

Case study of alzheimer's disease



My first administrative position in mental health was working on a Geriatric Psychiatric unit of the local hospital. Many of the patients were elderly patients with Alzheimer's. This was my first experience with Alzheimer's disease and the effects it has on their families. " Alzheimer's is the most common type of dementia and is incurable, degenerative, and terminal" (Wikipedia) . Symptoms of Alzheimer's begin slowly and become worse until they interfere with daily life and patients are unable to even carry on conversations. Families become caregivers for their loved ones who don't know who they are any more. The prognosis is not good for patients afflicted with this type of dementia but researchers continue to look for new treatments and possible preventions. A few of the Alzheimer's patients I worked with on the Geriatric unit are very memorable. There was a gentleman who was in the moderate to severe stage of the disease. His job for most of his life was that of a hospital administrator. My office door was always open and some patients would wonder in time and again. My office must have triggered something in him because he would come in and need to sign papers. He would sit in my office for hours and sign papers. Another patient was a woman who had 12 children. She was always wondering the unit looking for her babies. The nurses bought her a baby doll and she carried it everywhere and it also calmed her down. Another aspect of Alzheimer's is " sundowners syndrome". Many of the Alzheimer's patients would start to get agitated between 4: 00 and 5: 00 p. m. They would become more aggressive, oppositional and agitated. " Sundowners syndrome is an increased time of memory loss, confusion, agitation, and even anger. For family members who care for Alzheimer's patients, witnessing an increase in their loved one's symptoms of dementia at sunset

can be nothing short of troubling, if not also painful, frightening, and exhausting” (Sundowners Syndrome). Alzheimer’s is not a new disease. “ Alzheimer’s was first described by German psychiatrist and neuropathologist Alois Alzheimer in 1906. In 1901, Alzheimer observed a patient at the Frankfurt Asylum named Mrs. Auguste Deter. The 51-year-old patient had strange behavioral symptoms, including a loss of short-term memory. This patient would become his obsession over the coming years. In April 1906, Mrs. Deter died and Alzheimer had the patient records and the brain brought to Munich where he was working at Kraepelin’s lab. Together with two Italian physicians, he would use the staining techniques to identify amyloid plaques and neurofibrillary tangles” (Wikipedia). “ Amyloid plaques are extracellular deposits that consist of a dense core of a protein known as B-amyloid, surrounded by degenerating axons and dendrites, along with activated microglia and reactive astrocytes, cells that are involved in destruction of damaged cells. Neurofibrillary tangles consist of dying neurons that contain intracellular accumulations of twisted filaments of hyperphosphorylated tau protein” (Carlson, 2008). These abnormal structures are also found in brains of patients with Down syndrome. Unlike Down syndrome, Alzheimer’s is a progressive degenerative disease that gradually destroys a person’s memory and daily functioning. Currently Alzheimer’s is diagnosed by symptoms, and only confirmed by brain examination after death. There are warning signs of Alzheimer’s disease that include memory loss that disrupts daily life.

Challenges in planning or solving problems when there were no problems before. Difficulty completing familiar tasks or leisure activities they a person used to do. Confusion with time and place, which is what most people know about Alzheimer’s. This is when family members forget where they are going

or days of activities. Trouble understanding visual images and spatial relationships or new problems with words speaking or writing. Misplacing things and the inability to retrace steps. Decreased or poor judgment and withdrawal from work and social activities. Changes in mood and personality, which is another warning sign that most people are also familiar with from media, etc. Grandma turns from sweet to irritable (Stages and Warning Signs of Alzheimer's). The Alzheimer's Association is a strong national organization that supports and funds Alzheimer's research. Their website has a vast amount of information on symptoms, treatment, prevention and research of this disease. Taken from their website there are seven stages of Alzheimer's. They include: Stage 1 where there is no impairment. Stage 2 there is very mild decline. Stage three there is mild decline. Stage four there is moderate decline. Stage five there is moderately severe decline and stage six and stage seven there is severe decline and very severe decline (Stages and Warning Signs of Alzheimer's). The current major treatment for Alzheimer's is medication management and each stage of Alzheimer's requires a different medication. Mild to moderate Alzheimer's is treated with cholinesterase inhibitors. These types of medications are prescribed because they may help delay or prevent the symptoms from becoming worse for a time and also help manage behaviors. " The medications include: Razadyne (galantamine), Exelon (rivastigmine), and Aricept (donepezil). Another drug, Cognex (tacrine), was the first approved cholinesterase inhibitor but is rarely prescribed today due to safety concerns" (Alzheimer's Disease Medications Fact Sheet, 2010). Most people have heard of Aricept because is used often and advertised on the media more so than others. Moderate to severe Alzheimer's is treated with a drug that regulates glutamate, an important

brain chemical. The medication known as Namenda (memantine), an N-methyl D-aspartate (NMDA) antagonist. Aricept has also been approved by the FDA to treat moderate to severe Alzheimer's. These drugs main effect is to delay progression of some of the symptoms and they may allow patients to maintain certain daily functions a little longer than they would without the medication. The medication may help a patient in the later stages of the disease maintain his or her ability to use the bathroom independently for several more months, a benefit for both patients and caregivers (Alzheimer's Disease Medications Fact Sheet, 2010). There is research going on to provide diagnosis by a simple blood test, this was reported by American researchers just last month. Also, other researchers have shown spinal fluid tests, which require a spinal tap, can detect early changes that signal the onset of Alzheimer's. " Imaging companies such as privately held Avid Radiopharmaceuticals, General Electric's GE Healthcare and Germany's Bayer are racing to finish clinical trials on new agents that can make brain lesions called plaques visible on positron emission tomography or PET scanners" (Anonymous, 2010). Researchers also are looking at any possible prevention or slow down of the disease. " Currently at Rush University is leading a nationwide clinical trial of a nutritional drink to determine whether it can improve cognitive performance in people with mild to moderate Alzheimer's. The study follows recently released results from an earlier trial conducted in Europe showing that the drink, called Souvenaid, improved verbal recall in people with mild disease who were followed for three months" (Anonymous., 2010). Alzheimer's affects approximately 10 percent of the population above the age of 65 and almost 50 percent of people over the age of 85 years (Carlson, 2008). The number of Americans age 65 and

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older who have this condition will increase from the 5.1 million today to 13.5 million by mid-century. A recent report from the Alzheimer's Association states that the cost of Alzheimer's to the United States will be \$20 trillion over the next 40 years. "Changing the Trajectory of Alzheimer's Disease: A National Imperative shows that in the absence of disease-modifying treatments, the cumulative costs of care for people with Alzheimer's from 2010 to 2050 will exceed \$20 trillion, in today's dollars" (Report: Alzheimer's disease to cost United States \$20 trillion over next 40 years, 2010). Statistics taken from the Alzheimer's Association break it down as follows; "Alzheimer's disease costs business \$24.6 billion in health care. In the US 7 out of 10 people with Alzheimer's live at home where 75% of costs are absorbed by the family. The remaining 25% of care costs cost an average \$19,000 a year. It is estimated that Alzheimer's caregivers cost business \$36.5 billion. This includes the costs of absenteeism and lost productivity. The average cost of a nursing home in the US is \$42,000 a year. However in some areas those costs can be at least \$70,000. Medicare costs for beneficiaries with Alzheimer's disease were \$91 billion in 2005. Medicare costs are expected to increase by 75% to \$160 billion in 2010. Medicaid expenditures on residential dementia care were \$21 billion in 2005. These costs are estimated to rise by 14% to \$24 billion in 2010" (Kennard, 2010). The stress of caregivers for loved ones with Alzheimer's is high. The frustration and challenges of caring for an adult who no longer complies with reasonable requests is a daily consequence of a loved one with Alzheimer's. There are many support groups and resources for caregivers. Some tips for managing an Alzheimer's patient is to have patience, be flexible, reduce frustration, reduce choices, reduce distractions to create a safe environment

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(Research, 1998-2010). Patience and flexibility are easy to figure out.

Patience because a patient with Alzheimer's will be oppositional at times, will not know their caregiver at times as well as not remember family members.

The Alzheimer patient's mood and reactions to daily tasks will change sometimes daily as the disease progresses. Flexibility with caring for

Alzheimer's patients is tied into their changing needs and abilities from day to day. Reducing frustration, choices and distractions would be like raising a

toddler. Not too many choices or distractions for them to be overwhelmed

with. A safe environment is pretty clear and we hear about Alzheimer's

patients wandering off reported on the news more often. Alzheimer's

patients who have been left in an unsecured house or got into a unlocked

car. Doors should always be locked so the Alzheimer's patient is unable open

or figure out how to open. The car is easy to figure out, keep it locked! Take

the car keys are keep them on you or hidden. There was a poem on the

Geriatric unit wall where I worked. The author is unknown and it is taken

from Coach Frank Broyles ' Playbook for Alzheimer's Caregivers'. The poem

is a good reminder of what Alzheimer's is all about and a good conclusion to

this report. Do not ask me to remember. Don't try to make me understand.

Let me rest and know you're with me. Kiss my cheek and hold my hand. I'm

confused beyond your concept. I am sad and sick and lost. All I know is that I

need you, to be with me at all cost. Do not lose your patience with me. Do

not scold or curse or cry. I can't help the way I'm acting, can't be different

though I try. Just remember that I need you, that the best of me is gone.

Please don't fail to stand beside me, love me till my life is done.