

**Notes from the Alzheimer's Awareness Day
Saturday, November 13th 2004**

Atria-Shaker
345 Northern Blvd
Albany, NY 12204
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November is Alzheimer's Awareness Month. An event was held at Atria-Shaker to raise community consciousness about memory related diseases. Free memory screening tests were provided. A lecture followed by Dr. Richard F. Holub M.D., President of the Neurological Associates of Albany, P.C.

12:00-1:30 Free Memory Screenings were given by D. Holub's staff.

1:30-1:45 County Executive Mike Breslin introduced the audience to Dr. Holub.

1:45-2:45 Dr. Holub gave a lecture on Alzheimer's Disease and its symptoms.

2:45-4:00 Dr. Holub facilitates a question and answer session and an open discussion about memory related disorders.

Notes from Dr. Holub's Lecture:

Memory and Aging:

- **Memory changes associated with normal aging**
 - The individual finds that he or she needs more mental focus to do the same tasks that he or she has always done.
 - A classic sign of normal aging is being verbally articulate, but experiencing difficulty with physical activity (i.e. decreased ability to accomplish home repairs).
 - Learning new information can sometimes be harder to accomplish.
 - A common complaint that doctors hear from elderly patients is that they fear that general forgetfulness is the onset of dementia.
 - Some forgetfulness is a normal part of the aging process.
- **Memory changes associated with disease**
 - Memory loss that interferes with tasks, actions and familiar tasks
 - Language is affected, beyond the "tip of the tongue" episodes.
 - Disorientation of place and time.
 - Impaired judgment.
 - Problems with abstract thinking.
 - Misplacing objects.
 - Changes in mood or behavior.
 - Personality changes.
 - Problems with abstract thinking.
 - Loss of initiative.

- **Special attention should be paid to signs of Anxiety, Depression and agitation.**
- **History of Alzheimer's Disease**
 - Alzheimer's Disease was named after a German Neurologist, who in 1907 documented the behavioral changes that he observed in his 51 year old, female patient.
 - The patient showed signs of memory loss, hallucinations, deterioration and death.
- **Brain changes associated with the disease**
 - β -amyloid, a protein found in the nervous system, collects creating a build up of plaque in the brain.
 - The plaque interferes with normal brain functioning function
 - Fibrous tangles form from Tau Proteins.
 - Protein bundles begin to stick together which slows the transfer of nutrients to nerve systems.
 - There may be an increase or decrease in common brain chemicals, which leads to an interference with normal functioning.
 - An increase in certain chemicals can lead to toxicity to brain areas associated with memory.
 - A decrease in certain chemicals is associated with the inactivity of brain functioning.
- **Barriers to diagnosis:**
 - Significant deterioration can go unrecognized.
 - The individual, family or medical professional views the severe memory loss as a normal sign of aging.
 - The doctor does not give a screening test to assess for memory loss.
 - The patient does not recognize a problem with memory loss.
 - The patient does not want to admit memory loss (denial).
 - The family does not want to acknowledge that the patient shows signs of memory loss (denial and reluctance to report what they have seen).
 - Individual keeps the ability to maintain social skill.
 - Technological advancements in diagnostic medical tools pave the way for increased ability to prescreen for all diseases.
- **Prevalence:**
 - Alzheimer's Disease is a progressive neurodegenerative disease.
 - The most common form of Alzheimer's Disease is Dementia.
 - Between 4-4.5 million people are affected.
 - Once a formal diagnosis is given, there is a seven to ten year life expectancy.
 - Impairments to daily living grow more severe as the disease progresses.
- **Risk Factors**
 - Aging.
 - Genetics.
 - Gender (Females have a higher prevalence rate).
 - History of head trauma.
 - History of Depression.

- Hypothyroidism.
- **Disease Progression (In order of occurrence):**
 - Consistent complaints about memory loss, or lost objects.
 - Forgetting appointments.
 - The individual forgets speaking to someone prior about a topic, or that they placed the same call earlier that day.
 - Changes in mood ***Mood can be an important indicator of health status.**
 - Leaving appliances on after use.
 - Loss of interest in hobbies that were once enjoyed.
 - Severe impairment of activities of daily living (ADLS) that intensifies with time.
 - Becoming disoriented, forgetting where you are.
 - Becoming paranoid or agitated and moody.
 - Difficulty with basic skills such as dressing and bathing.
- **Community life:**
 - Greater than 70% of people with Alzheimer's Disease are at home
 - 75% will use a home care provider
 - 48-59% of Caregivers to those with the disease experience Depression
 - 1.5 million people with Alzheimer's Disease are in a nursing facility
 - The ability to forecast and prevent Alzheimer's Disease is increasing
 - At approximately 100 million dollars spent per year in the United States, It is the third most expensive disease

Question and Answer:

Q: Isn't it normal to get a bit forgetful?

A: Yes, it is. But, in the past couple of years, doctors have begun to change their assumptions about what constitutes normal memory loss associated with aging. When a patient, or family member mentions memory loss, we are more likely to assess for signs of Alzheimer's than we were even two years ago. There is a new generation of medications and we are trying to intervene earlier. This makes those in the field reconsider what normal memory loss is.

Q: Both my son and my brother suffered brain injuries when they were young. Both died early from brain tumors. Is there a connection?

A: Early brain injury does not appear to be related to tumors later in life. Having a head injury does raise your risk for acquiring Alzheimer's Disease later in life.

Q: What is an Acetylcholine Inhibitor; and what are the new drugs?

A: Aricept is the latest drug being offered for Alzheimer's Disease. Aricept and Reminyl deal with the amount of Acetylcholine in the brain. Nemenda is a new one; it attempts to deal with the Glutamate issue.

Q: What makes these drugs "new generation"?

A: Some medications affect the amyloid indirectly; the newer models have a direct effect on amyloid because these improved drugs are more acceptable to passage through the brain's Blood Brain Barrier.

Q: At what point does the person know that what they are experiencing is not normal?

A: Denial plays a huge role in early detection. Twenty years ago there was no concern about memory loss associated with aging. There were also no drugs to treat memory loss. Today, each month, there is more and more awareness of Alzheimer's Disease and other forms of memory loss. The more aware people become about this issue, the better. There have been great advancements in this area. Today, if someone experiences early cognitive impairment, they become concerned and are therefore more likely to ask a doctor's opinion about it. Doctors are more apt to investigate early signs of memory loss without automatically attributing it to the natural aging process.

Q: Are there any tests you can take that show brain change early?

A: An MRI does not show much for this disease. PET Scans yield the best results. Unfortunately they are only approved for Cancer assessment. However, Medicare is very close to approving the test for the diagnosis of Alzheimer's Disease.

Q: Is heredity a factor?

A: Yes, it is. Those with a very high hereditability rate for the disease can show signs in their 20s through 50s. Some people begin to collect a lot of brain plaque in their 20's, but it does not show until later. The 65+age bracket is operating at a more random Alzheimer's rate. When we are older we have had more time to collect deleterious build up in the brain.

Q: Is there anything we can do to protect ourselves against memory loss?

A: The National Institutes of Health are still in the process of evaluating several options. Vitamin E was found to have positive effects 5-6 years ago. Trials are still being conducted. It can cause bruising at higher dosage levels. Selenium is also being checked into, but it can be toxic at higher levels. The Food and Drug Administration has not approved any of these over the counter remedies. It is best to check with your doctor. Staying active is the most important thing. Keep your mind and your body active. Do crossword puzzles, read and learn new things. Do the things that interest you. If you are not interested in crossword puzzles, then don't do them, but do something else.

Q: Is there such a thing as a "memory healthy diet"?

A: Any diet that cares for your cholesterol, heart and overall health is a memory healthy diet. Cholesterol has been found to act as a carrier of amyloid across the cellular membrane. Lower Cholesterol also appears to be beneficial toward thinning cell walls, which promotes healthy brain communication.

Q: Does exercise help?

A: As long as your heart and joints are healthy, exercise has been shown to help a great deal. Walking is particularly beneficial.

Q: Does taking my heart medications put me at risk for developing Alzheimer's?

A: Take the medication. The most important thing is taking care of any health issues first. If your heart is healthy, it will help you avoid memory related disorders. Always take care of your general overall health first and stay mentally and physically active.

3:45-4:00 Closing: Audience members meet Dr. Holub