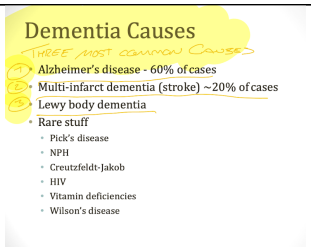
22.3_Alzheimer's

Case

Amanda Wilson, aged 65 years presents with her daughter who is concerned that her mother is becoming forgetful. Amanda's husband died 5 years ago from an acute stroke. Since then Amanda has lived alone. Her daughter reports that her mother is forgetting where she puts things, is leaving the stove on and forgetting things like her bank account passwords. Amanda used to be an accountant and so her daughter is worried at the change in her memory status.

What further history & examination would you undertake in this case?	**Mobility** – any aids, ambulation, falls **Mind -** MMSE – Mini MOCA **Medications -** Med Review – Anticholinergic Burden **Multi-morbidity** - PHx **Matters Most** – Person Cantered Care
What investigations would you order?	**B** **I – CXR, CT/MRI Brain – look for cortical atrophy and deepening sulci.** **M – Syphilis (VDRL), EBV** **B – The usuals + Serum Calcium, ESR, Glucose, TFTs, B12, ANA, anti-dsDNA** **O - ECG**
How does Alzheimer's disease typically present?	**Memory Deficits** **Impaired Judgement** **Personality Changes**
What is the role of donepezil galantamine memantine rivastigmine in Alzheimer's disease?	All increase anticholinergic function by inhibiting cholinesterase. - Some stimulate nicotinic receptors too Some evidence that they improve cognitive function
List a differential diagnosis for acute causes of dementia?	 *Wouldn't include delirium because delirium is not progressive like dementia – so need to look at other progressive onset reductions in mental state.*
How does Wernicke-Korsakoff and Picks disease differ from the presentation of Alzheimer's disease?	**WK – Classic Triad of Nystagmus, ataxic gate and altered mental state (unlikely to have nystagmus and ataxic gate with Alzheimers, maybe you would with parkinsonian dementia however)** **Picks Disease** Pick's Disease is much rarer than Alzheimer's with the degeneration predominantly affecting frontal and temporal lobes. The histology is characterised by the presence of argyrophilic cytoplasmic inclusion bodies (Pick bodies) and chromatolytic ballooned neurons (Pick cells). Patients may present

	with personality change due to frontal lobe involvement or with progressive aphasia. Memory is relatively preserved in the early stages. There is no specific treatment for Pick's disease.