Frequently asked questions about Alzheimer’s disease
What is Alzheimer’s disease?
Alzheimer’s disease is the most common form of dementia. It is a progressive disease in which brain function declines over time, causing problems with memory, thinking skills and other mental abilities. The symptoms of Alzheimer’s disease make performing daily tasks difficult and ultimately result in severe disability.

What are the causes of Alzheimer’s disease?
The exact cause of Alzheimer’s disease is not known. The causes probably include a combination of age-related changes in the brain, along with genetic, environmental and lifestyle factors. Abnormal protein build-up within and around brain cells, which begins many years before symptom onset, is thought to cause a decrease in neurotransmitters and shrinkage of the brain over time.

What are the risk factors for Alzheimer’s disease?
A combination of risk factors, such as age, genetics, environmental factors and lifestyle, increase your chance of developing the disease.

Age is the biggest risk factor for developing late-onset Alzheimer’s disease – the older you are, the more likely you are to develop it. However, the brain changes that lead to Alzheimer’s disease start many years before there are any symptoms.

Research suggests that some cases of dementia could be avoided by helping people address lifestyle factors. Some of the risk factors for Alzheimer’s disease are the same as for cardiovascular disease. By leading a healthy lifestyle and taking regular exercise, you will be helping to keep your heart healthy. It’s possible you will be lowering your risk of Alzheimer’s disease too.

How common is Alzheimer’s disease?
Approximately 35-million people have Alzheimer’s disease globally and the prevalence of the disease is rising.

Does Alzheimer’s disease only affect older people?
In rare cases, Alzheimer’s disease can occur in people who are below the age of 65 years and this is referred to as early-onset or young-onset dementia.
How is Alzheimer's disease diagnosed?

It’s important that you see your doctor as soon as possible if you are concerned about your memory, as it will help you to access treatment for your symptoms sooner and help you to prepare for your future. To rule out any other potential causes of your symptoms, your doctor will carry out a physical examination and may carry out some blood tests. Your doctor may refer you to a memory clinic or another specialist for further evaluation if they suspect Alzheimer’s disease or another form of dementia.

There is no reliable and simple test to diagnose Alzheimer’s disease. To check your brain function and to help with a diagnosis, you will be asked to undergo some memory and thinking questions and tests. Your family members may also be asked some questions about your memory and thinking.

The tests to assess your different mental abilities are called cognitive assessments and involve pen-and-paper tests and questions; together, they give a score that can help doctors with a diagnosis. These mental abilities include:

- Short- and long-term memory
- Concentration and attention span
- Language and communication skills
- Awareness of time and place
- Abilities related to vision.

What are the symptoms of Alzheimer’s disease?

The symptoms of Alzheimer’s disease are not only related to memory problems. Symptoms gradually get worse over time but their rate of progression varies depending on the individual. Symptoms of Alzheimer’s disease are separated into 3 stages: early, middle and late.

What are the main early-stage symptoms of Alzheimer’s disease?

The main symptom observed during the early stage of Alzheimer’s disease is memory lapses. Examples of symptoms could include:

- Misplacing items
- Forgetting names of places and objects
- Having trouble thinking of the correct word
- Finding it hard to make decisions
- Repeating questions
- Signs of mood changes (anxiety, agitation, confusion).

What are the middle-stage symptoms of Alzheimer’s disease?

During the middle stage of Alzheimer’s disease, memory problems become worse. Individuals at this stage of the disease will likely require assistance and support in their daily lives. The following symptoms may be observed:

- Forgetting people’s names
- Difficulty recognising family and friends
- Confusion and disorientation
- Speech or language problems
- Disturbed sleep
- Difficulty judging distances.
What are the late-stage symptoms of Alzheimer’s disease?

People who are in the late stage of Alzheimer’s disease are severely disabled and can experience the following symptoms:

- Significant short- and long-term memory loss
- Violent outbursts
- Hallucinations
- Difficulty eating and swallowing
- Weight loss
- Unintentional passing of urine or stools
- Loss of speech
- Difficulty moving around without assistance.

What therapies or strategies are there to help with the symptoms of Alzheimer’s disease?

There is a range of therapies, devices and activities that can help manage the different symptoms of Alzheimer’s disease. Therapy sessions are a good way to improve memory and other skills. These include:

- Cognitive-stimulation therapy to help improve memory, problem-solving skills and language ability
- Cognitive rehabilitation to get you to use parts of your brain that work to help the parts that do not to achieve a personal goal, such as using a mobile phone.

Electronic devices, such as calendars or reminders, are useful to help keep track of your daily routine and to remind and assist you throughout your day.

What medications are used to treat Alzheimer’s disease?

As yet, there are no medications that can cure or reverse the symptoms of Alzheimer’s disease. There are medications that can control or slow the symptoms of the disease up to a point. Symptoms that can be controlled are depression, sleep problems, agitation, psychosis (hallucinations or delusions) and wandering.

Medications called acetylcholinesterase inhibitors are prescribed for early- or middle-stage Alzheimer’s disease. These drugs may help reduce some symptoms and help control some behavioural symptoms. Additional medications such as N-methyl D-aspartate (NMDA) antagonists are available for patients with middle- or late-stage Alzheimer’s disease. They help with orientation and daily activities, and may help to reduce agitation and delusions. Because NMDA antagonists work differently from acetylcholinesterase inhibitors, the 2 types of drugs can be prescribed in combination.

A wide range of other drugs may be prescribed at different times for a person with Alzheimer’s disease. These include drugs for depression or anxiety, sleeping tablets or antipsychotics for persistent aggression or extreme distress.

These medications have side effects and patients should be monitored when a drug is started. You should report any unusual symptoms to your doctor right away. It’s important to follow your doctor’s instructions when taking any medication, including vitamins and herbal supplements. Also let your doctor know before adding or changing any medications.

Treatment is usually started by a specialist doctor such as a psychiatrist, geriatrician or neurologist. Once treatment has been started, it may be continued and monitored either by a specialist or by your GP.
What can I do to support my quality of life?

Activities to stimulate thinking and keep mentally, physically and socially active are important, and can have a big impact on someone with Alzheimer’s disease. Some activities that can be performed on a daily basis include:

- Doing any hobbies such as arts and crafts
- Reminiscing with old photographs and videos
- Reading or doing puzzles to exercise the brain
- Partaking in exercise classes, dancing or going for a walk
- Playing games
- Cooking or baking.

Finding a good balance between activities and rest is very important. It’s also important to stick to a healthy diet so that the body can obtain all the nutrients it needs to function well.

Lexicon

**Acetylcholinesterase inhibitors.** These are drugs that are used to treat some symptoms of Alzheimer’s disease such as reducing anxiety and helping with a person’s daily living, including cooking and performing activities and hobbies.

**Dementia.** This is a term that encompasses progressive diseases that damage the brain. Alzheimer’s disease is an example of, and the most common cause of, dementia but it is not the only cause of dementia.

**Neurotransmitter.** A neurotransmitter is a chemical messenger that carries, boosts and balances signals between neurons, or nerve cells, and other cells in the body. These chemical messengers can affect a wide variety of both physical and psychological functions, including heart rate, sleep, appetite, mood and fear.