Diagnosis involves assessing both the patient's symptoms and their medical history. Doctors look for signs of AD by performing a thorough physical examination and conducting a variety of tests. There is no one test or procedure that can definitively diagnose AD. Instead, doctors use a combination of clinical information, cognitive assessments, and brain scans to make a diagnosis.

How is AD Diagnosed?

AD is diagnosed when a person shows a pattern of gradual decline in cognitive function and memory. There are several ways that doctors can diagnose AD:

1. Neuropsychological assessment:
   - Cognitive tests are used to evaluate a person's memory, language, problem-solving skills, and other mental abilities. These tests can help doctors determine if a person has cognitive impairment.

2. Imaging studies:
   - MRI or PET scans can help doctors identify changes in the brain that are associated with AD. These imaging tests can help doctors rule out other conditions that may mimic AD.

3. Blood tests:
   - Blood tests can be used to measure certain proteins or other substances in the blood that are associated with AD.

4. Genetic testing:
   - Genetic testing can be used to identify specific genetic mutations that are associated with AD.

5. Electroencephalography (EEG):
   - EEGs can be used to measure brain activity and help identify patterns of abnormal electrical activity that are associated with AD.

6. Cerebrospinal fluid (CSF) analysis:
   - CSF analysis can be used to measure levels of specific proteins or other substances in the cerebrospinal fluid that are associated with AD.

7. Brain biopsy:
   - A brain biopsy can be used to rule out other diseases that can cause symptoms similar to AD. This procedure involves taking a small sample of brain tissue and examining it under a microscope.

How is AD Treated?

There is no cure for AD, and no treatments can change the course of the disease. However, there are a variety of medications that can help manage the symptoms of AD and improve quality of life. These medications may include:

1. Cholinesterase inhibitors:
   - These medications can help improve memory and other cognitive functions by increasing the level of a neurotransmitter in the brain.

2. ACRAs (acetylcholinesterase inhibitors):
   - These medications can help improve memory and other cognitive functions by increasing the level of a neurotransmitter in the brain.

3. NMDA (N-methyl-d-aspartate) antagonists:
   - These medications can help improve memory and other cognitive functions by increasing the level of a neurotransmitter in the brain.

4. Memantine:
   - This medication can help improve memory and other cognitive functions by increasing the level of a neurotransmitter in the brain.

5. Antipsychotics:
   - These medications can help manage symptoms of psychosis such as delusions and hallucinations.

6. Antidepressants:
   - These medications can help manage symptoms of depression and anxiety.

7. Anti-anxiety medications:
   - These medications can help manage symptoms of anxiety.

8. Physical therapy:
   - Physical therapy can help improve mobility and reduce falls.

9. Occupational therapy:
   - Occupational therapy can help improve daily living skills.

10. Speech therapy:
    - Speech therapy can help improve communication skills.

11. Cognitive training:
    - Cognitive training can help improve memory and other cognitive functions.

12. Behavioral therapy:
    - Behavioral therapy can help manage symptoms of behavioral problems such as agitation and aggression.

13. Support groups:
    - Support groups can help provide emotional support and information about the disease.

14. Family and caregiver support:
    - Family and caregivers can receive training and support to help manage the disease.

15. Hospice care:
    - Hospice care can help manage symptoms and provide support to people who are near the end of life.

In conclusion, AD is a complex and tragic disease that affects millions of people worldwide. While there is no cure for AD, there are treatments that can help manage symptoms and improve quality of life. As scientists continue to learn more about the disease, it is hoped that new treatments and therapies will be developed to help people live longer and more fulfilling lives.
Alzheimer’s Disease

Fact Sheet

Dementia is a brain disorder that seriously affects a person’s ability to think and remember. The most common form of dementia among older people is Alzheimer’s disease (AD), which initially involves the part of the brain that controls thought, language, memory, and the ability to carry out daily activities. Abnormal chemical changes in the brain that carry messages back and forth between nerve cells are damaged. There are also lower levels of some chemicals in the brain that carry messages back and forth between nerve cells. AD begins slowly. At first, only the person who has AD may notice changes, which can be associated with age-related memory change. Most people with AD have the more common, late-onset form of AD, which is called late-onset AD. AD is a slow disease, starting with mild memory problems and ending with death. The course the disease takes varies from person to person. On average, AD patients live from 8 to 10 years after they are diagnosed, though some people may live 20 or more years. No treatment can stop AD. However, for some people in the early and middle stages of the disease, the drugs tacrine (Cognex, which is still available), donepezil (Aricept, Reminyl), rivastigmine (Exelon), or galanthamine (Razadyne, previously known as Reminyl) may help some people improve their memory for a limited time. Another drug, memantine (Namenda), has been approved to treat moderate to severe AD. Researchers undertake clinical trials to determine which medical tests—such as tests of blood, urine, or spinal fluid, and medical imaging such as magnetic resonance imaging (MRI) and positron emission tomography (PET)—will determine whether magnetic resonance imaging (MRI) and positron emission tomography can be used to diagnose AD correctly up to 90 percent of the time. 

What is AD? 

Alzheimer’s disease is named after Dr. Alois Alzheimer, a German doctor. In 1906, Dr. Alzheimer described the brain tissue of a woman who had died of an unusual mental illness. He found deposits of fibers resembling threadlike bundles of silver (called silver-thorn tangles). Today, these plaques and tangles in the brain are considered signs of AD.

How is AD Diagnosed? 

An early, accurate diagnosis of AD helps doctors determine the best course of treatment for the future. It gives them time to discuss the disease with the patient and family, to look for other causes of memory loss and related mental health problems, to discuss possible treatment options, to plan for moderate to severe AD, and to also be limited in efficacy. Also, some of these drugs may help control behavioral symptoms of AD such as sleeplessness, agitation, agitated wandering, anxiety, and depression. Treating these symptoms often makes patients more comfortable and makes their caregivers’ tasks easier.

New Areas of Research

The National Institute on Aging (NIA), part of the National Institutes of Health (NIH), is the primary agency for AD research. NIA-support ed research is aimed at understanding how AD develops so we can prevent, slow the disease, or help reduce symptoms. Researchers look for clinical trials to learn which treatments that appear promising in the laboratory or in small, early clinical trials actually are safe and effective in people. Some ideas that seem promising in the lab may turn out to have no benefit or no when they are carefully studied outside the lab. Neuroimaging: Studies are finding that damage to parts of the brain involved in memory, reasoning, and decision-making, such as the hippocampus, can sometimes be seen on scans, particularly in people with lateonset AD. These imaging studies can help determine whether magnetic resonance imaging (MRI) and positron emission tomography (PET) are useful tools to diagnose AD.
Alzheimer’s Disease

Fact Sheet

Dementia is a brain disorder that seriously affects a person’s ability to think, reason, and remember. The most common form of dementia is Alzheimer’s disease (AD), which initially involves the parts of the brain that control thought, learning, and memory. Scientists are learning more every day about how AD develops, what causes AD, and how to treat or prevent it.

AD affects people of all ages, but the risk of developing AD increases with age. In the United States, about 5 million people age 65 and older have the disease. It is estimated that 50 to 65 million Americans over age 65 will develop AD in their lifetime.

What Causes AD?

Scientists do not yet fully understand what causes AD. It is probable that many factors contribute to AD, and nearly half of those age 85 and older have the disease. It is important to note that AD is not a normal part of aging. If you have any concerns about AD, talk with your doctor.

Genetics

Genetics play a role in AD. Although most cases of AD are sporadic (meaning that no family history of the disease is known), a small number of people develop the disease because of an inherited disorder. About 1 in 200 people develop early-onset familial AD, which is a rare cause of AD.

Scientists have identified several genetic factors associated with AD. These factors may increase a person’s risk for developing AD or change the age at which AD develops.

Genetic factors are thought to play a role in early-onset familial AD, which is the most common cause of inherited AD. Risk factors for early-onset familial AD include:

- Apolipoprotein E (ApoE) gene
- Mutations in the presenilin 1 (PS1) and presenilin 2 (PS2) genes

Genetic factors also may increase the risk of developing AD later in life, and no obvious inherited pattern is seen in most families. However, genetic factors may interact with each other and with non-genetic factors to cause the disease.

Risk Factors

Researchers have identified several risk factors that may increase the risk of developing AD. These risk factors include:

- Age
- Education level
- Down’s syndrome
- High blood pressure
- High cholesterol levels
- High levels of triglycerides
- Heart disease
- Type 2 diabetes
- Being an active smoker
- Regular use of estrogen
- Obesity
- Physical inactivity
- Family history

Risk factors for AD such as sleeplessness, agitation, or low levels of the neurotransmitter acetylcholine also may increase the risk of developing AD.

What Are the Symptoms of AD?

AD begins slowly. At first, the only symptoms may be mild forgetfulness, which can be associated with age-related memory changes. Many people with early-stage AD can be taught new strategies to help keep their memories.

In the early stage of the disease, the drugs memantine (Namenda), has been approved by the FDA to help people who have moderate to severe AD. In the middle stages of AD, the drugs donepezil (Aricept), galantamine (Razadyne, previously sold as Vivastar), and rivastigmine (Exelon) also have been approved by the FDA to help improve AD symptoms.

In the later stages of AD, treatment focuses on making it easier for caregivers.

How Is AD Diagnosed?

An accurate diagnosis of AD helps doctors determine what other disorders may occur in the person with AD and may help reduce the worry and stress that families and patients may feel. It also helps doctors offer the best possible care and treatment to people with AD, their families, and caregivers.

The National Institute on Aging (NIA), part of the National Institutes of Health (NIH), is the federal agency for AD research. NIA-support- ed scientists are studying many possible treatments and drugs as we seek to prevent, slow the disease, or help reduce symptoms. Research in this critical field is needed to learn what treatments that appear promising in observational and animal studies actually are safe and effective in people. Some ideas that seem promising today may prove ineffective, or even harmful, or when they are carefully studied in clinical trials.

Neurosensing

Neurosensing is finding that damage to parts of the brain involved in short-term memory and the hippocampus, can sometimes be seen even during people’s lifetimes before the onset of AD. NIA’s public-private partnership for AD research (Alzheimer’s Disease Research Initiative [ARDI])—a large initiative to determine whether magnetic resonance imaging (MRI) and positron emission tomography (PET)

New Areas of Research

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Alzheimer’s Disease

Fact Sheet

Alzheimer’s disease is a brain disorder that seriously affects a person’s ability to think clearly and to remember things. The most common form of dementia among older people, Alzheimer’s disease (AD), which initially involves the parts of the brain that control thought, memory, and language, is a chronic and progressive illness with no known cure. As the disease progresses, it can interfere with ability to carry out daily activities.

What Are the Symptoms of AD?

AD begins slowly. At first, the only evidence of AD may be changes in the person’s personality. The person may have trouble interacting with others and may not be able to carry out daily activities. As AD progresses, symptoms may become more severe and daily activities may no longer be possible. AD affects memory, thinking, and behavior. The disease usually begins after age 65, and nearly half of those age 85 and older may have the disease. It is important to note that AD is not a normal part of aging.

AD can occur as early as the late 40s or 50s (early-onset AD), or as late as the late 60s or 70s (late-onset AD). For most people, the age of onset is 65 or older. People with early-onset AD are usually 65 or younger when they are diagnosed, and late-onset AD begins after the age of 65. In the early stage of AD, people have mild forgetfulness, which can be associated with age-related memory change. Most people with AD continue to live at home for many years. In the early stage of AD, people may have trouble with problem solving, abstract thinking, or planning. People with AD may have difficulty recognizing familiar people or things. They may have trouble finding their way in familiar places. They may have trouble remembering recent events. AD usually follows a slower course compared with other neurological disorders that cause dementia (such as stroke, traumatic brain injury, Parkinson’s disease, or Huntington’s disease). People with AD usually have evidence of brain changes in people with AD, and nearly half of those age 85 and older may have the disease. It is important to note that AD is not a normal part of aging.

AD is a disease of the brain that affects memory, thinking, and behavior. It can cause problems with the ability to learn new information or to use the information already learned. AD is the most common type of dementia, accounting for about 60-70% of cases.

What Causes AD?

Scientists do not yet fully understand what causes AD. We probably are not sure if there is one single cause, but several factors that affect each person differently. Age is important in that what causes AD may be different in younger and older people. AD is a factor for all age groups but is not a normal part of aging. Abnormal deposits of proteins in the brain, called amyloid plaques and neurofibrillary tangles, appear to be linked to AD. These deposits make it more difficult for nerve cells to communicate with each other. These deposits may also affect the ability to protect against AD, but they remain to be discovered.

New Areaw of Research

The National Institute on Aging (NIA), part of the National Institutes of Health (NIH), is the federal agency for AD research. NIA-supported scientists continue to develop new drugs as we find out what AD is and how to treat it, slow the disease, or help reduce symptoms. Research has led to the discovery of drugs to learn which treatments that appear promising in observational and animal studies actually are safe and effective in people. Some ideas that seemed promising turn out to have little benefit when they are carefully studied. On the other hand, some drugs are tested in clinical trials because they are seen as safe. These drugs are called experimental or investigational.
Scientists believe that more research is needed to understand why AD occurs and who is at greatest risk of developing it, and to find ways to prevent or delay progression of AD. Through the past several years, scientists have focused on a type of memory change. People with MCI do not have the cognitive deficit that constitutes AD, but they do have other losses such as confusion, attention problems, and difficulty in making decisions or progress diagnosis or treatment considered. There is evidence that inflammation in the brain may play some role in AD. Some studies have suggested that drugs such as nonsteroidal anti-inflammatory drugs (NSAIDs) might affect the development of AD or cognitive decline, and additional studies are ongoing or being planned, including a study of the antioxidant treatments vitamin E, C, and selenium supplements can prevent the development or progression of AD. Some studies have suggested that drugs such as nonsteroidal anti-inflammatory drugs (NSAIDs) might affect the development of AD or cognitive decline, and additional studies are ongoing or being planned, including a study of the antioxidant treatments vitamin E, C, and selenium supplements can prevent the development or progression of AD. Many of these studies are being done at NIA-supported Alzheimer’s Disease Centers located throughout the United States. These centers carry out a wide range of research, including clinical trials with treatments and management of AD. To find one of these centers, contact the National Cell Repository for AD through the ADEAR Center.

Facts about AD

During the past several years, scientists have focused on a type of memory change called mild cognitive impairment (MCI), which is also related to AD and both AD and normal age-related memory change. People with MCI have ongoing memory problems, but they do not have other losses such as confusion, attention problems, and difficulty in making decisions or progress diagnosis or treatment considered. There is evidence that inflammation in the brain may play some role in AD. Some studies have suggested that drugs such as nonsteroidal anti-inflammatory drugs (NSAIDs) might affect the development of AD or cognitive decline, and additional studies are ongoing or being planned, including a study of the antioxidant treatments vitamin E, C, and selenium supplements can prevent the development or progression of AD. Many of these studies are being done at NIA-supported Alzheimer’s Disease Centers located throughout the United States. These centers carry out a wide range of research, including clinical trials with treatments and management of AD. To find one of these centers, contact the National Cell Repository for AD through the ADEAR Center.
Scientists believe that more research is needed to find out if estrogen may improve the accuracy of diagnosis and the ability to identify those at greatest risk of developing AD. Many of these studies are being sponsored by State and Area Agencies on Aging. To find out more about them, contact the following:

Toll-free 1-800-438-4380
Eldercare Locator
225 N. Michigan Avenue, Suite 1700
Chicago, IL 60601-7633

The Alzheimer’s Association has chapters nationwide that provide educational programs and support services for caregivers and family members of people with AD. Contact information for the Alzheimer’s Association and other support groups and educational resources and services, and sponsor support groups and educational programs can be found at the Alzheimer’s Association website.

Is There Help for Caregivers?
Many caregivers want to provide the daily care and treatment of AD patients. There is a need for professional caregivers, family caregivers, and others to provide the day-to-day care and treatment for people with AD. As the disease progresses, people can become more dependent on caregivers and can require increasing physical and mental support. Caregivers may experience physical, emotional, and mental fatigue. Often, they are seeking more information about AD and the disease process. Caregivers can receive information through local and national resources.

Alzheimer’s Association
1221 Cherry Street
Philadelphia, PA 19107
1-800-272-3900
www.alz.org.

This nonprofit association supports research and provides information about AD and funds research. Caregivers should contact the Alzheimer’s Association for information about local programs and services.

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Ginkgo biloba. Early studies suggested that extracts from the leaves of the ginkgo biloba tree may be of some benefit to people with AD. There is no evidence yet that ginkgo biloba is effective for treating AD. Some clinical trials using ginkgo biloba are still ongoing.

Inflammation. There is evidence that inflammation in the brain may contribute to the progression of AD. Studies have suggested that drugs such as aspirin or other nonsteroidal anti-inflammatory drugs (NSAIDs) might help slow the progression of AD, but clinical trials have thus far have not demonstrated a benefit. NSAIDs may be helpful in the treatment of pain but do not appear to be effective in slowing the progression of AD.

Women and hormone therapy. Hormone therapy is needed to find out if estrogen may play some role in AD. They would like to see if women who have ongoing memory problems, but do not have other losses such as AD or cognitive decline, and addition— or progression of AD. Another clinical trial that was suspended due to concerns over possible cardiovascular risk. Researchers also wondered whether estrogen use might result in the treatment of symptoms of menopause also protects the brain. Experts have suggested that extracts from the leaves of the ginkgo biloba tree may be of some benefit to people with AD. There is no evidence yet that ginkgo biloba is effective for treating AD. Some clinical trials using ginkgo biloba are still ongoing.

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Many of these studies are being done at NIA-supported Alzheimer’s
The Alzheimer's Association has branches nationwide that provide vocational education, employment services, and respite care.

As a result, people with AD and their families may need help with daily activities, housing, transportation, and other services. The Alzheimer's Association offers programs and services to help people with AD and their families navigate the challenges of the disease.

Is There Help for Caregivers? Many organizations focus on improving the lives of caregivers and people who want to help families.

13

Participating in Clinical Trials

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Antioxidants

Estrogen

Ginkgo biloba

Scientific evidence from a long time in their studies, findings from years of research have begun to
clear differences between normal age-related changes, MCI, and AD. Also, studies have examined potential for treating AD, with a focus on prolonging memory.

This information is also available on the Alzheimer’s Association website, alz.org.

Dementia is a progressive brain disorder that results in a loss of cognitive function severe enough to interfere with daily living. It is characterized by memory loss, as well as problems with language, judgment, reasoning, and the ability to perform daily activities.

Dementia is a complex and multifaceted disease, and its cause is often unknown. However, there are some risk factors for developing dementia, including age, genetics, and lifestyle choices.

The most common form of dementia is Alzheimer’s disease, which affects the brain and results in a progressive decline in cognitive function. Other forms of dementia include vascular dementia, Lewy body dementia, and frontotemporal dementia.

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