

On the homefront: A look at Alzheimer's disease

By **Patricia Kincare**

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I came across some startling statistics a few weeks ago. Over the next 40 years, we are projected to spend 20 trillion dollars on treating Alzheimer's disease. By 2050, the illness is likely to affect 13.5 million people age 65 and older; currently Alzheimer's affects about 5.1 million people in that age group. Since age is the single biggest risk factor, and our baby-boomer population is aging into their 60s, this isn't a surprise, but it is sobering.

Many of us have had family members or friends affected by this disease. When someone forgets something, she may jokingly say, "Oh, I must have Alzheimer's." But underneath that joke is often the fear — what if I do have Alzheimer's, and how do I know this isn't Alzheimer's.

Alzheimer's is a progressive and fatal brain disease, affecting memory, thinking, behavior, and ultimately the ability to care for one's self in even the most basic ways. The risk of developing Alzheimer's doubles every five years after the age of 65, and is close to 50 percent after age 85. Family history is a risk factor too. Having one or more parents or siblings with Alzheimer's increases your risk of developing the disease by 10 percent to 30 percent. But remember, increased risk is not a certainty of developing disease. True "familial Alzheimer's disease," where multiple members of multiple generations are affected, is a rare, genetically determined form of the disease that accounts for less than 5 percent of all Alzheimer's cases, and affects several hundred families worldwide.

So how do you know when symptoms warrant further work-up? An 83-year-old woman moves to a new state to be closer to her children. Trying to find the local plant nursery she becomes lost and goes some miles from her original destination, on a loop road around the city. She finds a police officer, asks for directions, gets to her destination and then home. She laughingly shares the story, but her children are concerned she has Alzheimer's, as she had gotten lost and that is not something that's ever happened before. A 78-year-old man is watching the Boston Bruins on TV in July, and tells his children it looks like the Bruins are having a great year, and he is looking for tonight's game to watch. His children, who had also seen the game, are worried that he seems confused.

These cases are quite different. The 83-year-old woman is in a new environment, in a city that is far more complex than the rural area she lived in for the past 60 years. She knew she was lost, and she knew what to do about it. She sought help, and was able to follow the directions to get to a new location and back to her new home again without further incident. Barring any other signs of changes in thinking or memory, this seems within the normal limits of adjusting to a new area. The 78-year-old man however, has not picked up on lots of clues that his children accurately perceived and shared with their dad's doctor. The Bruins don't play their regular season in July; no one in the game was wearing a helmet — something not allowed in today's league; Bobby Orr hasn't played since 1978. All of these should have told him he was watching a "classic game" repeat, and there would be no current season game tonight. His inability to process that information correctly does warrant further work-up.

We all forget things and make mistakes, but Alzheimer's has more extensive, persistent and disruptive changes. Memory loss is often the first and most dramatic symptom, but thinking, reasoning and judgment can be affected early too. For an excellent comparison of normal changes seen with aging to those seen with Alzheimer's, view "10 signs of Alzheimer's" at www.alz.org.

Not all confusion is dementia. Depression, severe vitamin deficiencies, thyroid, kidney or cardiovascular problems, infections, and even medication side-effects can mimic dementia until they are treated.

So if you are concerned about yourself or a loved one, talk to your doctor. An isolated symptom does not make a diagnosis, but talking about the symptom in the context of the person's life should help determine whether more needs to be done.

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