**Supportive care by family, therapist and caregivers is the cornerstone of Alzheimer’s treatment**

Affecting 1-10 people over the age 65, Alzheimer’s disease is not a welcome visitor in any family or home.

**What is Alzheimer’s**

Alzheimer's disease is the most common cause of dementia — a group of brain disorders that cause the loss of intellectual and social skills. In Alzheimer's disease, the brain cells degenerate and die, causing a steady decline in memory and mental function.4

**Prevalence**

According to Armstrong, Alzheimer’s disease occurs with a prevalence of 5-10% in the 7th decade, increasing to around 40% in those older than 85 years. The disease accounts for approximately 60-90% of all cases of dementia.2

**Causes**

“Alzheimer’s disease occurs as a result of abnormal processing of a protein in the brain called amyloid precursor protein. This leads to an accumulation of protein aggregates, which ultimately results in dysfunction and death of brain cells.3

“There is strong evidence for genetic vulnerability in Alzheimer’s disease, with genetic variations in certain fat-transporting proteins in the body (apolipoprotein E4) increasing risk and decreasing age at onset.

Individuals with Down’s syndrome develop Alzheimer’s disease with advancing age due to abnormalities in the amyloid precursor protein gene region on chromosome 21. Environmental factors such as traumatic brain injury and conditions such as high blood pressure and diabetes may increase risk.” 2, 3

**Clinical stages**

Alzheimer’s is a progressive condition with a gradually declining course. The onset usually proceeds in a slow, subtle way, as a result, symptoms are frequently overlooked in the early stages,” Armstrong points out.

Three main phases of the disease are commonly distinguished.

* Loss of memory occurs early in the course of Alzheimer’s disease. Memory loss for recent events occurs first, with initial sparing of remote memory. This memory loss, together with inefficiency in daily tasks and spatial disorientation, are characteristic of the first phase.
* The second stage encompasses more rapid cognitive decline and personality changes. Language problems may occur, with word-finding difficulties progressing to severe communication deficits later on. Other deficits include difficulties performing tasks and recognizing objects and faces. The ability to plan activities and organize affairs declines.

Behavioural problems such as wondering, defiance and aggression towards caregivers, mood changes, particularly of a depressive nature, and psychosis, with loss of touch with reality, paranoia and sometimes even hearing voices or seeing things that are not present, may occur as the disease progresses.

* In the third or terminal stage, individuals could become mute and bedbound, often with loss of control over bladder and bowel function and severe neurological deficits. The mean duration of survival after diagnosis is approximately 10 years.2,3

**Alzheimer’s disease # dementia**

Dementia is a broad term used to refer to a range of neurocognitive deficits that represent a decline from the individual’s previous level of cognitive performance, Armstrong explains. “Various processes may contribute to this decline, with Alzheimer’s disease being one of these processes. Others include vascular disease, frontotemporal lobar degeneration, Lewy body disease and traumatic brain injury.

“Helping your friends, family and neighbours to better understand Alzheimer’s will reduce stigma, improve care and even help the fight for a cure,” Armstrong concludes.

**Supportive care, treatment**

While the disease gradually wreaks havoc with a patient’s brain, memory and bodily functions, caring for the person also takes a heavy toll on loved ones and family members. Supportive care from family, therapists and caregivers is the cornerstone of treatment, for Alzheimer’s disease, with a predicable home environment and routine being most beneficial, stresses Dr Kerryn Armstrong, a psychiatrist at Akeso Clinic, Milnerton.

Equally important is that caregivers should be assisted in measures aimed at maintaining quality of life and optimising daily function of the patient, she advises. “Ongoing support for family members is also important as the burden on caregivers is significant, with high rates of burnout.

Medication can slow down the rate of decline, she adds. “While there is no cure for Alzheimer’s disease, therapy and medication may be useful in slowing the rate of decline. Additional medications may be needed to manage behavioural, mood and symptoms.”1

**BOX**

**Alzheimer’s – 10 Warning Signs**

* A memory problem NOT caused by alcohol abuse or head injury, and that worsens over time.
* Language problems. Difficulty naming objects, finding the right word in a sentence.
* Zips and buttons are difficult to fasten. People with Alzheimer’s find it difficult to dress themselves.
* Hygiene. Those with Alzheimer’s may not care about how they look and may not want to bath.
* Extreme mood swings. A change in mood for no reason – like being calm, then suddenly scared or angry and aggressive within minutes.
* Impairment judgment. Strange behaviour – like wearing clothes over top clothes, or taking clothes off in public.
* Many people with Alzheimer’s get lost in familiar places, such as their own neighbourhood.
* Even recognition of their own family and things become difficult.
* Recalls memories of childhood at times but do not remember anything that happened the same day.
* Suspicious of other people and may accuse them of stealing or hiding things.
* **Alzheimer’s South Africa at** [**www.alzheimers.org**](http://www.alzheimers.org)**.za**

**References**

1. Scheltens P, Blennouw K, Breteler M et al. Alzheimer’s disease. [www.thelancet.com](http://www.thelancet.com). Published online February 23, 2016 http://dx.doi.org/10.1016/S0140-6736 (15)01124-1.
2. American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), American Psychiatric Association, Arlington 2013. P. 611-614.
3. David A, Fleminger S, Kopelman M et al. Lishman’s Organic Psychiatry, Fourth Edition, Wiley-Blackwell, Oxford 2009. P. 543-565.
4. www.mayoclinic.org/diseases-conditions/alzheimers-disease/home/ovc-20167098