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Living with Alzheimer’s disease can be challenging. It is important to take steps to be as healthy as possible. Research shows that there are many things that can make health and quality of life better when living with Alzheimer’s disease. Lifestyle choices such as healthy eating, stress management, and physical and mental activity, can improve quality of life, may help to slow the progression of the disease and make it easier to manage the changes that the disease brings.

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What do we know about dementia and Alzheimer's disease?

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As Alzheimer’s disease progresses and affects different areas of the brain, various abilities and behaviours become impaired. Once an ability is lost, it is not known to return.

Forms of Alzheimer’s disease

Sporadic Alzheimer’s disease

The most common form of Alzheimer’s disease is called sporadic Alzheimer’s disease; it has no specific family link. Sporadic Alzheimer’s disease is due to a complex combination of our genes, our environment and our lifestyle. Sporadic Alzheimer’s disease usually does not run in families. Age is the greatest risk factor for developing sporadic Alzheimer’s disease. Most sporadic Alzheimer’s disease begins after age 60-65.

Familial Alzheimer’s disease (FAD)

Families with this rare form of Alzheimer’s disease have very strong family histories of Alzheimer’s disease (many family members over many generations). Familial Alzheimer’s disease runs in families and accounts for less than 5% of all cases.

Familial Alzheimer’s disease is due to changes in specific genes that can be directly passed on from parent to child. If a person has familial Alzheimer’s disease, their children have a 50% chance of inheriting the disease-causing gene and developing Alzheimer’s disease. Familial Alzheimer’s disease has the same symptoms as sporadic Alzheimer’s disease and can develop at any age.

The effects of Alzheimer’s disease

Alzheimer’s disease is a fatal disease that eventually affects all aspects of a person’s life: how they think, feel and act. Each person is affected differently. It is difficult to predict which symptoms will happen, the order in which they will appear, or the speed of their progression. The following are some of the changes that may happen as the disease progresses.

Cognitive and functional abilities

A person’s ability to understand, think, remember and communicate will be affected over time. The ability to make decisions will be reduced. Simple tasks that have been performed for years will become more difficult or be forgotten. Confusion and memory loss, initially for recent events and eventually for long-term events, will occur. The ability to find the right words and follow a conversation will be affected. Sometimes people lose their way, even when walking in familiar surroundings. The first cognitive changes often happen a few years before the disease is actually diagnosed.

Emotions and moods

A person may appear to lose interest in favourite hobbies. While some people may become less expressive and withdrawn, it is still possible to reach people with Alzheimer’s disease even in the very late stages. It is important to remember that a person may still feel joy, anger, fear, love and sadness.

Behaviour

Changes will develop in the way the person reacts to what is happening around them. These reactions may seem out of character. At times, some common reactions include repeating the same action or words, hiding possessions, physical outbursts and restlessness. Such behaviours can be distressing or challenging for the person and their family members or caregivers.

Physical abilities

The person will eventually experience a gradual physical decline affecting their coordination and mobility. This will change their ability to independently perform day-to-day tasks such as eating, bathing and getting dressed.

Is there treatment?

There is currently no cure for Alzheimer’s disease, nor is there a treatment that will stop its progression. Several medications are available that can help with symptoms such as decline in memory, language, thinking abilities and motor skills. People who respond to medication can experience improvements in their quality of life that may last for several years. However, medications can affect people differently and not everyone will respond to these medications.

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The disease was first identified by Dr. Alois Alzheimer in 1906. He described the two hallmarks of the disease:

- “Plaques” are deposits of a protein called “beta amyloid,” or A-beta. When A-beta molecules clump together in the brain, they form plaques which prevent signals from being transferred between nerve cells in the brain, ultimately causing the cells to die.

- “Tangles” are fiber clumps of a protein called Tau. Tau proteins can be seen as parallel railroad tracks within the brain. Nutrients and other important material are transported along those tracks, keeping brain cells alive. In healthy brain areas, tau proteins make sure that nutrients can reach their destination. In unhealthy brain areas, the tau protein collapses and twists, forming tangles which prevent nutrients from reaching brain cells, resulting in cell death.

Memory decline, personality changes, problems carrying out daily activities and other symptoms of Alzheimer’s disease are caused by the destruction and death of nerve cells.

As Alzheimer’s disease progresses and affects different areas of the brain, various abilities and behaviours become impaired. Once an ability is lost, it is not known to return.

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