



Beyond 'Senior Moments'... Diagnosing and Preventing Alzheimer's *By Darry Johnson, MD*

Alois Alzheimer, a German physician, described a woman with worsening short-term memory, difficulty with common tasks and paranoia toward her family. This was in 1906. Since that time, millions of dollars have been allocated to combat this disease which affects between five and six million Americans. In fact, it is considered a national health care emergency. One in ten Americans over the age of 65 and nearly one out of two over the age of 85 has Alzheimer's disease.

The symptoms of Alzheimer's are not identical for everyone. The disease is often missed early in its course being mistaken for "senior moments." While it is true that we all have memory lapses as we age, the changes seen with Alzheimer's are pervasive. Early on, patients can be diagnosed with mild depression and often lose interest in activities they used to enjoy. Changes in routine become obstacles. With time, patients will often repeat themselves or ask their spouses or friends to repeat themselves because they forgot what was told to them.

Short-term memory is affected before long-term. Later, names of familiar people and details of important events can be easily forgotten. In some, but not all patients, behavior can be affected ranging from depression and apathy to extreme paranoia and agitation. As

the disease advances, some patients may wander away from home, get lost while driving to routine places, leave on the stove or other dangerous scenarios. Patients start losing words and vocabulary and stay away from large groups of people. They prefer home and routine over going out or visiting friends and family.

Diagnosing this disease is often challenging but very important early on in the disease course. There are a limited number of medications that can help slow (but not cure) disease progression and perhaps help with the psychiatric aspects. In addition, early detection can help with financial planning, guardianship issues, living arrangements and relief that a diagnosis exists.

There is much misinformation about Alzheimer's disease. Aluminum cookware does NOT increase one's chance, however real risks include having a first degree relative with the disease, being female, multiple head traumas/concussions (as seen with former NFL players) and, most significantly, age although Alzheimer's disease is not a normal part of aging. Other cases can be tied to vascular disease/multiple strokes, advanced Parkinson's disease or multiple sclerosis and rare disorders.

What can be done to offset the chances of getting the disease? After much research, it appears that physical exercise is the number one preventive strategy. Thirty minutes of aerobic-type activity daily such as a very brisk walk, swim, bicycle ride, jog or hike is recommended. Periodic mental status screenings are also a good idea for anyone over the age of 65. Keep moving, stay physically and mentally active and avoid two brain drains: too much daytime napping and television watching.

Finally, find a physician/provider you can trust to form the neurologic trinity of care: patient/caregiver/provider. By 2050, it is expected that there will be 30 million Alzheimer's patients in this country alone. If you have a loved one with the symptoms listed above, seek a diagnosis and don't blame it on old age.



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