

BRACE

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FAQ

1. Is Alzheimer's the same thing as dementia?

Alzheimer's disease is the most common form of a group of related illnesses known as Dementia. You may hear it described as a degenerative condition - meaning that the normal functioning of the brain is gradually being reduced.

There are several other degenerative conditions that affect the brain; Lewy body disease, Creutzfeldt-Jacob disease, Pick's Disease / Frontal Lobe Dementia, Vascular dementia / Multi-infarct dementia, Huntington's Chorea and Parkinson's disease. Each one has its own signs and symptoms.

2. What happens to someone with Alzheimer's disease?

The condition causes the sufferer to experience an increasing loss of memory and feelings of confusion. Their family often notice changes in personality and mood, amongst other symptoms. The illness can cause the person to deteriorate into a total physical decline.

3. What happens to the brain in Alzheimer's disease?

Our brains are responsible for everything we do, think or feel and it keeps all this functioning by passing messages to different areas of our brain responsible for different things. The message is sent along networks of brain cells via chemical messengers. If these networks get blocked, the messengers can't get through to deliver their instructions and the brain gradually stops working properly.

In Alzheimer's disease the blockages are caused by things called plaques and tangles that slowly develop. Plaques look like disc-like collections of debris around a central core of a protein called amyloid and tangles are bundles of abnormal fibre-like material (called tau) that look like balls of string.

As more and more of these plaques and tangles develop they cause brain cells to die and the brain to become smaller than normal.

4. What causes Alzheimer's disease?

It is now clear that there is no single cause of Alzheimer's disease but whatever causes the disease in each person, the outcome is the same - progressive decline of brain function.

The following have been suggested as possible causes: environmental pollution, viruses, aluminium, heredity, repeated head injury (e.g. boxing) or even too little use of the brain. Indeed, all of them could contribute to progression of the disease but not all will occur in

every case.

The two strongest risk factors for developing the disease are age and having a close relative who is affected. This has led to an increase in the number of research programmes examining the genetic background of sufferers. However, it is still not possible to absolutely predict who will develop Alzheimer's disease, even if a family member has already been a sufferer.

5. How do you know if you or someone you know is developing a problem?

There are no hard and fast rules here, and it also depends how good you were at some things in the first place, but some of the warning signs that there may be a problem could be:

- Recent memory loss that affects daily life such as forgetting work meetings or names and telephone numbers and then not remembering them later
- Forgetting how to do simple everyday tasks such as setting the table
- Problems with language such as forgetting the meaning of simple words or using them inappropriately
- Becoming confused in familiar surroundings or losing a sense of time
- Difficulty in calculating numbers, handling money or thinking conceptually
- Placing items in the wrong places such as the iron in the freezer and then being unable to find them again
- Rapid, unexplained mood swings
- Changes in the person's normal responsibility
- Becoming passive or reluctant to get involved in activities

It is important to realise that these behavioural changes may occur in other forms of dementia that may be treatable by the doctor such as an infection, anaemia, or thyroid problems or which have a different cause such as excessive alcohol consumption. If you, or someone you know is experiencing any of these symptoms, please see a doctor for a proper diagnosis and help.

6. Why is diagnosis so important?

A proper medical assessment of someone who appears to be developing the symptoms of dementia is required because:

- The cause of the person's problems may be treatable.
- It means that appropriate care and advice can be given to the person, including treatment with one of the four drugs currently licensed for treating Alzheimer's disease. The earlier a diagnosis is made, the more effective the treatment.

- It allows access to support services geared to the person with dementia and their carers.
- It allows the sufferer and their family to make plans for the future.

7. What drugs are available to treat Alzheimer's disease?

Unfortunately none of the current drugs is a cure for dementia but they can temporarily slow down the progress of the symptoms of the disease. All these drugs have to be prescribed by consultant therefore it is necessary for the GP to refer a patient to a specialist for assessment for treatment on the NHS. Private prescriptions can be obtained through a consultant, GP or private hospital but the costs are very high and a proper assessment of the person should still be made.

There are four drugs available for use in Alzheimer's disease: Aricept, Exelon and Reminyl are used in people with mild to moderate disease and Ebixa is used for people in the middle to late stages of the disease.

Aricept, Exelon and Reminyl all work in a similar way - by preventing the breakdown of the chemical messenger acetylcholine which is less abundant in Alzheimer's disease. This allows better communication between undamaged brain cells and temporarily stabilises or improves brain function. However, they don't work for everyone and one drug may suit an individual more than another.

Ebixa works in a different way by modulating the levels of certain molecules responsible for the memory and learning processes in the brain.