AGING, COGNITIVE CHANGES AND ALZHEIMER’S DISEASE

DON’T WAIT TO TALK TO A HEALTH CARE PROVIDER!

As people grow older, age-related changes in brain health can lead to cognitive changes, such as slower thinking and trouble with multi-tasking. For most people, these changes are subtle and appear after age 65 years.

Importantly, memory loss is not a normal or inevitable part of aging. Understanding the difference between normal age-related cognitive changes and changes that may be related to a more serious condition, such as dementia, is very important to ensure early diagnosis. This is because dementia can be prevented in up to 40% of cases.

UP TO 40% OF DEMENTIA CASES CAN BE PREVENTED.

In this handout, we will review frequently asked questions about normal aging, dementia and Alzheimer’s disease, which is one of the most common forms of dementia.

FREQUENTLY ASKED QUESTIONS: WHAT YOU AND YOUR LOVED ONES SHOULD KNOW

WHAT IS THE DIFFERENCE BETWEEN DEMENTIA AND ALZHEIMER’S DISEASE?
The terms dementia and Alzheimer’s disease are often used interchangeably, but they have different meanings.

**DEMENTIA** is a type of cognitive decline that interferes with a person’s daily life. Dementia is a broad term that includes cognitive changes caused by several different diseases.

**ALZHEIMER’S DISEASE** is a condition that can cause dementia. People with Alzheimer’s disease usually have slowly worsening memory and thinking skills that eventually interfere with a person’s ability to perform simple tasks.

**MILD COGNITIVE IMPAIRMENT** is another term you may hear. This is an early stage of cognitive decline. People with mild cognitive impairment may have some memory loss but are still able to perform daily tasks. Individuals have different experiences with mild cognitive impairment, which can improve, worsen or stay relatively stable.

APPROXIMATE NUMBER OF PEOPLE WITH COGNITIVE DECLINE IN THE U.S.

- **12.2 MILLION PEOPLE** WITH MILD COGNITIVE IMPAIRMENT
- **7 MILLION PEOPLE** WITH DEMENTIA
- **6.5 MILLION PEOPLE** WITH ALZHEIMER’S DISEASE
IS MILD COGNITIVE IMPAIRMENT A NORMAL PART OF AGING?
As with dementia, mild cognitive impairment is not a normal part of aging.

WHAT TYPE OF COGNITIVE CHANGES SHOULD I EXPECT WITH NORMAL AGING?
Normal age-related changes in cognition are typically subtle and should not interfere with performing routine tasks. Examples of normal age-related changes include:

- Trouble with multitasking.
- Occasional delays in remembering names, dates and events.
- Slower thinking speed.
- Occasionally having trouble finding a word or phrase.
- Trouble remembering events that happened long ago.

WHEN SHOULD I BE WORRIED THAT COGNITIVE CHANGES COULD BE RELATED TO ALZHEIMER’S DISEASE OR ANOTHER TYPE OF DEMENTIA?
If you notice that a loved one is having cognitive changes that are disrupting their daily life, they should talk with a health care provider to determine why this is happening. Examples of cognitive changes that may be related to dementia include:

- Forgetting the names of common items or close family or friends.
- Having trouble completing home, work or recreational tasks without help.
- Repeating questions.
- Having trouble understanding visual or spatial relationships, which may lead to tripping, spilling or dropping things.
- Losing track of time or place.
- Taking longer than normal to finish routine tasks.
- Misplacing items.
- Getting lost or being unable to retrace one's steps, particularly in a familiar area.

Other changes in people with dementia include reduced judgement, such as falling victim to scams or not paying attention to hygiene; withdrawal from activities that a person used to enjoy; and personality or mood changes, including paranoia or becoming easily upset.

WHAT SHOULD I DO IF I AM WORRIED THAT A FAMILY MEMBER OR FRIEND HAS SYMPTOMS OF DEMENTIA?
Encourage the person to make an appointment with their health care provider and be evaluated for cognitive impairment. Keep in mind that your loved one may need help making an appointment and attending the clinic visit if their symptoms are severe.

HOW CAN MY FAMILY MEMBER OR FRIEND GET THE MOST OUT OF A CLINIC VISIT FOR DEMENTIA?
To ensure that enough time is scheduled to complete the visit, try to make a separate appointment specifically for cognitive concerns instead of mentioning memory loss during another routine visit. When making the appointment, describe your concerns and clearly request a cognitive evaluation. If your health care provider is unable to provide a cognitive evaluation, request a referral to a provider experienced in this area, such as a geriatric or memory care specialist. Even if your provider performs a cognitive evaluation, it is always reasonable to consider getting a second opinion regarding any test results or symptoms.
HOW ARE MILD COGNITIVE IMPAIRMENT, DEMENTIA AND ALZHEIMER'S DISEASE DIAGNOSED?

A health care provider can use several tools to diagnose different types of cognitive impairment and determine the underlying cause, such as Alzheimer's disease:

- **COGNITIVE TESTING:** A set of standardized questions are asked of patients, their loved ones or both to determine whether the patient has mild cognitive impairment or dementia.

- **BRAIN IMAGING:** Pictures of a patient's brain may be obtained using an MRI or CT scan, which can help determine the underlying cause of cognitive impairment.

- **BLOODWORK:** Blood tests can help identify or rule out certain causes of dementia, such as vitamin deficiencies.

In some cases, health care providers may also refer patients to a neurologist or other specialist for additional testing to determine or confirm the underlying cause of a patient's mild cognitive impairment or dementia. For example, a specialist can help confirm a diagnosis of Alzheimer's disease by using specialized imaging or cerebral spinal fluid testing (also called a lumbar puncture or spinal tap). These tests may not be needed in all patients. A health care provider can work with you and your loved one to determine the best approach to testing.

WHY IS IT IMPORTANT TO RECOGNIZE THE SYMPTOMS OF MILD COGNITIVE IMPAIRMENT OR DEMENTIA EARLY?

Up to 40% of dementia cases can be prevented; however, most treatments for dementia, including Alzheimer's disease, are only effective for people in the early stages of cognitive impairment. Early diagnosis increases the chance that patients will be eligible for treatments and clinical trials intended to slow progression. Additionally, some conditions, such as depression and anxiety, can worsen memory loss. Health care providers can work with patients to treat these conditions and potentially reverse or improve cognitive changes.

Although early diagnosis is ideal, even people with more advanced dementia can benefit from talking with a health care provider. Some treatments can modestly improve cognition in patients with dementia, and clinicians may be able to refer a person with memory loss for other helpful treatments that can make the lives of patients and their loved ones easier.

Other benefits of early diagnosis include the opportunity for a person with memory loss to discuss medical and caregiving preferences with loved ones; the ability to financially, emotionally and logistically prepare for caregiving responsibilities; and the option to find strategies and tools that can increase your loved one's independence. Links to several support agencies for people with dementia and their loved ones are included on the next page.
You can start doing things to improve your brain health and reduce your risk of dementia now, including:

- Quit smoking.
- Keep your blood pressure and blood sugar in healthy ranges.
- Stay aerobically active.
- Maintain a healthy weight.
- Get enough sleep.
- Stay engaged in your community.

MORE INFORMATION ABOUT NORMAL BRAIN AGING, DEMENTIA AND ALZHEIMER’S DISEASE

Alzheimer's Association:
https://www.alz.org/

Centers for Disease Control and Prevention (CDC)
Alzheimer's Disease and Healthy Aging:
https://www.cdc.gov/aging

National Institute on Aging Alzheimer's Disease and Related Dementias:
https://www.nia.nih.gov/health/aliheimers