



GET THE FACTS:
Forgetfulness/ Knowing
When to Ask for Help



Astral
AT AUBURN

Is My Loved One's Forgetfulness Normal...or Should I Get Help?

It happens to most of us at one time or another. We forget something and wonder if we're getting Alzheimer's disease or a related dementia. This is especially true if you have a family member who suffered from Alzheimer's disease.

But when is forgetfulness just a normal part of aging—and when is it something more serious?

Forgetting things can be due to normal aging, medical conditions, emotional problems—or it can be related to Alzheimer's disease or other dementia.

- **Age-related memory issues** – As people get older, their brain changes. It may take longer to remember information or learn new skills. Or they may lose things, like their keys or glasses. These usually are signs of mild forgetfulness, not serious memory problems.



Age-related memory issues	Alzheimer's Disease
Occasionally makes a bad decision	Frequently makes bad decisions and uses poor judgement
Misses a monthly payment	Has problems taking care of monthly bills
Forgets what day it is, but remembers it later	Loses track of the date or time of year
Sometimes forgets which word to use	Has difficulty conversing
Loses things from time to time	Misplaces things often and then can't find them

- **Health-related memory loss** – Some medical or health-related conditions can cause serious memory problems. A doctor should treat these conditions as soon as possible as the memory loss will usually disappear following treatment. These include:
 - Tumors, blood clots, or infections in the brain
 - Some thyroid, kidney, or liver disorders
 - Drinking too much alcohol
 - Head injury, such as a concussion from a fall or accident
 - Side effects of medication(s)
 - Nutritional deficiencies/dietary issues (not having enough vitamins or minerals or eating enough healthy food)



- **Emotion-related memory loss** – Stress, anxiety, or depression resulting from major life changes—the death of a spouse or retirement, for example—can make your loved one feeling confused or forgetful and be mistaken for dementia. These are usually temporary and will go away when the feelings fade.

You and other family members or friends can provide support, but if the feelings last longer than 2 weeks, a doctor or counselor can provide medication and/or counseling. Staying active and learning new skills can also help your loved one feel better and improve his or her memory.

Dementias

Though not a disease itself, dementia is a group of symptoms that interferes with daily life and activities. They may include:

- Inability to remember things
- Repeating the same question or story
- Becoming lost in familiar places
- Having trouble following directions
- Getting confused about time, people, and places
- Having trouble handling money and paying bills
- Experiencing increased anxiety and/or aggression



Certain diseases or conditions cause dementia, with Alzheimer's disease and vascular dementia two of the most common:

- **Alzheimer's disease** – Changes in the brain result in the early death of nerve cells. Each person experiences Alzheimer's disease differently, both in terms of their symptoms and disease progression. In the pre-clinical stage, which can last for years, there are often no symptoms. In the mild cognitive impairment (MCI) stage, there are mild changes in memory and cognition. The mild dementia stage is where most people are diagnosed with Alzheimer's disease because they more clearly begin to struggle with daily living. People in the moderate dementia stage show deepening memory loss and confusion and need help with daily living activities. Finally, late-stage or severe Alzheimer's disease patients typically are unable to communicate coherently, stand, hold their head up, swallow, or control their bodily functions and require full-time care.
- **Vascular dementia** – Vascular dementia often, but not always, occurs after a stroke blocks an artery in the brain. You can also develop vascular dementia without having a stroke. Symptoms often begin suddenly and, depending on the location and severity of the stroke, can include problems with reasoning, planning, judgment, memory, and other thought processes. Mood and personality changes are also common.
- **Lewy body dementia** – Lewy body dementia (LBD) broadly includes both dementia with Lewy bodies and Parkinson's disease dementia with a progressive decline in thinking, reasoning, and independent function. Symptoms may include changes in thinking and reasoning, fluctuating

delirium-like cognition, recurrent well-formed visual hallucinations, REM sleep behavior disorder that involves acting out dreams, and spontaneous parkinsonism with slowness of movement, rest tremor, or rigidity. Additional symptoms may include trouble interpreting visual information, a malfunctioning autonomic nervous system, and memory loss (though not as prominent as in Alzheimer's disease).

- **Frontotemporal disorders** – Frontotemporal dementias are caused by progressive nerve cell loss in the brain's frontal lobes (behind your forehead) or its temporal lobes (behind your ears). These dementias lead to deteriorating behavior and personality and/or difficulty speaking or comprehending language.
- **Mixed dementia** – In mixed dementia, brain changes of more than one cause of dementia occur simultaneously. In the most common form, abnormal protein deposits associated with Alzheimer's disease, along with blood vessel problems linked to vascular dementia, are found together. But Alzheimer's brain changes also often coexist with Lewy bodies and, in some cases, a person may have brain changes linked to all three—Alzheimer's disease, vascular dementia, and Lewy body dementia.

There are other less common types of dementias, including Creutzfeldt-Jakob disease, Huntington's disease, Korsakoff syndrome, normal pressure hydrocephalus, and others related to Down's Syndrome and degeneration of the cortex.

When to See a Doctor

If you're concerned about a loved one's memory loss or other symptoms, ask a doctor about a thorough assessment and diagnosis. He or she will review your loved one's symptoms and medical history, ask about medications, conduct an exam, order tests, and speak with friends and family members about symptoms and behavior.

The doctor may also refer you to a neurologist, internist, geriatrician, or psychiatrist for more specialized testing. Memory loss and other symptoms can be related not only to Alzheimer's disease and other dementias, but they can also be associated with normal aging, health-related conditions, or emotional issues. The goal is to rule out every other condition so the doctor can recommend an appropriate treatment protocol.

If you're concerned about a loved one, share your concerns and suggest going with them to a doctor's appointment to learn more.



Treatments for Alzheimer’s Disease

To date, the U.S. Food and Drug Administration (FDA) has approved five drugs to treat the symptoms of Alzheimer’s disease—donepezil, rivastigmine, galantamine, memantine and memantine combined with donepezil. They do not deal with the changes in the brain or slow the progression of the disease. (See Get the Facts on Alzheimer’s Disease Medications).

Aducanumab, a monoclonal antibody, is the first drug to receive conditional FDA approval to treat the underlying cause by preventing Alzheimer’s-related plaques from forming in the brain. Received in 2021, the approval is conditioned on additional studies to prove its effectiveness.

The process for developing new treatments that slow or halt the disease has been frustratingly slow. To expedite the development of more effective treatments, representatives from numerous organizations across the U.S. and Europe have joined together to share data from more than 6,500 study participants in Alzheimer’s clinical trials and to develop data standards. Their goal is to transform the drug development paradigm for neurodegenerative diseases and serve as a model for other major diseases.

The future looks hopeful. Like many cancers or HIV/AIDS, treatments for Alzheimer’s disease may eventually include a “cocktail” of drugs targeting different disease processes. These may include monoclonal antibodies—such as lecanemab, donanemab, solanezumab, saracatinib, sargramostim, and tau “detanglers”—which are currently in clinical trials.

Studies are continuing on the effects of insulin on the brain and brain cell function, the link between heart and blood vessel health and brain health, and the relationship between estrogen and cognitive function.

In the meantime, you may help slow the progression of Alzheimer’s disease in the early stages by ensuring that your loved one:

- Eats a healthy diet
- Gets heart-pumping exercise
- Gets plenty of good sleep
- Stays socially connected
- Engages his or her brain
- Controls his or her blood sugar, cholesterol, and blood pressure

You can also help your loved one continue his or her daily routine, physical activities, and social contacts. Remind them about the details of their lives, time of day, where they live, and what is happening at home and beyond. Help them use memory aids, such as a calendar, daily to-do lists, or reminders—which can be paper-based or set up on a digital device, like a smartphone or tablet—to help them navigate their daily life and activities.



Resources

Alzheimer's and Related Dementias Education and Referral (ADEAR) Center

National Institutes of Health (NIH)
www.nia.nih.gov/health/alzheimers
Email: adear@nia.nih.gov
Phone: 1.800.438.4380

Alzheimers.gov

National Institute on Aging (NIA)
www.alzheimers.gov

Alzheimer's Association

www.alz.org
Phone: 1.800.272.3900 (24/7 helpline)

Alzheimer's Foundation of America

www.alzfdn.org
Phone: 1.866.232.8484

There are also many state and local resources dedicated to Alzheimer's disease and other dementias. Check with your state, city, or nearby research institution.



A Leader in Senior Housing

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