

## Alzheimer's SOS – Introduction



Welcome to the inaugural column for *Alzheimer's SOS*.

It is co-written by Pamela Tronetti, DO, medical director of the Parrish Senior Consultation Center, and Janet Rooks, dementia care specialist and director of Parrish Senior Solutions. *Alzheimer's SOS* will tackle common concerns ranging from how to deal with the initial diagnosis to making end-of-life decisions.

Over the years, our team noticed that the same questions keep popping up from families who are coping (or not coping) with all the responsibilities that come with caregiving. This column will present common scenarios and give advice based on the latest expert recommendations, our own experience, common sense, and tough love.

It's estimated that more than 43 million Americans are caregivers. Even if you are not a caregiver, chances are that you have a friend, acquaintance, relative, or coworker who is, and you can share this information with them.

***Alzheimer's SOS:*** *One of the first questions families ask is usually something like: "My father was told that he has dementia. What's the difference between dementia and Alzheimer's? Which one is worse?"*

Dementia is the umbrella term for any disease that causes memory loss, personality changes, impaired judgement, and ultimately robs people of the ability to make decisions and remain independent. There are more than 50 types of dementia with Alzheimer's dementia being the most common, accounting for at least 60 percent of all dementia diagnoses.

Simply put, the cause of Alzheimer's disease seems to be related to proteins known as beta amyloid and tau. The beta amyloid clumps together into "plaques" and disrupts the normal connections between the neurons. Tau proteins form abnormal "tangles," further harming the communication.

Vascular dementia, also known as multi-infarct dementia, is responsible for about 30 percent of all dementia diagnoses. As its name implies, it is caused by multiple small strokes which cause damage and disruption to the deep parts of the brain. These strokes cause "gaps" where different memories and abilities used to reside.

Lewy body dementia often looks like a combination of Alzheimer's disease and Parkinson's disease. The patients often have a stiff "Parkinson's walk" (small steps and no arm swing), an emotionless facial expression, and a tremor. Visual hallucinations, abnormally low blood pressure, and fainting are common.

Frontotemporal dementia affects judgment and personality more than memory. The patient may be able to pass a memory test with ease but they indulge in dangerous, risky, or socially inappropriate behaviors.

Some less familiar types of dementia include primary progressive aphasia, where brain damage results in the inability to use or comprehend words; normal pressure hydrocephalus, or increased fluid on the brain; and cerebral amyloid angiopathy, where proteins build up in brain arteries.

Every dementia is similar and yet each is unique. Some cause a slow, steady decline for years and others cause rapid deterioration over months. Some have hallmark symptoms like paranoia or language difficulty.

So, today's *Smooth Sailing Tip* is that it is crucial to get an accurate diagnosis of the type of dementia and start treatment early.