

# Expert Q&A: Dementia and Alzheimer's Disease

Q. How can I differentiate between memory or cognitive problems related to dementia and memory problems related to normal aging?

- A. Many people experience problems in memory or cognition due to the normal physiology of aging. However, compared to the memory and cognitive issues of dementia, age-associated memory impairment does not affect the activities of daily life, our ability to complete our tasks, or our ability to learn new things.

On clinical assessment, if an individual is found to have impairment in cognition and memory that is more than expected for age but is severe enough to affect their daily living, they are diagnosed to have a mild neurocognitive disorder or mild cognitive impairment (MCI). Individuals with MCI are at high risk of developing dementia, and they need periodic assessment by a primary care provider or mental health provider to assess the progression of the cognitive impairment.

Q. What are the warning signs of dementia?

- A. The symptoms of dementia vary between individuals and types of dementia. Some of the early signs include memory problems, problems with language, misplacing personal belongings, trouble with organizing and planning activities like physician appointments, mood changes, difficulties in performing familiar tasks or using everyday objects like a cellphone, being confused about time and place, and withdrawal from social activities like family gatherings.

Q. My grandfather has dementia. Will I get it?

- A. Only a few rare subtypes of dementia run in families. These rare familial types of dementia are caused by mutations in genes inherited by family members. These types of dementia usually manifest before the age of 65. Genetic testing for these types of dementia is not recommended as a positive test does not necessarily mean that an individual will develop dementia. Even with a history of multiple family

members with dementia and a positive genetic test for a familial type of dementia, an individual may not still develop dementia. There are no specific preventative measures for dementia. The risk for developing dementia can be reduced by making healthy lifestyle choices such as:

- Eating a balanced diet.
- Avoiding tobacco or other substances.
- Limiting the consumption of alcohol.
- Being physically, mentally, and socially active.

Q. What is the cure for dementia?

A. Unfortunately, there is no treatment yet that can reverse the disease process of dementia. Medications approved by the U.S Food and Drug Administration (FDA) can slow down the process of Alzheimer's disease (but not other types of dementia). As the disease progresses in severity, the medications can become less effective, and they can be discontinued to reduce the burden of taking inappropriate and unnecessary medications. New medications are being studied now with the hope that they will one day be able to slow down or stop the decline in cognitive impairment.

Q. My mother is stressed and overwhelmed about caring for my father with Alzheimer's disease. What can be done for her to manage her stress?

A. Stress and burnout are common in caregivers for individuals with dementia, especially as the severity of dementia progresses and requires more investment in care by caregivers. Caregivers can be frustrated, depressed, and anxious about caring for their loved ones, which can take a toll on their physical and mental health. It is vital that caregiver burden and stress be addressed when assessing individuals with dementia. They should be provided with a break from caregiving for a few hours a day to take care of themselves and their needs. Family members can also take turns providing care for the individual with dementia. Caregivers are encouraged to seek psychotherapy and counseling if they feel anxious or depressed about caring for their loved ones. Information about caregiver support groups and other caregiver resources can be obtained from the local chapter of the Alzheimer's Association.