behavior to counter the effects of perceived loss of cognitive abilities. Self awareness in AD could have some common mechanisms with auto - monitoring in schizophrenia. AD is characterized by

the significant reductions of cerebral weight and by cortical atrophy, with the widening of the cerebral sulci and the leveling of the cerebral convolutions.

The most relevant and distinctive lesional patterns are neuronal degeneration, congophilic angiopathy and senile plaques and neurofibrillary degeneration. AD results from multifocal lesions rather than a global generation of the cerebral tissue. The first neuroradiologic examination is usually negative. A confirmed diagnosis is possible only after post mortem examination. A good diagnostic approximation can be reached through neuroradiologic evidence, in the presence of progressive memory deficits, in the absence of consciousness alternations. 4.

Source Article Journal of Psychiatry and Neuroscience (May 2008) Vol 33 Issue 3 Depressive symptoms of varying severity are prevalent in up to 63% of patients with AD. When depression is present it can result in more cognitive decline. Very little is known about the underlying mechanisms of depressive symptoms in the patients. It is likely that depressive symptoms in AD are multifactorial. Abnormalities in the limbic-frontal circuitry have been associated with depressive symptoms in AD patients. Mayberg and colleagues proposed a working model of primary depression that involves 3 interconnected frontal regions.

The dorsal, ventral and rostral cingulated. The dorsal is involved in the cognitive aspects of negative emotion. The ventral may mediate the circadian and vegetative aspects of depression such a disturbed sleep and appetite. The rostral mediates interactions between dorsal and ventral cortical subcortical pathways. .

Source Article Chang, C. L. " Obesity and Alzheimer's Disease Alzheimer's disease accounts for 50%-60% of all patients with dementia. The need for a life course on the approach to understanding the causes of AD was recognized because the consequences and timing of the AD are relevant throughout life. There is increasing evidence that vascular risk factors, such as hypertension, high cholesterol levels and diabetes mellitus are also relevant, which often occur together with obesity.

These two diseases are very common among the elderly. Obesity is believed to increase the risk of AD through the amyloid cascade, leptin deficiency and the release of the B-secretase inhibition, as well as its association with dyslipidaemia and insulin resistance. Midlife obesity is likely to be a risk factor for AD. However the evidence is based on research on western population or American Japanese, making the results difficult to generalize for other ethnic groups. 6. Source Article Bidzan, Leszek " The influence factors of Alzheimer's" Mar 2008 Vol 10 Issue 1 Experts have documented common patterns of symptom progression that occur in many individuals with Alzheimer's disease. Stage 1 No impairment: normal function Stage 2 Very mild cognitive decline: Individuals feel as they have memory lapses, especially in forgetting familiar words or names or the location of keys, eyeglasses or other everyday objects. Stage 3 Mild cognitive decline: Friends and family begin to notice deficiencies.

Problems with the memory can be measured by clinical tests Stage 4 Moderate cognitive decline: Decreased knowledge of recent events and occasions. Impaired ability to perform challenging mental arithmetic. Decreased capacity to perform complex tasks such as planning dinner.

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Reduced memory of personal history. The affected individual may seem subdued and withdrawn. Stage 5 Moderately severe cognitive decline: Not able to give important details about themselves like their address and phone number. Not aware of the day of the week or season of the year.

Needs assistance in choosing clothing. Usually retain information on their own like the names of their spouse or children. Stage 6 Severe Cognitive decline: Lose most awareness of recent experiences and events as well as of their surroundings. Occasionally forget the name of their spouse or primary caregiver but generally can distinguish familiar faces. Stage 7 Very Severe cognitive declines: Frequently individuals lose their capacity for recognizable speech, although words or phrases may occasionally be uttered. Individuals need help with eating and toileting and there is general incontinence of urine.

Individuals need assistance in walking. Swallowing is also impaired. 7. Source Article Hazell, Alan and Alan, S " Neurotoxicity Research" 2008 Vol 13 Alzheimer's disease leads to nerve cell death and tissue loss throughout the brain. Over time, the brain shrinks dramatically, affecting nearly all its functions. The cortex shrivels up, damaging areas involved in thinking, planning and remembering. The shrinking is severe in the hippocampus, an area of the cortex that plays a key role in formation of new memories.

Plaques, abnormal clusters of protein fragments, build up between nerve cells. The plaques may activate immune system cells that trigger inflammation and devour disabled cells. Plaques and tangles tend to spread through the cortex in a predictable pattern as Alzheimer's progresses. The

rate of progression varies greatly. People with Alzheimer's live an average of 8 years.

But some people may survive up to 20 years. Earliest Alzheimer's changes may begin 20 years or more before the diagnosis. Mild to moderate Alzheimer's generally last from 2 to 10 years. Severe Alzheimer's may last from 1 to 5 years. 8. Source Article Patterson, Christopher and Feightner, John " Diagnosis of the disease Alzheimer's" Feb 26, 2008 Vol 168 Issue 5 10 warning signs of Alzheimer's .) Memory Loss 2.

) Difficulty performing familiar tasks 3.) Problems with Language 4.) Disorientation to time and place 5.) Poor or decreased Judgment 6.) Problems with abstract thinking 7.

) Misplacing things 8.) Changes in mood and behavior 9.) Changes in personality 10.) Loss of Initiative Source 9 Article Chertkow, Howard " Diagnosis and Treatment of Alzheimer's" Jan 2008 Vol 178 The U. S. Food and Drug Administration have approved two types of medications to treat cognitive symptoms of Alzheimer's disease.

The two drugs affect the activity of two different chemicals involved in carrying messages between the brain's nerve cells. 1.) Cholinesterase inhibitors prevent the breakdown of acetylcholine a chemical messenger important for learning and memory. This drug support communication among nerve cells by keeping acetylcholine levels high.

It delay worsening symptoms for 6 to 12 months for about half the people who take them The three drugs commonly contain cholinesterase inhibitors

are Donepezil, Rivastigmine and Galantamine. . 0 Memantine (Namenda) works to regulating the activity of glutamate, a different messenger chemical involve in learning and memory. This drug was approved back in 2003 for treatment of mederat to severe Alzheimer's disease.

Temporarily delays worsening of symptoms for some people. Many experts consider its degree of benefit is similar to the cholinesterase inhibitors. The drugs containing memantine are doneprzil, galantamine, memantine, rivastigimine and tacrine. Vitamin E is sometimes prescribed to treat Alzheimer's disease. Studies showed that vitamin E slightly delayed loss of ability to carry out daily activities and placement in residential care.

Scientists think vitamin E may help because it is an antioxidant, a substance that may protect nerve cells from certain kinds of chemical wear and tear.

10.) Source Article Smits, Carolien H and De Lange, Jacomine " Effects of people with Alzheimer's on their Care Givers" Dec 2007 Vol 22 Issue 12 100 care givers of Alzheimer's patients were given a self-administered survey.

Social activities such as visiting friends and family were found to be limited due to the responsibilities associated with caring for an Alzheimer's patient. Carer's sleep was also affected by their care giving duties. 65% reported restless sleep most of the time and 14 per cent all of the time. 78% of th4e women test said they go through occasional depression. 22% of the men reported depression all the time. Feeling depressed and reporting restless was found to be closely linked.

79% reported restless sleep and also having depression.