FAQ

Alzheimer's Disease

Frequently asked questions about Alzheimer's disease

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1. What is Alzheimer's disease?[1,2]

Alzheimer's disease (AD) is the most common form of dementia, responsible for 50–75% of all cases. AD gradually affects the brain, causing issues with memory, thinking, language and behaviour. As it progresses, AD can also bring changes in mood and a reduced ability to manage day-to-day tasks.

2. What are the causes of Alzheimer's disease?[2,3]

The exact cause of AD is unknown, but it's linked to the harmful buildup of protein material in the brain (especially two proteins called amyloid and tau). The risk of developing AD is influenced by age, genetics, environment, and lifestyle factors.

Age plays a major role in the development of AD; the older a person is, the higher the risk. While rare, young adults can also develop AD. About one in ten cases of AD occurs in people who are below the age of 65 years, and this is referred to as early-onset AD.

The brain changes leading to AD begin many years before symptoms appear. A healthy lifestyle is linked to a lower risk of AD and other types of dementia.

3. How common is Alzheimer's disease?[4-6]

AD, along with other forms of dementia, is becoming more common worldwide. As of 2021, about 57 million people were living with dementia worldwide. The total number of people living with dementia is expected to reach 139 million by 2050, with the largest increase occurring in low- and middle-income countries.

The actual figures might be even higher because some cases are not diagnosed correctly or are overlooked altogether. This means more people are likely affected by AD than current estimates suggest.

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4. What are the symptoms and signs of Alzheimer's disease?[7-10]

AD symptoms fall into three main categories: cognitive, functional, and neuropsychiatric symptoms. The symptoms of AD tend to worsen gradually over time, but how quickly this happens varies from person to person.

The main area of cognition that is impaired during AD is memory, with additional changes to language, attention, executive functions, and visuospatial function. AD usually begins with forgetfulness in everyday matters, such as getting lost, losing everyday items, repetitive conversations, or forgetting names. It can also affect the ability to understand and use words. Concentrating and decision-making become challenging, and there may be difficulties recognizing familiar things or navigating both familiar and unfamiliar places.

As AD progresses, everyday tasks become harder to carry out. These are referred to as the functional symptoms of AD. Daily tasks like driving, cooking, dressing, and managing finances become increasingly difficult, with an impact on the person with AD and a significant burden on caregivers.

Neuropsychiatric symptoms (NPS), refer to mental and emotional aspects, such as apathy, depression or agitation. Most people with AD have NPS at some point in their illness. These symptoms are associated with a lower quality of life, an earlier need for advanced care, a faster decline in thinking abilities, and increased stress for caregivers.

5. How is Alzheimer's disease diagnosed?[11]

Although the diagnostic journey for an individual with AD differs around the world, in many countries, the first step involves a visit to the primary care doctor. They may then refer the person with symptoms to a memory assessment service. These specialist services may be led by a neurologist, psychiatrist, geriatrician, or specialist nurse. For diagnosis, they will typically ask about the signs and symptoms of

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concern from the individual with cognitive symptoms, or from their family / friends.

In the process of determining whether someone has AD, the doctor may:

1. Ask about the person's medical history and talk to someone close for additional information.
2. Check how well the memory, daily activities, behaviour, and mental state are working, usually with some standardized memory tests.
3. Perform a physical check-up and run blood tests to rule out other health issues that might affect cognitive function. The physician will also review medications to see if they could be affecting cognition.
4. Use certain tests, like brain scans, specialist blood tests, or spinal fluid checks, to look for signs of AD and rule out other causes.

6. What treatment options are available for Alzheimer's disease?[12-16]

Managing AD involves coordination between the doctor, the person living with AD, caregivers, and other health and social care professionals. It's a step-by-step process that needs a group effort. Because AD gets worse over time, the person's treatment plan must be kept up to date to address new issues. Doctors may prescribe medications, and non-drug interventions, such as psychosocial interventions, based on the individual's needs.

Symptomatic treatments are widely available in many countries. New disease-modifying therapies are becoming available in certain parts of the world. Symptomatic treatments aim to reduce the neuropsychiatric, functional, and cognitive symptoms. New disease-modifying therapies may help slow down the progression of the disease itself.

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Current disease-modifying treatments are not suitable for everyone.

Psychosocial interventions for AD symptoms include stimulation, behavioural, and emotion-oriented therapies. Stimulation therapies involve activities such as crafts and games, while behavioural-oriented treatments target behavioural and psychological symptoms, such as agitation, aggression, sleep disturbance, care refusal, anxiety/depression, apathy, etc. Emotion-oriented therapies, like reminiscence therapy, aim to improve mood. Appropriate psychosocial therapies for person living with AD should be selected based on the availability and the person's preferences.

7. What strategies can support management and quality of life in Alzheimer's disease?[14,15]

Family and caregiver support is a key part of the management for those living with AD. As the disease advances, individuals with AD become increasingly dependent on caregivers. Consequently, the pressure on caregivers increases. Following research on the needs of caregivers, there have been studies on support programs. Psychoeducational training for caregivers of people living with dementia has been shown to improve the quality of life of the carers.

Lexicon[2,17,18]

Apathy is the absence of motivation, goal-oriented behaviour, and care for oneself and one's environment.

Cognitive function refers to mental processes such as learning, memory, ent.

Executive functions are higher-level cognitive processes such as planning, decision-making, and working memory. Deficits in executive functioning,

observed in disorders like AD, can impact the ability to manage distractions.

Visuospatial function refers to perceiving what and where things are in the world around one.

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