FORWARD

Because of the increasing problem of Alzheimer’s disease within a rapidly expanding senior adult population in the country, Hearth Management and its expanding group of premier senior living communities believe that it is important to provide the public with a comprehensive overview on this subject.

In that regard, we have looked to a variety of authoritative resources to access and provide the latest and most complete information about Alzheimer’s that is available. The result is this booklet that we trust will assist seniors and their families to better understand this disease and therefore better cope with its impact on their lives.

It is hoped that this booklet will assist interested parties in identifying the signs, symptoms, causes, and risk factors of Alzheimer’s disease.

WHAT IS ALZHEIMER’S DISEASE?

Alzheimer’s disease is a progressive brain disorder that affects millions of Americans. Because our population is aging, the number of people affected is increasing rapidly. Scientific researchers have made huge strides in understanding Alzheimer’s, thereby raising strong hope that effective treatments, and possibly even a cure, are now within reach.

Alzheimer’s is the most common form of dementia, a group of disorders that impairs mental functioning. Dementia is defined by a decreased loss of mental function in two or more areas that interfere with daily life. This includes short term memory loss and/or decreased rational concrete thinking. At the moment, Alzheimer’s is progressive and irreversible. Abnormal changes in the brain worsen over time, eventually interfering with many aspects of brain function. Memory loss is one of the earliest symptoms, along with a gradual decline of cognitive functions. These cognitive functions can include changes in personality or behavior.

Alzheimer’s disease advances in stages, progressing from mild forgetfulness to a widespread loss of mental and physical abilities. In
advanced Alzheimer’s, people become dependent on others for every aspect of their care. The time course of the disease varies by individual, ranging from five to twenty years. The most common cause of death is a secondary infection. An example of this would be if a person is in the advanced stages of Alzheimer’s, they may not be able to swallow therefore aspiration could cause pneumonia.

**WHAT CAUSES ALZHEIMER’S?**

Scientists have made significant progress in understanding the possible causes of Alzheimer’s disease, but many questions remain. It is likely that many factors exist, both inherited and environmental. There are many variables, therefore this disease is not fully understood.

In addition to investigating what might trigger Alzheimer’s in some people, scientists have identified a number of brain changes that are associated with Alzheimer’s. These include the characteristic plaques and tangles around and inside nerve cells that were first described by the German physician Alois Alzheimer in 1906.

**WHAT HAPPENS TO THE BRAIN IN ALZHEIMER’S?**

The progressive loss of cognitive function in Alzheimer’s disease is accompanied by pathologic (disease-associated) changes in the brain. One of these changes is the formation of plaques sometimes described as tiny “brillo pads” in the space between nerve cells. The plaques are comprised of a brain protein called beta amyloid. Another protein, called tau, which normally channels chemical messages inside nerve cells, deforms and collapses into neurofibrillary tangles like twisted bits of thread inside nerve cells.

As the disease progresses, nerve cells in several brain areas shrink and die, including cells that normally produce critical neurotransmitters, the chemical messengers that relay brain signals from one nerve cell (neuron).
to another. Acetylcholine is a neurotransmitter that is deficient in people with Alzheimer’s. As nerve cells continue to die, the brain itself shrinks. In some cases a brain with Alzheimer’s can actually be 1/3 the size of a nonafflicted brain.

Today, it is estimated that about five million Americans suffer from Alzheimer’s disease, and about 360,000 people are newly diagnosed every year. Alzheimer’s affects about 10 percent of people ages 65 and up, and the prevalence doubles roughly every 10 years after age 65. Half of the population aged 85 and up may have Alzheimer’s.

Because the population of the U.S. is aging, the number of people with Alzheimer’s will continue to rise unless something can be done to stem the rise. At current rates, experts believe that as many as 16 million Americans will have the disease by the year 2050.

The financial cost of caring for someone with Alzheimer’s disease can be overwhelming and is estimated to be about $50,000 per year in direct medical expenses. Multiplied by five million (the estimated number of people with Alzheimer’s), total direct costs in the U.S. exceed $250 billion per year. When indirect costs such as lost wages and decreased

WHO IS AFFECTED?
productivity of sufferers and their caregivers are included, the annual costs of Alzheimer’s disease rise astronomically high enough to potentially bankrupt the nation’s entire healthcare system.

WHAT ARE THE RISK FACTORS FOR ALZHEIMER’S?

Two proven risk factors for Alzheimer’s disease are age and family history. The disease usually develops after age 65, and risk increases with advancing age. Having a family member with Alzheimer’s increases one’s risk, particularly if the relative has the early-onset form of the disease (beginning before age 65). However, half of people with the far more common late-onset form have no family history.

Many nongenetic, so-called “environmental”, factors may also increase one’s risk, and a great deal of research is aimed at understanding these factors. Examples including a former serious head injury, levels of formal education, and socioeconomic status but, scientists are not sure why or how these things interact to produce the disease in some people, but not in others. There is recent evidence that one’s environment and experiences early in life may also play a role in the eventual development of Alzheimer’s. Research is ongoing to try to solve these mysteries.

WHY IS IT IMPORTANT TO SEEK A MEDICAL DIAGNOSIS?

It is important to seek a doctor’s diagnosis as soon as possible. There are treatable conditions that can mimic Alzheimer’s symptoms, and other possible reasons for symptoms must be investigated thoroughly to determine the true cause. In addition, treatments currently available for Alzheimer’s, while limited in their effectiveness and in the number of people they help, have the best chance of working when begun early in the disease.

Prompt diagnosis also enables people and families to take immediate action to prepare for worsening symptoms and make appropriate plans
for the future. These plans should include drafting paperwork for a power of attorney, wills, and advanced directives (to include health care proxies, living wills, “do not resuscitate” orders or MOLST forms).

HOW IS ALZHEIMER’S DIAGNOSED?

There is currently no single test that accurately diagnoses Alzheimer’s disease, so doctors use a variety of assessments and laboratory measurements to make a diagnosis. It is imperative for the doctor to obtain a complete family history as well as a complete medical history. Doctors focus on ruling out all other possible causes of symptoms, which might include reactions to medications, electrolyte imbalances, other illnesses or psychological issues such as depression. A diagnosis is said to be either possible (not all other causes can be ruled out) or probable (all other causes have been ruled out). A definitive diagnosis of Alzheimer’s is possible only by examining brain tissue after death.

In specialized research and diagnostic facilities, such as the Alzheimer’s disease centers supported by the National Institute on Aging, Alzheimer’s can be diagnosed with 80 percent to 90 percent accuracy.

CONTINUING CARE

Alzheimer’s disease is a chronic illness; its course may range from a few years up to 20 years. Symptoms are progressive, which means that each stage of the illness will require different levels of care. Moreover, each person is affected differently at each stage. In final stages, the person with Alzheimer’s requires complete care 24 hours a day, seven days a week. No single person can manage all this care all the time.

Fortunately, there is help. A fast growing network of social, medical, and continuing care services are available to help the person with Alzheimer’s, and their caregiver(s) get the best care possible at each step along this difficult journey. The important thing is to be able to access and use this network to its best advantage.
Memory loss, confusion and disorientation are not part of the normal aging process nor are they signs of that proverbial old age. They are symptoms of an illness. Alzheimer’s disease is the most common form of dementia. Early stages require some supervision that may last for two to four years. The 10 most common early warning signs are:

1. Recent memory loss that affects job skills
2. Difficulty performing familiar tasks
3. Problems with language
4. Disorientation of time and place
5. Poor or decreased judgment
6. Problems with abstract thinking
7. Misplacing things
8. Changes in mood or behavior
9. Changes in personality
10. Loss of initiative

MID-STAGE REQUIRES SUPERVISION WITH EVERYDAY TASKS

1. Major confusion
2. Severe decline in memory, retention and recall
3. Aimless wandering
4. Possible aggressive behavior-acting out
5. Possible prolonged agitation
6. Loss of and/or hides possessions
7. Decline in health and personal hygiene
8. Possible paranoia
9. Possible hallucinations
10. Begin showing signs of incontinence
11. Restlessness
12. Perceptual motor problems
1. Becomes completely incontinent
2. Exhibits severe motor difficulty
3. Exhibits somnolence - drowsiness
4. Responds scarcely to stimuli
5. Susceptible to infections and injury
6. Shows a significant loss in weight
7. The swallowing reflex ceases

ALZHEIMER’S DISEASE CAREGIVER STRESS INDICATORS

Too much stress can be damaging to both you and the person you are caring for. The following stress indicators experienced frequently or simultaneously, can lead to more serious health problems. Learn to recognize signs of stress in yourself. Taking care of yourself will help you be a better caregiver. Allow yourself time for your emotions and realize you are not alone. There is information available on support groups through your local Alzheimer’s association.

1. Denial about the disease and its effect on the person diagnosed.
2. Anger at the person with Alzheimer’s or others; angry that few treatments and no cure currently exist and that people don’t understand what’s going on.
3. Social withdrawal from friends and activities that brought pleasure.
4. Anxiety about facing another day and what the future holds.
5. Depression begins to break your spirit and affects ability to cope.
6. Exhaustion makes it impossible to complete necessary daily tasks.
7. Sleeplessness caused by a never-ending list of concerns.
8. Irritability leads to moodiness and triggers negative responses and reactions.
9. Lack of concentration makes it difficult to perform familiar tasks.
10. Health problems begin to take their toll both mentally and physically.
When an individual with Alzheimer’s disease can no longer live independently at home, and family and friends can no longer provide the assistance their loved one needs, choosing the most appropriate level of care can be a difficult and stressful task. When making this selection, an assisted living community may be a viable solution.

Assisted living communities for people with Alzheimer’s disease have special care units for focused and secure care. These units are staffed with individuals who are specially trained to work with people who have Alzheimer’s. As such, the environment is designed to be very safe and comfortable, and the activities are designed to benefit the person with Alzheimer’s.

These Alzheimer’s special care units can differ in the level of care they provide along the continuum of the disease. For instance, some assisted living communities will accept people with Alzheimer’s and care for them through all stages of the disease.
WHAT TO LOOK FOR IN AN ALZHEIMER’S COMMUNITY

Here is a checklist of items to review when considering care for an individual with Alzheimer’s in an assisted living community of this nature.

- Do they have a structured routine for residents?
- Time the staff takes to gather specifics about your loved one.
- Was interest expressed in your loved one’s lifestyle?
- Do you feel that the staff will cater to your loved one’s needs?
- Are community surroundings comfortable, familiar and safe?
- What is done to ensure safety of residents?
- Does the staff seem to be warm and compassionate?
- Identify activities that reflect the routines in which residents participate.
- Do activities help people succeed at familiar tasks?
- Do they offer diverse and individual activity programming with emphasis on mind stimulating activities?
- What is offered for outdoor activities?
- Do they have secured walking paths?
- Do they have waist-high gardening boxes for residents?
- Identify staff’s ability to deal with difficult situations.
- How does the community handle resident wandering?
- Do the other residents look happy, groomed and well cared for?
We are an expanding group of professionally operated, warm and inviting assisted living communities. All of our communities provide special care and assistance to individuals with Alzheimer’s disease and dementia with a capable professional staff dedicated to our residents and their family members.

Please contact us for more information regarding Alzheimer’s disease and the services that we provide. We are always ready to serve and appreciate your interest in our communities.