

STATE HEALTH IMPROVEMENT PLAN

● ● ● ● ● Priority Area Workgroup 1

Alzheimer's Disease and Related Dementias Resource Guide



ELDERAFFAIRS.ORG

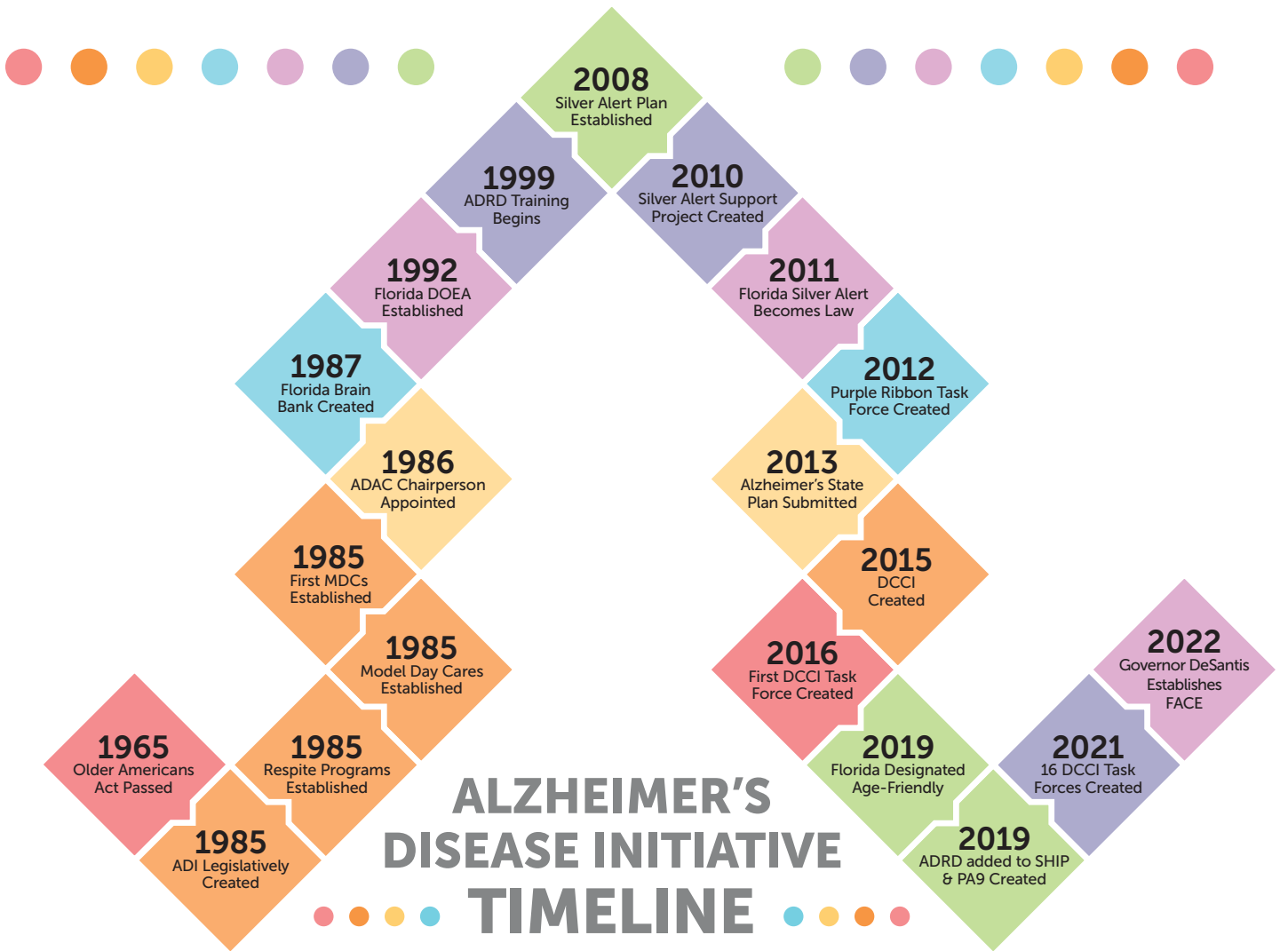
Elder 
Affairs
FLORIDA

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Introduction

The Alzheimer's Disease Initiative (ADI) became a Florida law in 1985 to provide a continuum of services to meet the changing needs of individuals and families affected by Alzheimer's Disease and Related Dementias (ADRD). The State Health Improvement Plan: Priority Area Workgroup 1 (SHIP PAW1) is a supporting component of the Alzheimer's Disease Initiative. SHIP PAW1 was included in the State Health Improvement Plan to work on specific goals, strategies, and objectives related to Alzheimer's Disease and Related Disorders.

The other components of the Alzheimer's Disease Initiative are as follows:

- Alzheimer's Disease Advisory Committee
- ADI Respite Care Program
- Memory Disorder Clinics
- Brain Bank
- Supporting Components:
 - » Florida Silver Alert
 - » Alzheimer's Disease and Related Disorders (ADRD) Training
 - » Dementia Care and Cure Initiative

2023 ALZHEIMER'S DISEASE FACTS AND FIGURES



More than
6 million Americans
are living with Alzheimer's

Over 11 million Americans

provide unpaid care for people with Alzheimer's or other dementias

These caregivers provided more than 18 billion hours valued at nearly

\$340 billion

1 in 3
seniors dies with Alzheimer's or another dementia

It kills more than
breast cancer
+
prostate cancer
combined

The lifetime risk for Alzheimer's at age 45 is

1 in 5 for women
+
1 in 10 for men

Between 2000 and 2019, deaths from heart disease has



decreased
7.3%

In 2023, Alzheimer's and other dementias will cost the nation

\$345 billion

By 2050, these costs could rise to nearly

\$1 trillion

while deaths from Alzheimer's disease have

increased
145%



While only 4 in 10 Americans talk to their doctor right away when experiencing early memory or cognitive loss,



7 in 10 would want to know early if they have Alzheimer's disease if it could allow for earlier treatment.

ALZHEIMER'S  ASSOCIATION®



FLORIDA

2023 ALZHEIMER'S STATISTICS

NUMBER OF PEOPLE AGED 65 AND OLDER WITH ALZHEIMER'S

YEAR	TOTAL
2020	580,000
2025	720,000

ESTIMATED % INCREASE

24.1%

PREVALENCE

362 # OF GERIATRICIANS IN 2021

277.1% INCREASE NEEDED TO MEET DEMAND IN 2050

76,140 # OF HOME HEALTH AND PERSONAL CARE AIDES IN 2020

22.5% INCREASE NEEDED TO MEET DEMAND IN 2030

WORKFORCE



UNPAID CAREGIVERS (2022)

827,000 # OF CAREGIVERS

1,301,000,000 TOTAL HOURS OF UNPAID CARE

\$23,409,000,000 TOTAL VALUE OF UNPAID CARE

CAREGIVER HEALTH (2021)

66.4% OF CAREGIVERS WITH CHRONIC HEALTH CONDITIONS

28.6% OF CAREGIVERS WITH DEPRESSION

13.6% OF CAREGIVERS IN POOR PHYSICAL HEALTH

CAREGIVING

HOSPICE (2017)

19,897 # OF PEOPLE IN HOSPICE WITH A PRIMARY DIAGNOSIS OF DEMENTIA

15% HOSPICE RESIDENTS WITH A PRIMARY DIAGNOSIS OF DEMENTIA

HOSPITALS (2018)

1,552 # OF EMERGENCY DEPARTMENT VISITS PER 1,000 PEOPLE WITH DEMENTIA

23.0% DEMENTIA PATIENT HOSPITAL READMISSION RATE

MEDICAID

\$2.689B MEDICAID COSTS OF CARING FOR PEOPLE WITH ALZHEIMER'S (2020)

28.4% PROJECTED CHANGE IN COSTS FROM 2020 TO 2025

MEDICARE

\$31,665 PER CAPITA MEDICARE SPENDING ON PEOPLE WITH DEMENTIA (IN 2022 DOLLARS)

HEALTH CARE

OF DEATHS FROM ALZHEIMER'S DISEASE (2019)

6,539

MORTALITY

More than **6 million Americans** are living with Alzheimer's, and over **11.5 million** provide their unpaid care. The cost of caring for those with Alzheimer's and other dementias is estimated to total **\$345 billion** in 2023, increasing to nearly **\$1 trillion** (in today's dollars) by mid-century.

For more information, view the **2023 Alzheimer's Disease Facts and Figures** report at alz.org/facts. © 2023 Alzheimer's Association® All Rights Reserved. Alzheimer's Association is a not-for-profit 501(c)(3) organization.



cognitive decline in florida

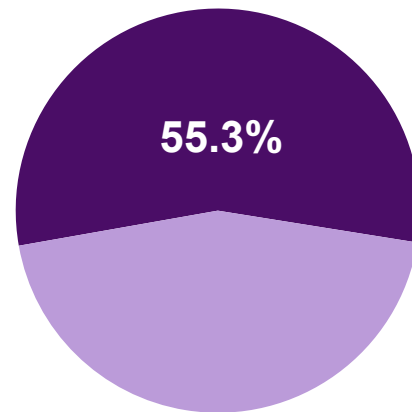
DATA FROM THE 2019 BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM

In Florida, **13.6%** — 1 in 7 — of those aged 45 and over report they are experiencing confusion or memory loss that is happening more often or is getting worse (“subjective cognitive decline”).

More than half of them have not talked to a health care professional about it.

For those with worsening memory problems, **45.5%** say it has created “functional difficulties” — that is, caused them to give up day-to-day activities and/or interfered with work or social activities.

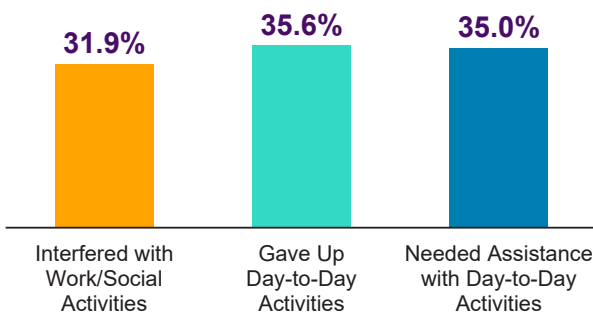
Percent with memory problems who have not talked to a health care provider



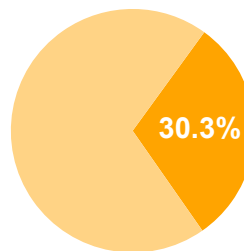
Percent of Those Aged 45+ with Subjective Cognitive Decline

All	Gender		Age					Educational Attainment			
	Men	Women	45-59	60-64	65-74	75-79	80+	< High School	High School	Some College	College Grad
13.6%	12.4%	14.7%	13.1%	13.9%	11.2%	15.6%	18.8%	18.9%	15.6%	12.0%	9.9%

Percent with memory problems who say it created difficulties and burden

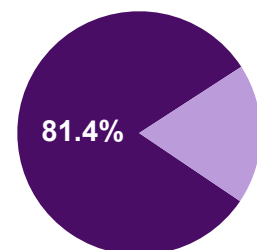


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Percent with memory problems who live alone

Percent with memory problems who have at least one other chronic condition*



*Defined as arthritis, asthma, COPD, cancer, cardiovascular disease, and diabetes

Maintaining Your Brain



10 WAYS TO LOVE YOUR BRAIN



START NOW. It's never too late or too early to incorporate healthy habits.



HIT THE BOOKS

Formal education will help reduce risk of cognitive decline and dementia. Take a class at a local college, community center or online.



BUTT OUT

Smoking increases risk of cognitive decline. Quitting smoking can reduce risk to levels comparable to those who have not smoked.



FOLLOW YOUR HEART

Risk factors for cardiovascular disease and stroke – obesity, high blood pressure and diabetes – negatively impact your cognitive health.



BREAK A SWEAT

Engage in regular cardiovascular exercise that elevates heart rate and increases blood flow. Studies have found that physical activity reduces risk of cognitive decline.



STUMP YOURSELF

Challenge your mind. Build a piece of furniture. Play games of strategy, like bridge.

Growing evidence indicates that people can reduce their risk of cognitive decline by adopting key lifestyle habits. When possible, combine these habits to achieve maximum benefit for the brain and body.

HEADS UP!

Brain injury can raise risk of cognitive decline and dementia. Wear a seat belt and use a helmet when playing contact sports or riding a bike.



BUDDY UP

Staying socially engaged may support brain health. Find ways to be part of your local community or share activities with friends and family.



TAKE CARE OF YOUR MENTAL HEALTH

Some studies link depression with cognitive decline, so seek treatment if you have depression, anxiety or stress.



CATCH SOME ZZZ'S

Not getting enough sleep may result in problems with memory and thinking.



FUEL UP RIGHT

Eat a balanced diet that is higher in vegetables and fruit to help reduce the risk of cognitive decline.



Visit alz.org/10ways to learn more.

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Talking About Brain Health and Aging

The Basics

Aging well depends on your genes, lifestyle choices, and environment. Even if you're healthy, brain changes as you age may lead to increased challenges with multitasking, paying attention, and recalling words. However, most of us—at any age—can learn new things and improve skills, which can be important for maintaining our independence.

Protecting Your Brain Health

Good overall health may help to maintain good brain health. These tips may help you stay active and healthy, physically and mentally.

- Eat or drink less sugar, salt, and solid fat
- Eat more fruits, vegetables, and whole grains
- Choose lean meats, fish, or poultry
- Control portion sizes
- Choose low- or non-fat dairy
- Drink adequate fluids
- Make physical activity a part of your routine
- Seek exercise guidance from a health care provider
- Join programs that teach exercise safety
- Volunteer or work
- Join a social club or gather with friends
- Try programs at local community centers
- Get 7-8 hours of sleep every night

A Healthy Diet May Promote Brain Health Now, and in the Years to Come

Where to Begin

There are many things that can affect brain health. Start with one small step in the right direction:



- Schedule a health screening or physical exam
- Review your medicines with your health care provider
- Add one daily serving of vegetables to your diet
- Start a food, activity, or health journal
- Find your community center's activity schedule
- If you are a Medicare beneficiary, schedule an Annual Wellness Visit

Brain Health Risks

Genetic risks to brain health are inherited, but the lifestyle and environmental factors you control may be changed to help overcome some of these risks and help maintain brain health.

Accidents

THE RISK As we get older, the risk of falls and other accidents that can cause brain injury increases.

REDUCE RISK Exercise to improve balance, wear safety belts and helmets, get an eye exam, make sure your home is safe, and get enough sleep.

Alcohol

THE RISK Consuming alcohol can impair communication among brain cells and affect your balance, coordination, memory, and emotions.

REDUCE RISK Older adults should be especially careful because medicines can interact with alcohol. Either don't consume it or follow the *Dietary Guidelines for Americans 2015-2020*, which describes "moderation" as up to one drink per day for women and two drinks per day for men.

Smoking and Related Risks

THE RISK Smoking and other pollutants can affect your health, including your heart and lungs.

REDUCE RISK If you smoke, quit. Consider how to limit your exposure to air pollution from fires (including fireplaces and candles), vehicles, and industrial areas.

Medicines

THE RISK Some medicines—on their own or when combined with other things—can affect the way your brain functions.

REDUCE RISK Talk to your health care providers about all prescription and over-the-counter drugs you take. Follow instructions and take medicines safely.

Health Conditions

THE RISK Conditions like heart disease, stroke, high blood pressure, diabetes, and sleep problems can affect brain health.



REDUCE RISK Manage your cholesterol and blood pressure, exercise, eat healthy, and get recommended health screenings. If you smoke, quit. If you drink alcohol, limit consumption. Get enough sleep and seek help for sleep problems.

Source: Administration for Community Living, an operating division of the U.S. Department of Health and Human Services.

The MIND Diet

Mediterranean-DASH Diet Intervention for Neurodegenerative Delay

The new MIND diet developed by Rush University Medical Center researchers is associated with a **reduced risk of Alzheimer's disease.**

Followed Strictly
LOWERED RISK

53%

Followed Moderately
LOWERED RISK

35%



GREEN LEAFY VEGETABLES



OLIVE OIL



BERRIES



FISH



WINE



OTHER VEGETABLES



NUTS



WHOLE GRAINS



POULTRY



BEANS

DAILY

One leafy green or salad
One other vegetable
Three servings whole grains
One glass red wine

EVERY OTHER DAY

Beans or legumes

MOST DAYS

Snack on nuts

TWICE PER WEEK

Poultry Berries

ONCE PER WEEK

Fish

5 UNHEALTHY FOOD GROUPS TO AVOID

Red meat
Butter and margarine
Sweets
Cheese
Pastries
Fried and fast food



How to Eat Better

Create a Healthy Dietary Pattern

Make smart choices and swaps to build an overall healthy eating style. Watch calories and eat smaller portions.

- **ENJOY** vegetables, fruits, whole grains, beans, legumes, nuts, plant-based proteins, lean animal proteins, skinless poultry, fish
- **LIMIT** sweetened drinks, sodium, processed meats, refined carbohydrates like added sugars and processed grain foods, full-fat dairy products, eggs, highly processed foods, tropical oils like coconut and palm
- **AVOID** trans fat and partially hydrogenated oils (found in some commercial baked goods and fried foods)

Read Nutrition Labels



Learning how to read and understand food labels can help you make healthier choices. When you have more than one choice, compare nutrition facts. Choose products with lower amounts of sodium, saturated fat and added sugars.

Tips for Success

Watch Calories

Eat only as many calories as you use up through physical activity. Understand serving sizes and keep portions reasonable.

Cook at Home

Take control over the nutritional content of your food by learning healthy preparation methods.

MyPlate for Older Adults

2020-2025 Dietary Guidelines for Americans

Fruits & Vegetables

Whole fruits and vegetables are rich in essential nutrients and fiber. Choose a variety that are deeply colored. Take advantage of different forms — particularly fresh and frozen.

Healthy Oils

Plant oils provide essential fatty acids and fat soluble vitamins. Use them to replace animal fats generally found in meat and full-fat dairy products.

Herbs & Spices

Replace salt with herbs and spices to enhance flavor and reduce sodium. Look for herb and spice blends without added salt.



Fluids

Adequate fluid intake is necessary. Sources include water, unsweetened beverages and soups, as well as fruits and vegetables.

Grains

Enriched grains are good sources of B vitamins, and whole grains of fiber as well. At least 1/2 should be whole grains.

Dairy

Milk, yogurt, and cheese are sources of calcium and other nutrients. Choose fat-free and low-fat dairy products in place of reduced- and full-fat.

Protein

High protein foods are rich in amino acids. Choose a variety including beans, nuts/seeds, fish, poultry and, if desired, lean meat.



Engage in regular physical activity

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Learn the Salty Six

Limit the amount of sodium you eat each day. These common foods can be loaded with excess sodium:

- Breads & Rolls
- Pizza
- Sandwiches
- Cold Cuts & Cured Meats
- Soups
- Burritos & Tacos



Look for the Heart-Check

The Heart-Check mark helps you find foods that can be part of a healthy eating plan.

Source: heart.org/mylifecheck and heart.org/eatsmart ©Copyright 2019 American Heart Association, Inc., a 501(c)(3) not-for-profit. All rights reserved. Unauthorized use prohibited. Citations available upon request. 5/19 DS14545

5

TIPS

to help you stay
motivated
to **exercise**



Being physically active is one of the most important things you can do each day to maintain and improve your health and keep doing things you enjoy as you age. Make exercise a priority with the following tips:

1

Find ways to fit exercise into your day.

You are more likely to get moving if exercise is a convenient part of your day.



2

Do activities you enjoy to make it more fun.

Be creative and try something new!



3

Make it social.

Find a virtual “exercise buddy” to help keep you going and provide emotional support.



4

If there’s a break in your routine, get back on track.

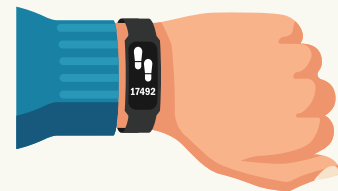
Start slowly and gradually build back up to your previous level of activity. Ask your family and friends for support.



5

Keep track of your progress.

Make an exercise plan and don’t forget to reward yourself when you reach your goals.



Visit www.nia.nih.gov/health/staying-motivated-exercise-tips-older-adults to learn more.



SAVE YOUR MONEY, HONEY!

The GCBH does not recommend any dietary supplement for brain health.*

6 Things to Consider Before You Buy a Supplement



Beware of supplement claims that sound too good to be true.

Check for warnings related to your specific health conditions and for third-party quality assurance.

Show your health care provider what drugs & supplements you're already taking. They may interact with each other.

Think about whether you're already getting enough of a nutrient through your diet before you buy.

Food is better than pills to get the nutrition you need to help your brain.

Make sure you **don't take more of a supplement than is recommended**; more is not always better.

*Unless you are one of the relatively few people in the U.S. with a vitamin B12/folate deficiency. It is estimated that 4.4% of U.S. adults 50+ are low on vitamin B12, but even fewer are low on folate. See Evatt, M.L. et al. (2010) "Association between vitamin B12- containing supplement consumption and prevalence of biochemically defined B12 deficiency in NHANES III (Third National Health and Nutrition Survey)." Public Health Nutr. 13(1), 25-31. See also <https://www.cdc.gov/nutritionreport/pdf/Second-Nutrition-Report-Overview-Factsheet.pdf>

The Real Deal on Brain Health Supplements : GCBH Recommendations on Vitamins, Minerals, and Other Dietary Supplements
GlobalCouncilonBrainHealth.org • Contact: GCBH@aarp.org
For more brain health info see [stayingsharp.org DOI: \(https://doi.org/10.26419/pia.00094.002\)](https://doi.org/10.26419/pia.00094.002)

Global Council on
Brain HealthSM
A COLLABORATIVE FROM **AARP**

Stay Connected to Combat Loneliness and Social Isolation

Feeling lonely and being isolated are bad for your health. Loneliness and social isolation are associated with higher rates of depression, a weakened immune system, heart disease, dementia, and early death.

Are You at Risk?

Try to stay active and better connected if you:

- live alone or can't leave your home
- feel alone or disconnected from others
- recently had a major loss or change
- are a caregiver
- lack a sense of purpose

Ideas for staying connected

- **Find an activity that you enjoy or learn something new.** You might have fun and meet people with similar interests.
- **Get moving!** Exercise decreases stress, boosts your mood, and increases your energy.
- **Volunteer.** You'll feel better by helping others.
- **Stay in touch** with family, friends, and neighbors in person, online, or by phone.
- **Consider adopting a pet.** Animals can be a source of comfort and may also lower stress and blood pressure.

For more information about preventing loneliness and social isolation, visit nia.nih.gov/health/participating-activities-you-enjoy.

**Cacioppo JT, Hawkley LC. Perceived social isolation and cognition. Trends Cogn Sci. 2009;13(10):447-54.*



Stages of Alzheimer's

Alzheimer's disease typically progresses slowly in three stages: early, middle and late (sometimes referred to as mild, moderate and severe in a medical context). Since Alzheimer's affects people in different ways, each person may experience dementia symptoms — or progress through the stages — differently.

Disease Progression

The symptoms of Alzheimer's disease worsen over time, although the rate at which the disease progresses vary. On average, a person with Alzheimer's lives four to eight years after diagnosis, but can live as long as 20 years, depending on other factors. Changes in the brain related to Alzheimer's begin years before any signs of the disease. This time period, which can last for years, is referred to as preclinical Alzheimer's disease.

This guide has been developed to walk you through the below stages so you can feel more prepared to assist your loved one. The stages below provide an overall idea of how abilities change once symptoms appear and should only be used as a general guide. (Dementia is a general term to describe the symptoms of mental decline that accompany Alzheimer's and other related dementias.)

Throughout this guide the three stages will be referred to as early – stage, mild Alzheimer's disease, middle – stage, moderate Alzheimer's disease and late – stage, severe Alzheimer's

disease. Be aware that it may be difficult to place a person with Alzheimer's in a specific stage as stages may overlap.

Communication

Alzheimer's disease and other dementias gradually diminish a person's ability to communicate. Communication with a person with Alzheimer's requires patience, understanding and good listening skills. The strategies below can help both you and the person with dementia understand each other better.

Changes in communication

Changes in the ability to communicate can vary and are based on the person and where he or she is in the disease process.

Things to expect to see throughout the progression of the disease include:

- Difficulty finding the right words.
- Using familiar words repeatedly.
- Describing familiar objects rather than calling them by name.
- Easily losing a train of thought.
- Difficulty organizing words logically.
- Reverting to speaking a native language.
- Speaking less often.
- Relying on gestures more than speaking.



Tips For Effective Communication

- Pay attention to the speaker. If you wear a hearing aid, use it.
- Remove distractions, for example, turn off your cell phone or radio. Put the dog or cat in a different room.
- Ask the speaker to speak more slowly or to repeat the words.
- Repeat the new details to make sure that you heard correctly. Think about what was said and how you want to answer.
- Write down the information, such as who phoned, when your visitor is coming, or what food to buy, to remind you later. Read the information and repeat it silently or out loud a few times.
- Link new details to old experiences and memories.

Tips For Successful Communication

- Speak clearly; speak and point to item or picture of item
- **KISSSSS:**
 - » **Kinesics** (positive body posture)
 - » **Info** that fits (not extra words or explanations that may confuse or distract)
 - » **Simple**, concrete words. Use actual name of person or item, not a pronoun (i.e., he, she, it, them nor general words such as that, those things, etc.)
 - » **Sweet**, positive words and tone of voice; reframe/switch negative words into positive ones before you say them
 - » **Smile**
 - » **Short** (2 or 3 word sentence)
 - » **Safe** (act caring, gentle, trustworthy)
- Respond to feelings
- Approach slowly in front of or beside the person (within the person's visual field); humming or singing may let the person know that you are coming close



- Look at person; eye-to-eye contact if culturally appropriate; speak to the person with memory disorder not only to the care partner
- Repeat: speaker and listener should repeat the message
- Caregiver should assess needs depending on routine or situation and anticipate the topic, question or concern
- Answer questions briefly, repeat answers according to memory ability of care receiver
- Give as much information as possible in simple sentence
- Late stage: use music to activate or calm; sing or play favorite olden songs; use all senses (smell, touch, etc.) to connect

Understanding ADRD



What Is the Difference Between Alzheimer's and Typical Age-Related Changes?

Signs of Alzheimer's and dementia:

- Poor judgement and decision-making
- Inability to manage a budget
- Losing track of the date or the season
- Difficulty having a conversation
- Misplacing things and being unable to retrace steps to find things

Typical age-related changes:

- Making a bad decision once in a while
- Missing a monthly payment
- Forgetting which day it is and remembering it later
- Sometimes forgetting which word to use
- Losing things from time to time

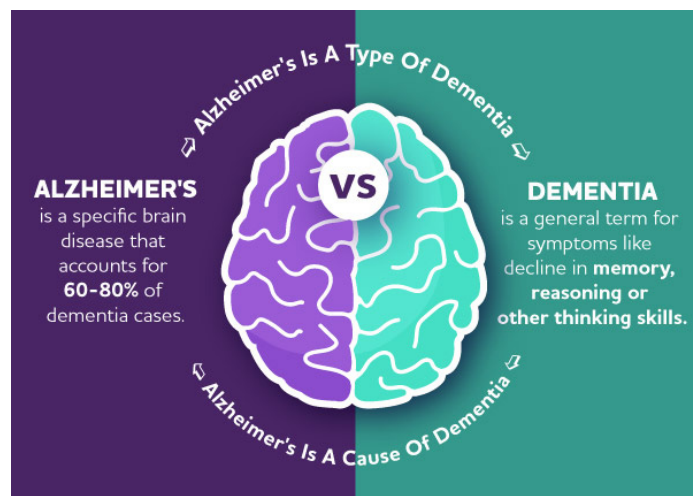
Dementia vs. Alzheimer's Disease: What is the Difference?

Dementia is a general term for a decline in mental ability severe enough to interfere with daily life, while Alzheimer's is a specific disease. Alzheimer's is the most common cause of dementia.

Learning about the two terms and the difference between them is important and can empower individuals living with Alzheimer's or another dementia, their families and their caregivers with necessary knowledge.

Dementia Overview

Dementia describes a group of [symptoms](#) associated with a decline in memory, reasoning or other thinking skills. Many different [types of dementia](#) exist, and



many conditions cause it. [Mixed dementia](#) is a condition in which brain changes of more than one type of dementia occur simultaneously. Alzheimer's disease is the most common cause of dementia, accounting for 60-80% of dementia cases.

Dementia is not a normal part of aging. It is caused by damage to brain cells that affects their ability to communicate, which can affect thinking, behavior and feelings.

Alzheimer's Overview

Alzheimer's is a degenerative brain disease that is caused by [complex brain changes](#) following cell damage. It leads to dementia symptoms that gradually worsen over time. The most common [early symptom of Alzheimer's](#) is trouble remembering new information because the disease typically impacts the part of the brain associated with learning first.

As Alzheimer's advances, symptoms get more severe and include disorientation, confusion and behavior changes. Eventually, speaking, swallowing and walking become difficult.

Though the greatest known [risk factor](#) for Alzheimer's is increasing age, the disease is not a normal part of aging. And though most people with Alzheimer's are 65 and older, approximately 200,000 Americans under 65 are living with [younger-onset Alzheimer's disease](#).

Source: [alz.org](#)

Understanding Different Types of Dementia

As we age, it's normal to lose some neurons in the brain. People living with dementia, however, experience far greater loss. Many neurons stop working, lose connections with other brain cells, and eventually die. At first, symptoms can be mild, but they get worse over time. Read on to learn more about four different types of dementia.



TYPES OF DEMENTIA

Alzheimer's Disease	Frontotemporal Dementia	Lewy Body Dementia	Vascular Dementia
What Is Happening in the Brain?*			
<p>Abnormal deposits of proteins form amyloid plaques and tau tangles throughout the brain.</p> <p>Amyloid plaques Tau tangles</p>	<p>Abnormal amounts or forms of tau and TDP-43 proteins accumulate inside neurons in the frontal and temporal lobes.</p> <p>Frontal lobe Tau TDP-43 Temporal lobe</p>	<p>Abnormal deposits of the alpha-synuclein protein, called "Lewy bodies," affect the brain's chemical messengers.</p> <p>Lewy body</p>	<p>Conditions, such as blood clots, disrupt blood flow in the brain.</p> <p>Blood clot</p>

*These changes are just one piece of a complex puzzle that scientists are studying to understand the underlying causes of these forms of dementia and others.

Symptoms

<p>Mild</p> <ul style="list-style-type: none"> Wandering and getting lost Repeating questions <p>Moderate</p> <ul style="list-style-type: none"> Problems recognizing friends and family Impulsive behavior <p>Severe</p> <ul style="list-style-type: none"> Cannot communicate 	<p>Behavioral and Emotional</p> <ul style="list-style-type: none"> Difficulty planning and organizing Impulsive behaviors Emotional flatness or excessive emotions <p>Movement Problems</p> <ul style="list-style-type: none"> Shaky hands Problems with balance and walking <p>Language Problems</p> <ul style="list-style-type: none"> Difficulty making or understanding speech <p><i>There are several types of frontotemporal disorders, and symptoms can vary by type.</i></p>	<p>Cognitive Decline</p> <ul style="list-style-type: none"> Inability to concentrate, pay attention, or stay alert Disorganized or illogical ideas <p>Movement Problems</p> <ul style="list-style-type: none"> Muscle rigidity Loss of coordination Reduced facial expression <p>Sleep Disorders</p> <ul style="list-style-type: none"> Insomnia Excessive daytime sleepiness <p>Visual Hallucinations</p>	<ul style="list-style-type: none"> Forgetting current or past events Misplacing items Trouble following instructions or learning new information Hallucinations or delusions Poor judgment
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Typical Age of Diagnosis

Mid 60s and above, with some cases in mid-30s to 60s	Between 45 and 64	50 or older	Over 65
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Diagnosis

Symptoms can be similar among different types of dementia, and some people have more than one form of dementia, which can make an accurate diagnosis difficult. Symptoms can also vary from person to person. Doctors may ask for a medical history, complete a physical exam, and order neurological and laboratory tests to help diagnose dementia.

Treatment

There is currently no cure for these types of dementia, but some treatments are available. Speak with your doctor to find out what might work best for you.

Living with dementia can be challenging, but there are ways to manage it. To learn more about these types of dementia and other conditions that can cause dementia, visit www.nia.nih.gov/health/what-is-dementia.



10 Warning Signs of Alzheimer's

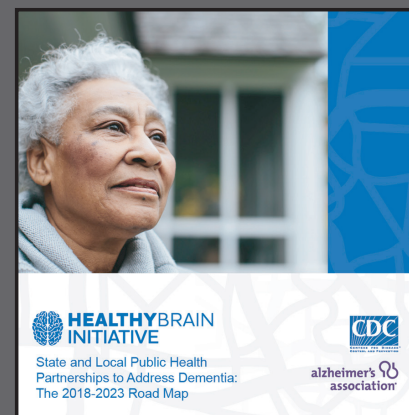


Memory often changes as people grow older. Some people notice changes in themselves before anyone else does. For other people, friends and family are the first to see changes in memory, behavior, or abilities. Memory loss that disrupts daily life is not a typical part of aging. People with one or more of these 10 warning signs should see a doctor to find the cause. Early diagnosis gives them a chance to seek treatment and plan for the future.

- 1 Memory loss that disrupts daily life:** forgetting events, repeating yourself or frequently relying on more aids to help you remember (like sticky notes or reminders).
- 2 Challenges in planning or solving problems:** having trouble paying bills or cooking recipes you have used for years.
- 3 Difficulty completing familiar tasks at home, at work, or at leisure:** having problems with cooking, driving places, using a cell phone, or shopping.
- 4 Confusion with time or place:** having trouble understanding an event that is happening later, or losing track of dates.
- 5 Trouble understanding visual images and spatial relations:** having more difficulty with balance or judging distance, tripping over things at home, or spilling or dropping things more often.
- 6 New problems with words in speaking or writing:** having trouble following or joining a conversation or struggling to find a word you are looking for (saying “that thing on your wrist that tells time” instead of “watch”).
- 7 Misplacing things and losing the ability to retrace steps:** placing car keys in the washer or dryer or not being able to retrace steps to find something.
- 8 Decreased or poor judgment:** being a victim of a scam, not managing money well, paying less attention to hygiene, or having trouble taking care of a pet.
- 9 Withdrawal from work or social activities:** not wanting to go to church or other activities as you usually do, not being able to follow football games or keep up with what’s happening.
- 10 Changes in mood and personality:** getting easily upset in common situations or being fearful or suspicious.

The Centers for Disease Control and Prevention (CDC) and the Alzheimer's Association have created the Healthy Brain Initiative's (HBI) *State and Local Public Health Partnerships to Address Dementia: The 2018-2023 Road Map*.

It is designed to focus the public health response to growing and future impacts of Alzheimer's and other dementias. With 25 actions, public health leaders can promote brain health, better care for people with cognitive impairment, and increase attention to caregivers.



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alz.org/publichealth
cdc.gov/aging

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Mild Cognitive Impairment to Dementia: Understanding the Journey

Dementia is a brain disease that affects a person's thought processes or cognition. It can be years in the making, with mild cognitive impairment (MCI) occurring much earlier.

Symptoms of Dementia/MCI

- Forgetfulness
- Difficulty learning new things
- Poor judgment
- Emotional disorders
- Difficulty finding words

If you have these symptoms, it is time to visit a neurologist. Your doctor may perform some or all of the following tests in order to arrive at a diagnosis:

- Physical and neurological examinations
- MRI
- Cognitive and functional screening tests
- Blood tests
- Specialized testing

Treatment

- Review Current Medications. Some drugs may contribute to cognitive problems
- There is currently no effective drug for MCI
- Recent studies indicate that a Mediterranean diet and regular exercise can slow the progression of MCI to dementia

Choosing a Doctor to Evaluate Memory and Thinking Problems

While many people experience some changes in memory, thinking and behavior as they age, cognitive changes that disrupt daily life are not a typical part of aging. If you or someone you know is experiencing memory or thinking problems, it is important to share these concerns with your doctor. Only a full medical evaluation conducted by a licensed physician can determine if symptoms are related to dementia.

Dementia is not a specific disease, but a range of symptoms associated with memory or thinking problems severe enough to affect a person's ability to perform everyday activities. Consulting a doctor at the earliest stage is critical to allow for treatment and planning. If you have dementia, it's important to find out what type it is because treatments and symptoms can vary. The four most common types of dementia are:

- Alzheimer's disease.
- Vascular dementia.
- Dementia with Lewy bodies.
- Frontotemporal dementia.

Types of Doctors Who Evaluate Memory and Thinking Problems

- **Primary care physicians** People often first discuss their memory or thinking concerns with their primary care physician, sometimes referred to as a "generalist or PCP." Trained in general internal medicine or family medicine, primary care physicians focus on diagnosing and treating common medical conditions. Many primary care physicians perform an initial assessment and full evaluation, but may also refer patients to a specialist to confirm the diagnosis and determine the

type of dementia. When talking to your primary care physician about memory and thinking problems, ask how familiar he or she is with diagnosing dementia and whether there are circumstances in which he or she would refer to a specialist.

Specialists

The specialists listed below can evaluate memory and thinking issues and diagnose dementia. Some people with unclear symptoms, including those under age 65, may require evaluation by two or more specialists who combine their findings to reach a diagnosis.

- **Geriatricians** are primary care physicians who have additional training in geriatrics (medical care for diseases and conditions common among older adults, generally over age 65). These physicians are typically prepared to manage multiple medical conditions.
- **Geriatric Psychiatrists** are trained in general psychiatry with additional training in mental health and aging. They may be helpful in ruling out other causes of memory loss, such as depression, and in treating dementia-related behaviors in people living with dementia.
- **Neurologists** are trained in nervous system disorders, including issues with the brain, spinal cord and peripheral nerves. Neurologists typically receive formal training in Alzheimer's disease and other dementias, although not all diagnose or treat people living with the disease. Some neurologists focus on other conditions, such as pain management, Parkinson's disease and seizure disorders. If you are referred to a neurologist, inquire if they treat individuals living with Alzheimer's or other dementias.
- **Neuropsychologists** administer a variety of tests to assess thinking abilities, including memory, attention, language, reading and problem-solving skills. Neuropsychologists work closely with other specialists and primary care physicians during the diagnostic process. Most practicing clinical

neuropsychologists have an advanced degree (Ph.D. or Psy.D.) in clinical psychology and additional training in neuropsychology.

Dementia diagnostic centers, Alzheimer's Disease Centers (ADCs) and Alzheimer's Disease Research Centers (ADRCs) generally have at least two types of specialists as part of their medical team who can diagnose and treat dementia. ADCs and ADRCs are funded by the National Institute on Aging (NIA). ADRCs and some dementia diagnostic centers are involved in research and can suggest ways to participate in clinical studies.

The Diagnostic Process

The doctor may request multiple tests in order to evaluate memory concerns so that the cause can be accurately determined. The evaluation may be divided up into several visits, giving the doctor(s) enough time to determine the cause of memory changes and rule out others. In situations where the cause of memory loss is more evident, fewer tests may be needed. The steps in a memory evaluation may include:

- A medical history includes current and past medical problems and concerns, current and past medications, family medical history and diet, including alcohol use. In addition to speaking with the individual with memory or thinking problems, the doctor may ask to speak with family members or others who know this person well to determine if they have noticed any changes.
- A physical exam involves assessing blood pressure, temperature and pulse, as well as other procedures to evaluate overall health.
- A screen for depression includes answering a short set of questions. This process can add information needed for an accurate diagnosis because depression can cause memory and thinking problems similar to dementia.
- Laboratory tests, such as blood and urine samples, may be checked to rule out infection or to check how organs, such as



the liver or kidney, are functioning. In cases where additional information is needed, the doctor may order an analysis of proteins in cerebrospinal fluid (CSF).

- Mental cognitive status tests evaluate memory, thinking and simple problem-solving abilities. Some tests are brief, while others can be more time intensive and complex. More comprehensive mental cognitive status tests are often given by a neuropsychologist to evaluate executive function, judgment, attention and language.
- Brain imaging, such as magnetic resonance imaging (MRI) or a computerized tomography (CT) scan, look at the structure of the brain, while others, such as single photon emission computed tomography (SPECT) or positron emission tomography (PET), look at how the brain is functioning. These scans can rule out conditions that may cause symptoms similar to Alzheimer's but require different treatment, including brain tumors, aneurysm, stroke or buildup of fluid in the brain.

Visit [alz.org/evaluatememory](https://www.alz.org/evaluatememory) to learn more about what an evaluation may include.

Source: *alz.org*

Medicare Coverage of Care Planning

Medicare covers care planning services for people recently diagnosed with cognitive impairment, including Alzheimer's disease and other dementias. Care planning allows individuals living with dementia and their caregivers to learn about medical and non-medical treatments, clinical trials and services available in the community, and additional information and support that can contribute to a higher quality of life.

Under this coverage, physicians, physician assistants, nurse practitioners, clinical nurse specialists and certified nurse midwives can provide detailed care planning that includes:

- Evaluating cognition and function.
- Measuring neuropsychiatric symptoms.
- Medication reconciliation.
- Evaluating safety (including driving ability).
- Identifying caregivers and caregiver needs.
- Identifying and assessing care directives.
- Planning for palliative care needs.
- Referrals to community services for both the beneficiary and his or her caregiver.

Experts note that care planning for individuals living with dementia is an ongoing process and that a formal update to a care plan should occur at least once per year or when there is a significant change. Talk to your health care provider about care planning services. If your provider is not familiar with Medicare coverage of care planning, he or she can visit alz.org/careplanning for more information.

Resources

Alzheimer's Association & AARP Community Resource Finder alz.org/CRF

Diagnosis of Alzheimer's Disease and Dementia alz.org/diagnosis

Communicating With Your Health Care Team

Physicians and other medical professionals are a central part of the care team of a person living with dementia. Along with other members — which may include family, friends or others — they work to provide support throughout the course of the disease. Effective communication with other care team members — particularly health care providers — is critical to ensure that the person living with dementia receives the best possible care.

Advice for the Person Living with Dementia

Prepare for Visits

The following tips can be helpful as you prepare for a visit with a health care professional:

- Document any changes in your health, including your mood, memory and behaviors.
- Bring a list of your current prescriptions and over-the-counter medications (including any vitamins or supplements).
- Consider bringing your care partner, family member or friend with you.
- Make a list of questions you and/or your care partner wants to ask.

Ask Questions

It's normal to have many questions about the disease and your personal circumstances and common to forget what you'd like to ask a doctor. Consider bringing a list of questions to each appointment so you're prepared to discuss your questions and concerns. Also, be sure to let the physician or other medical professionals know if you need additional information or clarification.

The Alzheimer's Association National Early-Stage Advisory Group — comprising individuals from across the country living with early-stage Alzheimer's or other dementias — helped

develop a list of questions to help others make the most of doctor visits. These questions may be helpful as you create your own list to share with the doctor.

Diagnosis

- What is my official diagnosis?
- Which test(s) or tools were used to determine my diagnosis?
- What were you measuring with the tests performed?
- Can my symptoms be attributed to any other causes?

Alzheimer's Disease

- How might the disease progress?
- What is my prognosis?
- What can I expect in the future? How can I best prepare?
- How will my diagnosis affect my overall health?
- How will this disease affect how I manage my other health conditions?
- When do I have to stop driving?
- Can I still work? If so, in what capacity?
- How do I decide how and when to disclose my diagnosis to friends and family?
- Are there any daily practices that may help me continue to live well with the disease?
- Is there support available to help me sustain these daily practices?

Treatments and Coverage

- Which treatments are options for me?
- Will this medication target symptoms of the disease or the disease itself?
- How will the effectiveness of each treatment be measured?
- Are there any possible side effects? How will they be monitored and managed?
- Is one treatment option more likely than another to interfere with medications for other conditions?



- Will this treatment be covered by my insurance? If not, what are my options?

Clinical Studies

- Am I eligible to enroll in any clinical studies?
- Is published information about clinical treatment studies available?
- What are the possible risks and benefits for participation in a clinical study based on my medical history?
- What are the eligibility requirements for these clinical studies?

Health Care Team

- How familiar are you with Alzheimer's disease?
- Who will be responsible for overseeing my care moving forward?
- Will you coordinate with other members of my health care team?

- If hospitalization is necessary, will you be able to provide care in this setting?
- How frequently will follow-up appointments be scheduled?
- Under what circumstances should I contact you?
- Who else might be recommended as a member of my care team (e.g., specialist or counselor)? What would their roles be?
- At what point will you consider me unable to make my own health care decisions?
- How will you work with my care team during the course of the disease? What information will be shared?

Care and Support

- What care planning services do you provide?
- Are there support services and other resources where I can learn more about my diagnosis so I can live a fulfilling life for as long as possible?
- Are any of these support services in my community?

Advice for Members of Your Care Team

In the Early Stage

In the early stage of Alzheimer's, the person living with the disease should be included in all conversations regarding care and encouraged to independently share any health-related observations with the physician and other members of the medical team. If the person appears to need help communicating his or her needs, you may want to ask permission before interjecting.

This is a good time to ask the person living with dementia to sign a release of information so that you can freely communicate with the doctor on the person's behalf when the disease becomes more advanced.

As the Disease Advances

Over time, as the person's needs change and ability to communicate declines, the care team

should consider which adjustments to make in order to ensure good health care. The team will also need to provide any updates on behalf of the person with dementia in order to maintain accurate health records that are accessible in case of an emergency.

Insurance Coverage of Care Planning

Medicare and some other forms of health insurance cover care planning services for people recently diagnosed with cognitive impairment, including Alzheimer's and other dementias. Care planning allows individuals and their caregivers to learn about medical and non-medical treatments, clinical trials and services available in the community, and additional information and support that can contribute to a higher quality of life.

Under this coverage, physicians, physician assistants, nurse practitioners, clinical nurse specialists and certified nurse midwives can provide detailed care planning that includes:

- Evaluating cognition and function.
- Measuring neuropsychiatric symptoms.
- Medication reconciliation.
- Evaluating safety (including driving ability).
- Identifying caregivers and caregiver needs.
- Identifying and assessing care directives.
- Planning for palliative care needs.
- Referrals to community services for both the beneficiary and their caregiver.

Experts note that care planning for individuals living with dementia is an ongoing process and that a formal update to a care plan should occur at least once per year.

Talk to your health care provider about care planning services. If your provider is not familiar with Medicare coverage of care planning, your provider can visit alz.org/careplanning for more information.

Source: alz.org

Treatments

Although current medications cannot cure Alzheimer's, two FDA-approved treatments address the underlying biology. Other medications may help lessen symptoms, such as memory loss and confusion.

The U.S. Food and Drug Administration (FDA) has approved medications that fall into two categories: drugs that change disease progression in people living with Alzheimer's, and drugs that may temporarily mitigate some symptoms of the disease.

When considering any treatment, it is important to have a conversation with a health care professional to determine whether it is appropriate. A physician who is experienced in using these types of medications should monitor people who are taking them and ensure that the recommended guidelines are strictly observed.

Drugs That Change Disease Progression

Drugs in this category slow disease progression by going after the underlying biology of the disease process. They aim to slow the decline of memory and thinking, as well as function, in people living with Alzheimer's disease.

Amyloid-targeting Approaches

Anti-amyloid treatments work by attaching to and removing beta-amyloid, a protein that accumulates into plaques, from the brain. (These plaques disrupt communication between nerve cells and may activate immune system cells that trigger inflammation and devour disabled nerve cells.) Each treatment works differently and targets beta-amyloid at a different stage of plaque formation.

These treatments change the course of the disease in a meaningful way for people in the early stages, giving them more time to participate in daily life and live independently. Clinical trial participants who received anti-amyloid treatments experienced reduction in

cognitive decline observed through measures of cognition and function.

Examples of cognitive measures include:

- Memory
- Orientation

Examples of functional measures include:

- Conducting personal finances.
- Performing household chores such as cleaning.

Anti-amyloid treatments do have side effects. These treatments can cause serious allergic reactions. Side effects can also include amyloid-related imaging abnormalities (ARIA), infusion-related reactions, headaches and falls.

ARIA is a common side effect that does not usually cause symptoms but can be serious. It is typically a temporary swelling in areas of the brain that usually resolves over time. Some people may also have small spots of bleeding in or on the surface of the brain with the swelling, although most people with swelling in areas of the brain do not have symptoms. Some may have symptoms of ARIA such as headache, dizziness, nausea, confusion and vision changes.

Some people have a genetic risk factor (APOE-e4 gene carriers) that may cause an increased risk for ARIA. The FDA encourages that testing for APOE-e4 status should be performed prior to initiation of treatment to inform the risk of developing ARIA. Prior to testing, doctors should discuss with patients the risk of ARIA and the implications of genetic testing results.

These are not all the possible side effects, and individuals should talk with their doctors to develop a treatment plan that is right for them, including weighing the benefits and risks of all approved therapies.

Aducanumab (Aduhelm®)

Aducanumab (Aduhelm®) is an anti-amyloid antibody intravenous (IV) infusion therapy that is delivered every month. It has received accelerated approval from the FDA to treat early Alzheimer's disease, including people living with mild cognitive impairment (MCI) or mild dementia due to Alzheimer's disease who have confirmation of elevated beta-amyloid in the brain.

Aducanumab was the first therapy to demonstrate that removing beta-amyloid from the brain reduces cognitive and functional decline in people living with early Alzheimer's.

Lecanemab (Leqembi®)

Lecanemab (Leqembi®) is an anti-amyloid antibody intravenous (IV) infusion therapy that is delivered every two weeks. It has received traditional approval from the FDA to treat early Alzheimer's disease, including people living with mild cognitive impairment (MCI) or mild dementia due to Alzheimer's disease who have confirmation of elevated beta-amyloid in the brain. There is no safety or effectiveness data on initiating treatment at earlier or later stages of the disease than were studied.

Lecanemab was the second therapy to demonstrate that removing beta-amyloid from the brain reduces cognitive and functional decline in people living with early Alzheimer's.

NAME <i>Generic (Brand)</i>	APPROVED FOR	COMMON SIDE EFFECTS
Aducanumab (Aduhelm®)	Alzheimer's disease	• ARIA • headache • falls
Lecanemab (Leqembi®)	Alzheimer's disease	• infusion-related reactions • headache • ARIA

Drugs That Treat Symptoms

Cognitive Symptoms (Memory and Thinking)

These medications are prescribed to treat symptoms related to memory and thinking. While these drugs cannot stop the damage Alzheimer's causes to brain cells, they may help lessen or stabilize symptoms for a limited time by affecting certain chemicals involved in carrying messages between the brain's nerve cells.

The drugs currently approved to treat cognitive symptoms are cholinesterase inhibitors and glutamate regulators.

Cholinesterase Inhibitors

Cholinesterase (KOH-luh-NES-ter-ays) inhibitors are prescribed to treat symptoms related to memory, thinking, language, judgment and other thought processes. These medications prevent the breakdown of acetylcholine (a-SEA-til-KOHlean), a chemical messenger important for memory and learning. These drugs support communication between nerve cells.

The cholinesterase inhibitors most commonly prescribed are:

- **Donepezil (Aricept®)** approved to treat all stages of Alzheimer's disease.
- **Rivastigmine (Exelon®)** approved for mild-to-moderate Alzheimer's as well as mild-to-moderate dementia associated with Parkinson's disease.
- **Galantamine (Razadyne®)** approved for mild-to-moderate stages of Alzheimer's disease.

Though generally well-tolerated, if side effects occur, they commonly include nausea, vomiting, loss of appetite and increased frequency of bowel movements.

Glutamate Regulators

Glutamate regulators are prescribed to improve memory, attention, reason, language and the ability to perform simple tasks. This type of drug

works by regulating the activity of glutamate, a different chemical messenger that helps the brain process information. This drug is known as:

- **Memantine (Namenda®)** approved for moderate-to-severe Alzheimer’s disease. Can cause side effects, including headache, constipation, confusion and dizziness.

Cholinesterase Inhibitor + Glutamate Regulator

This type of drug is a combination of a cholinesterase inhibitor and a glutamate regulator.

- **Donepezil and memantine (Namzaric®)** approved for moderate-to-severe Alzheimer’s disease. Possible side effects include nausea, vomiting, loss of appetite, increased frequency of bowel movements, headache, constipation, confusion and dizziness.

Noncognitive symptoms (behavioral and psychological symptoms)

Alzheimer’s affects more than just memory and thinking. A person’s quality of life may be impacted by a variety of behavioral and psychological symptoms that accompany dementia, such as sleep disturbances, agitation, hallucinations and delusions. Some medications

NAME <i>Generic (Brand)</i>	APPROVED FOR	COMMON SIDE EFFECTS
Donepezil Aricept®	Mild to severe dementia due to Alzheimer’s	<ul style="list-style-type: none"> • nausea • vomiting • loss of appetite • muscle cramps • increased frequency of bowel movements
Galantamine Razadyne®	Mild to moderate dementia due to Alzheimer’s	<ul style="list-style-type: none"> • nausea • vomiting • loss of appetite • increased frequency of bowel movements
Rivastigmine Exelon®	Mild to moderate dementia due to Alzheimer’s or Parkinson’s	<ul style="list-style-type: none"> • nausea • vomiting • loss of appetite • increased frequency of bowel movements
Memantine Namenda®	Moderate to severe dementia due to Alzheimer’s	<ul style="list-style-type: none"> • headache • constipation • confusion • dizziness
Memantine + Donepezil (Namzaric®)	Moderate to severe dementia due to Alzheimer’s	<ul style="list-style-type: none"> • nausea • vomiting • loss of appetite • increased frequency of bowel movements • headache • constipation • confusion • dizziness

focus on treating these noncognitive symptoms for a time, though it is important to try non-drug strategies to manage behaviors before adding medications.

The FDA has approved one drug to address symptoms of insomnia that has been tested in people living with dementia and one that treats agitation.

Orexin Receptor Antagonist

Prescribed to treat insomnia, this drug inhibits the activity of orexin, a type of neurotransmitter involved in the sleep-wake cycle:

Suvorexant (Belsomra®): approved for treatment of insomnia and has been shown in clinical trials to be effective for people living with mild to moderate Alzheimer’s disease. Possible side effects include, but are not limited to: risk of impaired alertness and motor coordination (including impaired driving), worsening of depression or suicidal thinking, complex sleep behaviors (such as sleep-walking and sleep-driving), sleep paralysis and compromised respiratory function.

Atypical Antipsychotics

Atypical antipsychotics are a group of antipsychotic drugs that target the serotonin and dopamine chemical pathways in the brain. These drugs are largely used to treat

schizophrenia and bipolar disorder and as add-on therapies for major depressive disorder. The FDA requires that all atypical antipsychotics carry a safety warning that the medication has been associated with an increased risk of death in older patients with dementia-related psychosis.

Many atypical antipsychotic medications are used “off-label” to treat dementia-related behaviors, and there is currently only one FDA-approved atypical antipsychotic to treat agitation associated with dementia due to Alzheimer’s. It is important to try non-drug strategies to manage non-cognitive symptoms – like agitation – before adding medications.

Brexpiprazole (Rexulti®): approved for the treatment of agitation associated with dementia due to Alzheimer’s disease. Possible side effects include, but are not limited to: weight gain, sleepiness, dizziness, common cold symptoms, and restlessness or feeling like you need to move. Warning for serious side effects: increased risk of death in older adults with dementia-related psychosis. Rexulti is not approved for the treatment of people with dementia-related psychosis without agitation that may happen with dementia due to Alzheimer’s disease.

NAME <i>Generic (Brand)</i>	APPROVED FOR	COMMON SIDE EFFECTS	SERIOUS SIDE EFFECTS
Brexpiprazole (Rexulti®)	Agitation associated with dementia due to Alzheimer’s disease	<ul style="list-style-type: none"> • weight gain • sleepiness • dizziness • common cold symptoms • restlessness 	WARNING: increased risk of death in older adults with dementia-related psychosis. Rexulti is not approved for the treatment of people with dementia-related psychosis without agitation that may happen with dementia due to Alzheimer’s disease.
Suvorexant (Belsomra®)	Insomnia in people living with mild to moderate Alzheimer’s disease	<ul style="list-style-type: none"> • Impaired alertness and motor coordination • worsening of depression or suicidal thinking • complex sleep behaviors • sleep paralysis • compromised respiratory function 	

Progression

Alzheimer's disease progresses in stages with a range of symptoms that increase in severity over time. Because the disease affects people in different ways, the rate of progression will vary. On average, a person with Alzheimer's may live four to eight years after diagnosis, but some people live as long as 20 years. Stages of Alzheimer's may overlap, which can make it difficult to know which stage a person is in. There are five stages of the disease:

Asymptomatic: On the earliest end of the continuum are people who are asymptomatic (i.e., without symptoms). This means that they may have the biological changes of the disease in their brain but do not show any cognitive symptoms.

Mild cognitive impairment (MCI) due to Alzheimer's: Mild cognitive impairment (MCI) is an early stage of memory loss or other loss of cognitive ability in individuals who can still independently perform activities of daily living. MCI can develop for multiple reasons, and some individuals living with MCI may go on to develop dementia while others will not. MCI can be an early stage of Alzheimer's disease if hallmark changes in the brain, such as beta-amyloid buildup, are present.

Mild dementia due to Alzheimer's disease (early): If hallmark changes in the brain are present, the person may progress into dementia due to Alzheimer's disease. A person with mild dementia due to Alzheimer's (sometimes referred to as the early stage) will typically start to experience symptoms that interfere with some daily activities.

Moderate dementia due to Alzheimer's disease (middle): For those with moderate dementia due to Alzheimer's disease (sometimes referred to as the middle stage), biological changes in the brain continue to progress, and symptoms are more pronounced and will interfere with many of the person's daily activities. This is typically the longest stage of the disease and can last for many years.



Severe dementia due to Alzheimer's disease (late): In this stage (sometimes referred to as the late stage), biological changes in the brain continue to progress. Symptoms are severe and will interfere with most daily activities. People in this stage lose the ability to carry on a conversation, respond to the environment, and, eventually, control movement. Assistance or supervision is required to complete most daily personal care.

Current Alzheimer's Statistics

- More than 6 million Americans are living with Alzheimer's disease.
- Alzheimer's kills more than breast cancer and prostate cancer combined.
- One in 3 seniors dies with Alzheimer's disease.

Source: alz.org

Now What?

Next Steps After an Alzheimer's Diagnosis

A diagnosis of Alzheimer's disease can be difficult, but getting accurate information and support can help you know what to expect and what to do next. Use this checklist to help you get started.



Learn about Alzheimer's disease

Being informed will help you know what to expect as the disease progresses. Here are some resources:

- ✓ Alzheimer's and related Dementias Education and Referral (ADEAR) Center
www.alzheimers.gov | 800-438-4380
- ✓ Alzheimer's Association
www.alz.org | 800-272-3900
- ✓ Alzheimer's Foundation of America
<https://alzfdn.org> | 866-232-8484
- ✓ Local hospitals and community centers may have educational programs about Alzheimer's disease and related dementias.

Get regular medical care

- ✓ Make regular appointments with your primary care doctor or specialist (neurologist, neuropsychiatrist, geriatric psychiatrist).
www.nia.nih.gov/health/doctor-patient-communication/talking-with-your-doctor
- ✓ Consider going to a memory disorders clinic. Ask your doctor for a referral if desired.

Find local services and support

- ✓ Find local services by contacting Eldercare Locator
<https://eldercare.acl.gov> | 800-677-1116
- ✓ Contact your local Alzheimer's Disease Research Center
www.nia.nih.gov/health/alzheimers-disease-research-centers
- ✓ Find local chapters, organizations, and support groups:
 - Alzheimer's Association
www.alz.org | 800-272-3900
 - Alzheimer's Foundation of America
<https://alzfdn.org> | 866-232-8484

Do some legal, financial, and long-term care planning

- ✓ Get information to help you plan.
www.nia.nih.gov/health/legal-and-financial-planning-people-alzheimers
- ✓ Prepare or update your will, living will, health care power of attorney, and financial power of attorney. To find a lawyer, contact your local bar association or the National Academy of Elder Law Attorneys.
www.naela.org
- ✓ Learn about care you may need in the future and how to pay for it.
<https://longtermcare.acl.gov>
- ✓ Explore getting help to pay for medicines, housing, transportation, and more.
www.benefitscheckup.org

Get help as needed with day-to-day tasks

- ✓ Use simple memory aids like a notepad or sticky notes to jot down reminders, a pillbox to keep medications organized, and a calendar to record appointments.
- ✓ Ask family members or friends or find local services to help with routine tasks, such as cooking, paying bills, transportation, or shopping.
- ✓ Consider using technology solutions for medication management, safety (e.g., emergency response, door alarms), and other care.
- ✓ See tips about coping daily, changes in relationships, and more.
www.nia.nih.gov/health/alzheimers/caregiving

Be safe at home

- ✓ Get home-safety tips.
www.nia.nih.gov/health/home-safety-checklist-alzheimers-disease
- ✓ Ask your doctor to order a home-safety evaluation and recommend a home health care agency to conduct it. Medicare may cover the cost.
- ✓ Consider wearing a medical ID bracelet or necklace in case you get lost or need help, or joining the MedicAlert and Alzheimer's Association's Wandering Support program.
www.medicalert.org/alz

Stay safe on the road

- ✓ Talk with your doctor if you become confused, get lost, or need lots of help with directions, or if others worry about your driving.
- ✓ Get a driving evaluation. Ask your doctor for names of driving evaluators, or visit the American Occupational Therapy Association.
https://myaota.aota.org/driver_search
- ✓ Learn about driving safety.
www.nia.nih.gov/health/driving-safety-and-alzheimers-disease

Consider participating in a clinical trial

- ✓ Ask your doctor about trials or studies.
- ✓ Contact an Alzheimer's Disease Research Center for assessment and potential research opportunities.
- ✓ Search for a clinical trial or study near you or that you could participate in remotely:
 - NIA Clinical Trials Finder
www.nia.nih.gov/alzheimers/clinical-trials
- ✓ Learn more about clinical trials:
 - NIA Clinical Trials Information
www.nia.nih.gov/health/clinical-trials
 - National Institutes of Health
www.nih.gov/health-information/nih-clinical-research-trials-you

Stay healthy

- ✓ Be active! Getting exercise helps people with Alzheimer's feel better and helps keep their muscles, joints, and heart in good shape.
www.nia.nih.gov/health/exercise-physical-activity
- ✓ Eat a well-balanced diet that includes fruits, vegetables, and whole grains.
www.nia.nih.gov/health/healthy-eating
- ✓ Continue to enjoy visits with family and friends, hobbies, and outings.

If you live alone

- ✓ Identify someone who can visit you regularly and be an emergency contact.
- ✓ If you are at risk of falling, order an emergency response system. A special pendant or bracelet lets you summon help if you fall and can't reach the phone.
- ✓ Consider working with an occupational therapist. This person can teach you ways to stay independent. Ask your doctor for more information.
- ✓ Stick with familiar places, people, and routines. Simplify your life.
- ✓ Get tips about self-care, safety, staying connected, and more.
www.nia.nih.gov/health/tips-living-alone-early-stage-dementia

If you are working

- ✓ If you have problems performing your job, consider reducing your hours or switching to a less demanding position.
- ✓ Consider consulting your employer's HR department or employee assistance program about family leave, disability benefits, and other employee benefits.
- ✓ Find out if you qualify for Social Security disability benefits through "compassionate allowances."
www.ssa.gov/compassionateallowances
800-772-1213

Stages of Alzheimer's

Alzheimer's disease typically progresses slowly in three stages: early, middle and late (sometimes referred to as mild, moderate and severe in a medical context). Since Alzheimer's affects people in different ways, each person may experience dementia symptoms — or progress through the stages — differently.

Overview of Disease Progression

The symptoms of Alzheimer's disease worsen over time, although the rate at which the disease progresses varies. On average, a person with Alzheimer's lives four to eight years after diagnosis, but can live as long as 20 years, depending on other factors. Changes in the brain related to Alzheimer's begin years before any signs of the disease. This time period, which can last for years, is referred to as preclinical Alzheimer's disease.

The stages below provide an overall idea of how abilities change once symptoms appear and should only be used as a general guide. (Dementia is a general term to describe the symptoms of mental decline that accompany Alzheimer's and other brain diseases.)

The stages are separated into three categories: mild Alzheimer's disease, moderate Alzheimer's disease and severe Alzheimer's disease. Be aware that it may be difficult to place a person with Alzheimer's in a specific stage as stages may overlap.

Early-stage Alzheimer's (mild)

In the early stage of Alzheimer's, a person may function independently. He or she may still drive, work and be part of social activities. Despite this, the person may feel as if he or she is having memory lapses, such as forgetting familiar words or the location of everyday objects.

Symptoms may not be widely apparent at this stage, but family and close friends may take



notice and a doctor would be able to identify symptoms using certain diagnostic tools.

Common difficulties include:

- Coming up with the right word or name.
- Remembering names when introduced to new people.
- Having difficulty performing tasks in social or work settings.
- Forgetting material that was just read.
- Losing or misplacing a valuable object.
- Experiencing increased trouble with planning or organizing.

Middle-stage Alzheimer's (moderate)

Middle-stage Alzheimer's is typically the longest stage and can last for many years. As the

disease progresses, the person with Alzheimer's will require a greater level of care.

During the middle stage of Alzheimer's, the dementia symptoms are more pronounced. the person may confuse words, get frustrated or angry, and act in unexpected ways, such as refusing to bathe. Damage to nerve cells in the brain can also make it difficult for the person to express thoughts and perform routine tasks without assistance.

- Being forgetful of events or personal history.
- Feeling moody or withdrawn, especially in socially or mentally challenging situations.
- Being unable to recall information about themselves like their address or telephone number, and the high school or college they attended.
- Experiencing confusion about where they are or what day it is.
- Requiring help choosing proper clothing for the season or the occasion.
- Having trouble controlling their bladder and bowels.
- Experiencing changes in sleep patterns, such as sleeping during the day and becoming restless at night.
- Showing an increased tendency to wander and become lost.
- Demonstrating personality and behavioral changes, including suspiciousness and delusions or compulsive, repetitive behavior like hand-wringing or tissue shredding.

In the middle stage, the person living with Alzheimer's can still participate in daily activities with assistance. It's important to find out what the person can still do or find ways to simplify tasks. As the need for more intensive care increases, caregivers may want to consider respite care or an adult day center so they can have a temporary break from caregiving while the person living with Alzheimer's continues to receive care in a safe environment.

Late-stage Alzheimer's (severe)

In the final stage of the disease, dementia symptoms are severe. Individuals lose the ability to respond to their environment, to carry on a conversation and, eventually, to control movement. They may still say words or phrases, but communicating pain becomes difficult. As memory and cognitive skills continue to worsen, significant personality changes may take place and individuals need extensive care.

At this stage, individuals may:

- Require around-the-clock assistance with daily personal care.
- Lose awareness of recent experiences as well as of their surroundings.
- Experience changes in physical abilities, including walking, sitting and, eventually, swallowing.
- Have difficulty communicating.
- Become vulnerable to infections, especially pneumonia.

The person living with Alzheimer's may not be able to initiate engagement as much during the late stage, but he or she can still benefit from interaction in ways that are appropriate, like listening to relaxing music or receiving reassurance through gentle touch. During this stage, caregivers may want to use support services, such as hospice care, which focus on providing comfort and dignity at the end of life. Hospice can be of great benefit to people in the final stages of Alzheimer's and other dementias and their families.

Source: alz.org

Current Clinical Trials



TrialMatch: Find Clinical Trials for Alzheimer's and Other Dementia

Alzheimer's Association TrialMatch® connects individuals living with Alzheimer's, caregivers and healthy volunteers to clinical trials that may advance Alzheimer's research. The free, easy-to-use service allows you to see which studies are a good fit for you or a family member. Search for studies, receive email notifications about new opportunities or connect with research teams.

Start TrialMatch

Find Potential Studies in Three Easy Steps

TrialMatch makes it easy to identify studies you may qualify for in a location near you. Our continually updated database contains hundreds of studies being conducted at sites across the country and online.

- 1. Start TrialMatch.** Get started by using the form on this page, calling 800.272.3900 or emailing TrialMatch@alz.org.
- 2. Answer a few simple questions.** This information will refine the list of recommended studies to those that best apply to you or the person you are helping sign up. All information is kept completely confidential unless you choose to share it with a study team.
- 3. Review your study matches.** You're under no obligation to participate. You can reach out to researchers directly to sign up, or let researchers know that you are open to being contacted with more information about their study.

You can also browse available clinical studies by location, type and language, or sign up to be notified when new studies are posted that are relevant to you.



Get Started

If you have questions about TrialMatch or your clinical study matches, please call the Alzheimer's Association at 800.272.3900, visit our website at [TrialMatch - Free Clinical Trial Matching Service | alz.org](https://www.alz.org/TrialMatch) or email TrialMatch@alz.org.



EDUCATIONAL PROGRAMS AND DEMENTIA CARE RESOURCES AVAILABLE 24/7.

alz.org/education

Alzheimer's and dementia don't come with an instruction manual, but there are resources available to help. Use these free education programs to learn more about what to expect and how to prepare for the future:

- *Healthy Living for Your Brain and Body: Tips from the Latest Research*
- *10 Warning Signs of Alzheimer's and Dementia*
- *Understanding Alzheimer's and Dementia*
- *Living with Alzheimer's: For People with Alzheimer's*
- *Living with Alzheimer's: For Caregivers (Early, Middle and Late Stage)*
- *Effective Communication Strategies*
- *Understanding and Responding to Dementia-Related Behavior*
- *Dementia Conversations: Driving, Doctor Visits, Legal and Financial Planning*
- *Managing Money: A Caregiver's Guide to Finances*



DON'T JUST HOPE FOR A CURE. HELP US FIND ONE.

alz.org/TrialMatch

Alzheimer's Association TrialMatch® connects individuals living with Alzheimer's, caregivers and healthy volunteers to clinical trials that may advance Alzheimer's research. The free, easy-to-use platform allows you to see which studies are a good fit for you or a family member. Search for studies, receive email notifications about new opportunities or connect with research teams.

ALZHEIMER'S  ASSOCIATION®

800.272.3900 | alz.org

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Resources



Elder Helpline

Information regarding elder services and activities is available through the Elder Helpline Information and Assistance service within each Florida County.

All Elder Helplines can be accessed through the Florida Telecommunication Relay System (1-800-955-8771 for TDD or 1-800-955-8770 for Voice) which allows telephone calls to be placed between TDD users and non-users with the help of specially trained operators translating the calls.

A listing of local Elder Helpline numbers can be found on page 44.

Information is one of the keys to help promote the well-being and independence of Florida's seniors, their families, and caregivers. Through the network of Elder Helpline Information and Referral (I&R) services, individuals are informed about long-term care options, resources, and opportunities available within their community.

As a gateway to the aging service system, I&R service provides a single contact point within each of its planning and service areas via the statewide toll-free Elder Helpline number 1-800-963-5337 (800-96 ELDER).

I&R is a foundational support service to caregivers, who are among the most frequent seekers of the service. The request for caregiver support is one of the top 10 services requested at the Helpline. Many elders prefer to remain in their own home and communities. Families who are willing to support the client's choice may contact the Helpline to learn about options to help maintain the client at home when possible. Services may include respite to allow the caregiver to take a much needed break, caregiver training, support groups and counseling.

Consumers contacting the Helpline about becoming a paid caregiver, can receive information about the Home Care for the Elderly (HCE) and Statewide Medicaid Managed



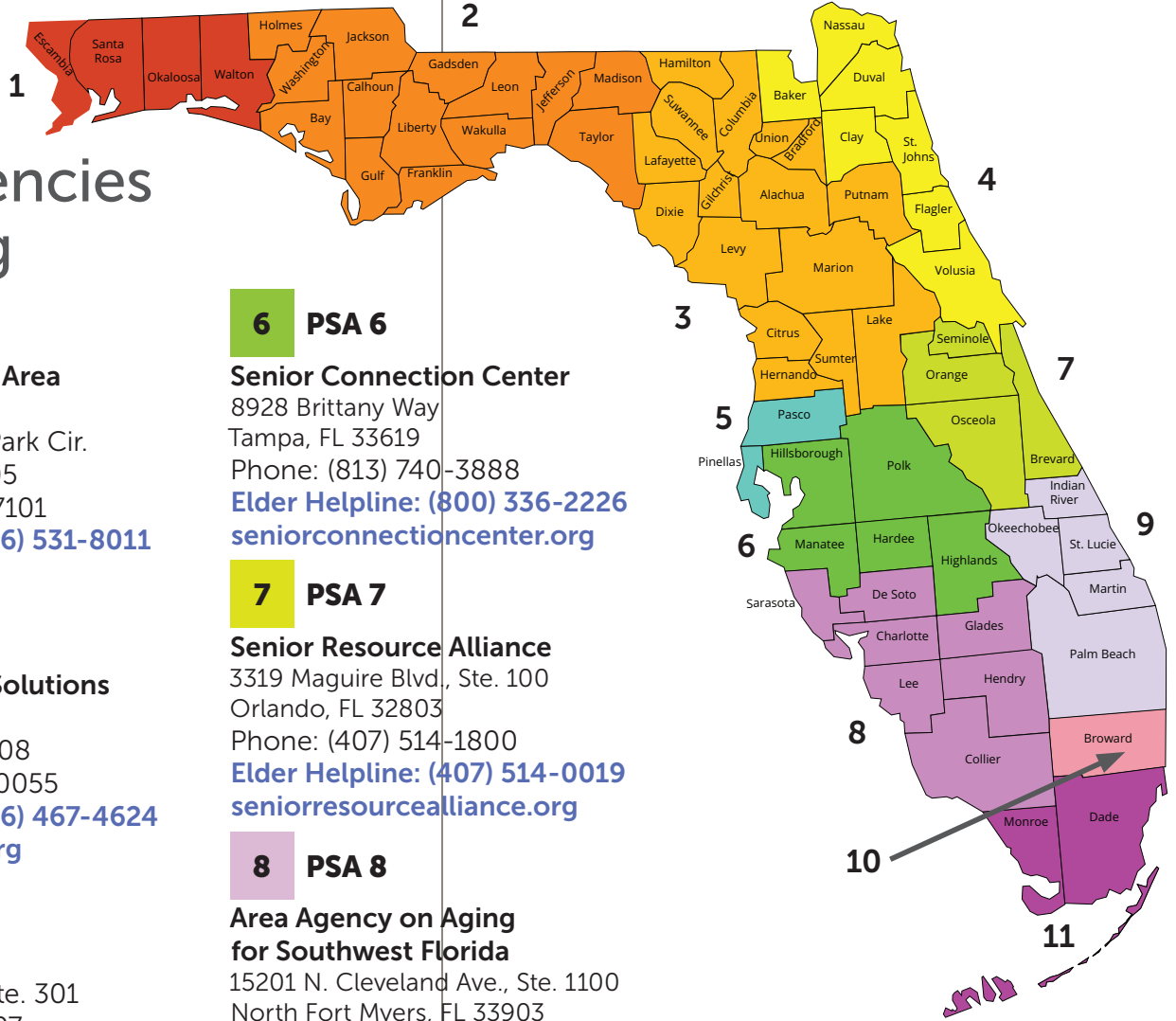
Care Long-term Care Program (SMMC LTC). The client's care plan must include the Participant Direction Option to receive the caregiver benefit in the SMMC LTC Program.

The Helpline is also an access point to the Aging and Disability Resource Centers (ADRCs). The ADRCs, working in coordination with the Department's Comprehensive Assessment and Review of Long-Term Care Services (CARES) and the Department of Children and Families, function as a single, coordinated system for information and access to services for individuals seeking long-term care services.

For information about any of the Department's programs, to request help accessing services, seeking information about community resources or volunteer opportunities, call the toll-free Elder Helpline at 1-800-963-5337, Monday through Friday, 8:00 a.m. to 5:00 p.m. I&R services can also be accessed through the Florida Relay Service for the hearing impaired by dialing 711.

The national Eldercare Locator Service can assist with information and assistance with referrals outside of Florida. Call the Eldercare Locator at 1-800-677-1116.

Area Agencies on Aging



1 PSA 1
Northwest Florida Area Agency on Aging
 5090 Commerce Park Cir.
 Pensacola, FL 32505
 Phone: (850) 494-7101
Elder Helpline: (866) 531-8011
nwflaaa.org

2 PSA 2
Advantage Aging Solutions
 414 Mahan Dr.
 Tallahassee, FL 32308
 Phone: (850) 488-0055
Elder Helpline: (866) 467-4624
advantageaging.org

3 PSA 3
Elder Options
 100 S.W. 75th St., Ste. 301
 Gainesville, FL 32607
 Phone: (352) 378-6649
Elder Helpline: (800) 262-2243
agingresources.org

4 PSA 4
ElderSource
 10688 Old St. Augustine Rd.
 Jacksonville, FL 32257
 Phone: (904) 391-6600
Elder Helpline: (888) 242-4464
myeldersource.org

5 PSA 5
Area Agency on Aging of Pasco-Pinellas
 9549 Koger Blvd.
 Gadsden Bldg., Ste. 100
 St. Petersburg, FL 33702
 Phone: (727) 570-9696
Elder Helpline: (727) 217-8111
agingcarefl.org

6 PSA 6
Senior Connection Center
 8928 Brittany Way
 Tampa, FL 33619
 Phone: (813) 740-3888
Elder Helpline: (800) 336-2226
seniorconnectioncenter.org

7 PSA 7
Senior Resource Alliance
 3319 Maguire Blvd., Ste. 100
 Orlando, FL 32803
 Phone: (407) 514-1800
Elder Helpline: (407) 514-0019
seniorresourcealliance.org

8 PSA 8
Area Agency on Aging for Southwest Florida
 15201 N. Cleveland Ave., Ste. 1100
 North Fort Myers, FL 33903
 Phone: (239) 652-6900
Elder Helpline: (866) 413-5337
aaswfl.org

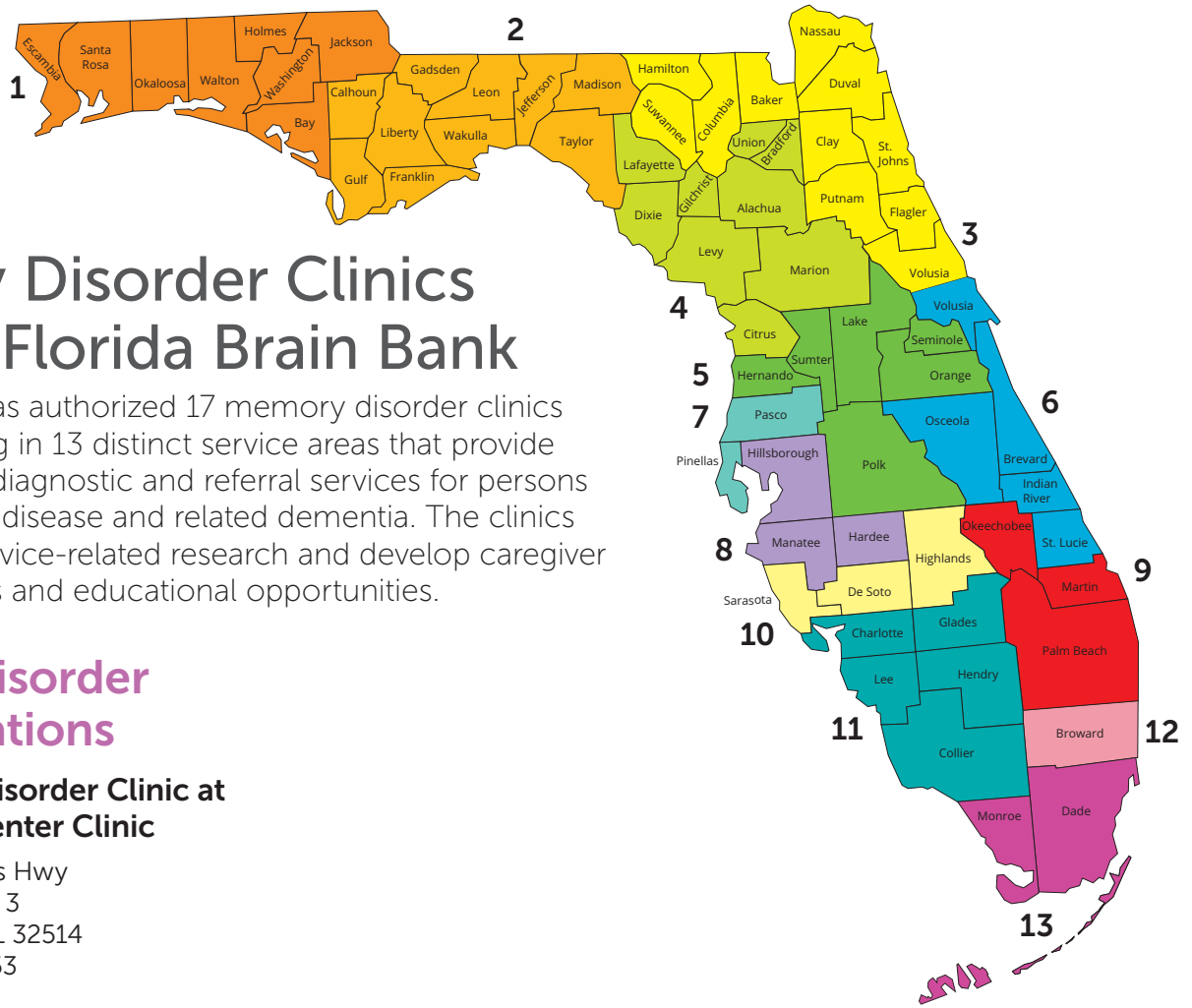
9 PSA 9
Area Agency on Aging of Palm Beach/Treasure Coast, Inc.
 4400 N. Congress Ave.
 West Palm Beach, FL 33407
 Phone: (561) 684-5885
Elder Helpline: (866)684-5885
aapbtc.org

10 PSA 10
Area Agency on Aging of Broward County
 5300 Hiatus Rd.
 Sunrise, FL 33351
 Phone: (954) 745-9567
Elder Helpline: (954) 745-9779
adrcbroward.org

11 PSA 11
Alliance for Aging
 760 NW 107th Ave., Ste. 214
 Miami, FL 33172
 Phone: (305) 670-6500
Elder Helpline: (305) 670-4357
allianceforaging.org

County coloring represents area served by the corresponding Area Agency on Aging.

PSA - Planning and Service Area



Memory Disorder Clinics and the Florida Brain Bank

The legislature has authorized 17 memory disorder clinics (MDCs) operating in 13 distinct service areas that provide comprehensive diagnostic and referral services for persons with Alzheimer’s disease and related dementia. The clinics also conduct service-related research and develop caregiver training materials and educational opportunities.

Memory Disorder Clinic Locations

- | | | | |
|----------|---|----------|---|
| 1 | <p>Memory Disorder Clinic at Medical Center Clinic</p> <p>8333 N. Davis Hwy
Bldg. 1, Floor 3
Pensacola, FL 32514
850-474-8353</p> | 5 | <p>AdventHealth Memory Disorder Clinic</p> <p>1573 W. Fairbanks Ave, Ste. 210
Winter Park, FL 32789
(407) 392-9237</p> |
| 2 | <p>Tallahassee Memorial HealthCare Memory Disorder Clinic</p> <p>1401 Centerville Rd., Ste. 504
Tallahassee, FL 32308
(850) 431-5001</p> | 6 | <p>Health First Memory Disorder Clinic</p> <p>3661 S. Babcock St.
Melbourne, FL 32901
(321) 434-7612</p> |
| 3 | <p>Mayo Clinic Jacksonville Memory Disorder Clinic</p> <p>4500 San Pablo Rd.
Jacksonville, FL 32224
(904) 953-7103</p> | 7 | <p>Morton Plant Madonna Ptak Center for Alzheimer’s Research and Memory Disorders Clinic</p> <p>430 Morton Plant St., Ste. 401
Clearwater, FL 33756
(727) 298-6025</p> |
| 4 | <p>University of Florida Memory Disorder Clinic</p> <p>3009 SW Williston Rd.
Gainesville, FL 32608
(352) 294-5400</p> | 8 | <p>University of South Florida Memory Disorder Clinic</p> <p>3515 E. Fletcher Ave.
Tampa, FL 33613
Phone: (813) 974-3100</p> |

St. Mary's Medical Center Memory Disorder Clinic at Palm Beach Neuroscience Institute

9

901 Village Blvd., Ste. 702
West Palm Beach, FL 33409
(561) 990-2135
8756 Boynton Beach Blvd., Ste. 2500
Boynton Beach, FL 33472
(561) 990-2135

Florida Atlantic University Louis and Anne Green Memory and Wellness Center

9

777 Glades Rd., Bldg. AZ-79
Boca Raton, FL 33431
(561) 297-0502

Sarasota Memorial Memory Disorder Clinic

10

1515 S. Osprey Ave., Ste. A-1
Sarasota, FL 34239
(941) 917-7197

Lee Memorial LPG Memory Care

11

12600 Creekside Ln., Ste. 7
Fort Myers, FL 33919
(239) 343-9220

Broward Health North Memory Disorder Center

12

201 E. Sample Rd.
Deerfield Beach, FL 33064
(954) 786-7392

Mt. Sinai Medical Center Wien Center for Alzheimer's Disease and Memory Disorders

13

4302 Alton Rd., Ste. 650
Miami Beach, FL 33140
(305) 674-2543 ext. 55725

University of Miami Center for Cognitive Neuroscience and Aging

13

1695 N.W. 9th Ave., Ste. 3202
Miami, FL 33136
(305) 355-9065

The MIND Institute at Miami Jewish Health

13

5200 NE 2nd Avenue
Miami, FL 33137
(305) 514-8652



Brain Bank Locations

5

State of Florida Brain Bank- Satellite Office Orlando Alzheimer's and Dementia Resource Center

1410 Gene Street
Winter Park, FL 32789
(407) 436-7755

13

State of Florida Brain Bank Wien Center for Alzheimer's Disease and Memory Disorders

4302 Alton Road, Suite 650
Miami Beach, Florida 33140
(305) 674-2018

NOTE: County coloring represents area served by the corresponding Memory Disorder Clinic.



Alzheimer's Association 24/7 Helpline (800.272.3900)

The Helpline is answered day or night by trained dementia specialists. We can offer support, information, referrals, or care consultations. We are able to speak with constituents in more than 200 different languages.



Support Groups - The Alzheimer's Association has a network of confidential in-person, telephonic and virtual groups. This network is a lifeline and source of support plus education for many. To find a support group please call our 24/7 Helpline at 800.272.3900.

ALZConnected - This online support group is available 24/7 at alzconnected.org.



ALZ STARS is a joint initiative between the Florida Department of Elder Affairs and the Alzheimer's Association Florida Chapter. By knowing the warning signs and what to do next, we can help loved ones seek medical care and receive an early diagnosis. Floridians can register for this no-cost, online program at alzstars.org.



Brain Bus - The Brain Bus raises awareness of Alzheimer's and related dementias and addresses the benefits of early detection, early diagnosis, brain health, risk reduction, how to receive an accurate diagnosis and the latest advancements in Alzheimer's research. With two mobile units and webinars the Brain Bus is able to travel throughout Florida. Services are available in English and Spanish. Learn more at alz.org/crf.

Caregiver College - When it comes to dementia caregiving, knowledge is power. Join us for a series of interactive, in-person, virtual and on-demand classes to help you build your caregiver tool kit. They are available in English and Spanish. Register at alz.org/crf.



On-Demand Webinars - We offer many live webinars monthly including our very popular Discover ALZ, Ask the Expert, Virtual Brain Bus and Caregiver College series. Many are recorded and on-demand allowing you to start and stop viewing at your convenience. Available anytime in English and Spanish at alzprogramsanytime.org.



Join Us Live and Art Connects ALZ - An early-stage engagement experience hosted by the Alzheimer's Association that offers people living with dementia and their care partners time to talk and reminisce with others. Topics range from art to music to movies and more.

essentiALZ Training, Certification and Exchange, a Project VITAL program - Are you or your company looking for evidence-based direct care staff training? This free online self-paced 3-hour training is for you. Join a network of 6200 champions across Florida from all different industries that are creating a network of quality care. Email kafahrenbruch@alz.org for more information.



Learn more through the provided contact information or call 800.272.3900.

The Alzheimer's Association leads the way to end Alzheimer's and all other dementia – by accelerating global research, driving risk reduction and early detection, and maximizing quality care and support. Our vision is a world without Alzheimer's and all other dementia®.

e-SERVICES



FREE ONLINE INFORMATION, TOOLS AND SUPPORT.

The Alzheimer's Association® is committed to helping individuals living with dementia and their caregivers by providing access to reliable information and helpful tools.



ALZHEIMER'S  ASSOCIATION®

YOU ARE NOT ALONE.

alzconnected.org

ALZConnected® is a free online community designed for people living with dementia and their caregivers. Members can pose questions and offer solutions to dementia-related issues, create public and private groups organizing around a specific topic, and contribute to message boards.



ALZHEIMER'S  ASSOCIATION®

MAP OUT A PLAN TO APPROACH ALZHEIMER'S.

alzheimersnavigator.org

A diagnosis of Alzheimer's may lead to many questions. Alzheimer's Navigator® helps guide caregivers to answers. This interactive online tool assesses users' needs to create customized action plans of information, support and local resources. Users can access guidance on a range of topics, including legal and financial planning, safety and daily living.



FIND LOCAL PROGRAMS AND SERVICES WITH COMMUNITY RESOURCE FINDER.

alz.org/CRF

The Alzheimer's Association & AARP Community Resource Finder is a database of dementia and aging-related resources powered by Healthlink Dimensions®. The online tool makes it easy for individuals and families who are facing health issues, including Alzheimer's and other dementias, to find programs and services. In addition to the robust offerings of the Alzheimer's Association and AARP, users can easily access a wide range of resources, such as housing, home care, legal services and much more.

Florida Alzheimer's Center of Excellence

Florida Alzheimer's Center of Excellence (FACE) began in 2022 to support caregivers and people with Alzheimer's and related dementias in the community using evidence-based and no-wrong-door strategies. The creation of FACE marked the final pillar of Governor DeSantis' five-point dementia action plan that he announced at the start of his first term in 2019 as part of the state's deep commitment to leading the nation in research, care, and support for individuals with Alzheimer's disease and related dementias.

FACE achieves a holistic care model for clients and caregivers to address two primary goals: to allow Floridians living with Alzheimer's disease and related dementias to age in place and to empower family caregivers with increased capacity and stamina. FACE provides the resources to create a family-centered support system throughout the continuum of care by building on Florida's current infrastructure of Alzheimer's and dementia resources, initiatives, and funding by connecting the state's Memory Disorder Clinics, Dementia Care and Cure Initiative Task Forces, the Alzheimer's Disease Advisory Committee, and the Department of Elder Affairs' Care Navigators.

Services and Activities

Through FACE, Care Navigators in communities across Florida support caregivers and people with dementia with care planning, education access to resources, and ongoing support. The Care Navigators live and work in the communities they serve to ensure the care plans they help families develop include the best resources in the area.

As FACE continues to develop, the program will offer recognition to direct care settings that demonstrate excellence in staff training and support. The third layer of FACE outlines parameters to acknowledge industry leaders in Alzheimer's disease and related dementias



clinical care and research. The model follows a similar framework developed by the Department of Health's Cancer Centers of Excellence by creating benchmarks and best-practice standards. The recognition as a FACE Partner will allow families to seek the best professionals in the field and raise the bar of care standards.

How Can FACE Help?

Care Navigators within FACE offer ongoing support, guidance, and assistance to connect families with helpful resources to get the best outcomes possible.

Each of Florida's 11 Area Agencies on Aging can refer families to the program. The program is available at no cost to Florida seniors and their families. A formal diagnosis of Alzheimer's or dementia is not required.

To receive support from a Care Navigator, call the Elder Helpline at 1-800-96-ELDER or your local Memory Disorder Clinic.

Online Resources

The following is a list of online resources and downloadable assets for use in outreach and education efforts. This list has been compiled by the Florida Department of Elder Affairs and includes links from the Florida Department of Health, the Alzheimer's Association, national organizations, and diverse partners in Florida's Aging Network.

Caregiving Information

[Alzheimer's Association Alzheimer's and Dementia Caregiving](#)

[AARP Help Caring for a Loved One with Dementia](#)

[AARP Overcoming the Loneliness of Dementia Caregiving](#)

[Dementia Friendly America](#)

[Florida Department of Elder Affairs](#)

[Caregiver Assistance Programs](#)

[Millennials and Dementia Caregiving in the United States](#)

Cognitive Health Information

[12 Ways to Keep Your Brain Young – Harvard Health](#)

[Administration for Community Living Key Indicators of Well Being](#)

[Administration for Community Living Aging Integrated Database \(AGID\)](#)

[Nation Institute on Aging Cognitive HealthBrain Health Resource](#)

[Women's Alzheimer's Movement Brain Guide](#)

[Tools for Earlier Detection of Cognitive Impairment and Dementia](#)



Healthy Aging - Downloadable Posters

[10 Ways to Love Your Brain](#)

[12 Ways to Create an Empowering Dementia Environment](#)

[Active Lifestyle Yields Better Brain Function](#)

[Caregiver Dressing and Grooming](#)

[Keeping Your Brain Healthy](#)

[Know the 10 Signs of Dementia](#)

[Sleep is Vital to the Aging Brain Tips for Making Meal Time Easier](#)

[A Guide to Healthy Aging: What You Should Do](#)

[A Guide to Healthy Aging: What You Should Eat](#)



Healthy Aging - Downloadable Hand Fans

[10 Ways to Love Your Brain](#)

[12 Ways to Create an Empowering Dementia Environment](#)

[Active Lifestyles Yields Better Brain Function](#)

[Caregiver Dressing and Grooming Tips](#)

[Keeping Your Brain Healthy](#)

[Know the 10 Signs of Dementia](#)

[Sleep is Vital to the Aging Brain](#)

[Tips for Making Mealtime Easier](#)

[A Guide to Healthy Aging: What You Should Do](#)

[A Guide to Healthy Aging: What You Should Eat](#)

Advanced Care Planning and End of Life Care Information

[Advance Care Planning: A Conversation Guide](#)

[Alzheimer's Association End of Life Decisions](#)

[Dementia, Caregiving, and
Controlling Frustration](#)

[Five Wishes](#)

[Florida Hospice and Palliative Care Association](#)

[Mayo Clinic Alzheimer's disease:
Anticipating end-of-life needs](#)

[National Hospice and Palliative
Care Organization](#)

[National Institutes on Aging Advance
Care Planning: Healthcare Directives](#)

[National Institute on Aging: End of Life
Care for People with Dementia](#)

[National Institute on Aging:
What is End-of-Life Care?](#)

[National Palliative Care Research Center](#)

[National Institute on Aging: Alzheimer's and
Dementia Resources for Professionals](#)

Helpful Checklists



Physical Activity Diary

Day of the Week	Time of Day	Description of Activity (Type and Intensity Level)	Duration

Daily Food Diary

Meal Time	Food & Beverage Cooking Method	Portion Size (cup, oz., etc.)	Hunger Level 0-5	Location Emotional State
Breakfast				
Snack				
Lunch				
Snack				
Dinner				
Snack				

10 Steps to Approach Memory Concerns

What to Do When You Notice Changes in Others

If you notice memory, thinking or behavior changes in someone close to you, it can be hard to know what to do or say. It's normal to be unsure or nervous about how to offer support, but these changes could be a sign of a serious health issue. Use this guide and space for notes below to help you prepare to take action.

ASSESS THE SITUATION

1. What changes in memory, thinking or behavior do you see? What's the person doing — or not doing — that's out of the ordinary and causing concern?

2. What else might be going on? Various conditions can cause changes in memory, thinking and behavior. What are some health or lifestyle issues that could be a factor? Examples include family stress or health issues like urinary tract infections, diabetes or depression.

3. Learn about the signs of Alzheimer's and other dementias and the benefits of an early diagnosis. Visit alz.org/10signs to educate yourself on common warning signs of Alzheimer's and other dementias, and why it's important to know what is causing the changes. Do you notice any of the signs in the person? What are they?

4. Has anyone else noticed the change(s)? Find out if friends and family have seen changes. What are they?

HAVE A CONVERSATION

5. Who should have the conversation to discuss concerns? It could be you, a trusted family member or friend, or a combination. It's usually best to speak one-on-one so the person doesn't feel threatened by a group, but use your best judgment about what will make the person most comfortable.

Name(s) _____

6. What is the best time and place to have the conversation? Have the conversation as soon as possible. In addition to choosing a date and time, consider where the person will feel most comfortable.

Date _____

Time _____

Location _____

7. What will you or the person having the conversation say?

Try the following:

- I've noticed [change] in you, and I'm concerned. Have you noticed it? Are you worried?
- How have you been feeling lately? You haven't seemed like yourself.
- I noticed you [specific example] and it worried me. Has anything else like that happened?

Write additional conversation starters below.

8. Offer to go with the person to the doctor.

Ask the person if they will see a doctor and show your support by offering to go to the appointment. Some words of encouragement may include:

- There are lots of things that could be causing this, and dementia may or may not be one of them. Let's see if the doctor can help us figure out what's going on.
- The sooner we know what's causing these problems, the sooner we can address it.
- I think it would give us both peace of mind if we talked with a doctor.

Write your own ideas below.

9. If needed, have multiple conversations. The first conversation may not be successful. Write down some notes about how it went to help plan for the next conversation.

Location of conversation _____

Date/time of day _____

What worked well? _____

What didn't? _____

What was the result? _____

What can be done differently next time?

REACH OUT FOR HELP

10. Turn to the Alzheimer's Association® for information and support.

- Visit alz.org/education to take our free Dementia Conversations education program online. Learn how to have honest and caring conversations about common concerns — including driving, doctor visits, and legal and financial planning — when someone begins to show signs of dementia.
- Call our free 24/7 Helpline (800-272-3900) to speak with a master's-level clinician who can provide more information about how to discuss memory concerns with someone close to you.
- Visit the Alzheimer's Association & AARP Community Resource Finder (alz.org/CRF) to find local resources, such as health care professionals, and your closest Association chapter.
- Explore Evaluating Memory and Thinking Problems: What to Expect (alz.org/evaluatememory) to learn what a typical medical evaluation may include.

Source: *alz.org*

10 Warning Signs

If you notice any of these signs of Alzheimer's, take action. Use this form to note your concerns so you can address them with a friend, family member or doctor.

1. MEMORY LOSS THAT DISRUPTS DAILY LIFE.

One of the most common signs of Alzheimer's disease, especially in the early stage, is forgetting recently learned information. Others include forgetting important dates or events, asking the same question over and over again, or increasingly needing to rely on memory aids (e.g., reminder notes or electronic devices) or family members for things the person used to handle on their own.

What's a typical age-related change?

Sometimes forgetting names or appointments, but remembering them later.

2. CHALLENGES IN PLANNING OR SOLVING PROBLEMS.

Some people living with dementia may experience changes in their ability to develop and follow a plan or work with numbers. They may have trouble following a familiar recipe or keeping track of monthly bills. They may have difficulty concentrating and take much longer to do things than they did before.

What's a typical age-related change? Making occasional errors when managing finances or household bills.

3. DIFFICULTY COMPLETING FAMILIAR TASKS.

People living with Alzheimer's disease often find it hard to complete routine tasks. Sometimes they may have trouble driving to a familiar location, organizing a grocery list or remembering the rules of a favorite game.

What's a typical age-related change?

Occasionally needing help to use microwave settings or to record a TV show.

4. CONFUSION WITH TIME OR PLACE. People living with Alzheimer's can lose track of dates, seasons and the passage of time. They may have trouble understanding something if it is not happening immediately. Sometimes they may forget where they are or how they got there.

What's a typical age-related change? Getting confused about the day of the week, but figuring it out later.

5. TROUBLE UNDERSTANDING VISUAL IMAGES AND SPATIAL RELATIONSHIPS.

For some people, vision problems are a sign of Alzheimer's. They may also have problems judging distance and determining color or contrast, causing issues with driving.

What's a typical age-related change? Vision changes related to cataracts.

6. NEW PROBLEMS WITH WORDS IN SPEAKING OR WRITING. People living with Alzheimer's may have trouble following or joining a conversation. They may stop in the middle of a conversation and have no idea how to continue, or repeat themselves. They may struggle with vocabulary, have trouble naming a familiar object or use the wrong name.

What's a typical age-related change? Sometimes having trouble finding the right word.

7. DECREASED OR POOR JUDGMENT.

Individuals may experience changes in judgment or decision-making. For example, they may use poor judgment when dealing with money, or pay less attention to grooming or keeping themselves clean.

What's a typical age-related change? Making a bad decision once in a while, like neglecting to change the oil in the car.

8. MISPLACING THINGS AND LOSING THE ABILITY TO RETRACE STEPS. A person living with Alzheimer's may put things in unusual places. They may lose things and be unable to go back over their steps to find them again. He or she may accuse others of stealing, especially as the disease progresses.

What's a typical age-related change?

Misplacing things from time to time and retracing steps to find them.

9. WITHDRAWAL FROM WORK OR SOCIAL ACTIVITIES. A person living with Alzheimer's may experience changes in the ability to hold or follow a conversation. As a result, he or she may withdraw from hobbies, social activities or other engagements. They may have trouble keeping up with a favorite team or activity.

What's a typical age-related change?

Sometimes feeling uninterested in family or social obligations.

10. CHANGES IN MOOD AND PERSONALITY. Individuals living with Alzheimer's may experience mood and personality changes. They may be easily upset at home, at work, with friends or when out of their comfort zone.

What's a typical age-related change?

Developing very specific ways of doing things and becoming irritable when a routine is disrupted.

What's Next?

If you're concerned that you or someone you know is displaying any of these signs, take action:

Talk to someone you trust. It can be helpful to confide in a friend or family member. For tips on how to have a conversation, visit [alz.org/memoryconcerns](https://www.alz.org/memoryconcerns).

See a doctor. Get a full medical evaluation to determine if it's Alzheimer's or something else. Early diagnosis gives you a chance to plan for the future, access support services and explore medication that may address some symptoms for a time. Visit [alz.org/evaluatememory](https://www.alz.org/evaluatememory) to learn what an evaluation may include.

Get support and information. Call the Alzheimer's Association 24/7 Helpline at 800-272-3900 or visit [alz.org/10signs](https://www.alz.org/10signs).

Note: This list is for information only and not a substitute for a consultation with a qualified medical professional.

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Home Safety Checklist

Individuals living with Alzheimer's disease and other dementias are at increased risk for injury or harm in certain areas of the home. As the disease progresses, they may become unaware of the dangers that exist. Consider taking the following precautions to create a safe environment, which may prevent dangerous situations from occurring and help maximize the person's independence for as long as possible.

General Home Safety Tips

- Store potentially hazardous items, such as medication, alcohol, matches, sharp objects or small appliances and tools, in a securely locked cabinet.
- Keep all cleaning products, such as liquid laundry pacs and bleach, out of sight or secured to avoid possible ingestion of harmful chemicals.
- Keep the number for the local poison control center handy or saved in your phone in case of emergency.
- Make sure carbon monoxide and smoke detectors and fire extinguishers are available and inspected regularly. Replace batteries twice a year during daylight saving time.
- Remove tripping hazards, such as throw rugs, extension cords and excessive clutter.
- Keep walkways and rooms well lit.
- Secure large furniture, such as book shelves, cabinets or large TVs, to prevent tipping.
- Ensure chairs have arm rests to provide support when going from a sitting to standing position.
- Apply stickers to glass doors at eye level to ensure doors are visible.
- Install a latch or deadbolt either above or below eye level on all doors.
- Remove locks on interior doors to prevent the person living with dementia from locking themselves in.
- Consider removing firearms from the home or storing them in a locked cabinet.



Kitchen

- Use appliances that have an auto shut-off feature.
- Prevent unsafe stove usage by applying stove knob covers, removing knobs or turning off the gas when the stove is not in use.
- Disconnect the garbage disposal.
- Mark food with purchase date; regularly check for and throw away expired items.
- Discard toxic plants and decorative fruits that may be mistaken for real food.
- Remove vitamins, prescription drugs, sugar substitutes and seasonings from the kitchen table and counters.

Laundry Room

- Clean out lint screens and dryer ducts regularly to prevent fires.
- Consider installing safety locks on washing machines and dryers to prevent inappropriate items being put in or taken out too early.
- Install locks on laundry chutes to avoid temptation to climb into or drop inappropriate items down the chute.
- Keep all cleaning products – such as liquid laundry pacs and bleach – out of sight, secured and in the original (not decorative) storage containers to discourage someone from eating or touching harmful chemicals.

Bathroom

- Install grab bars for the shower, tub and toilet to provide additional support.
- Set the water temperature at 120 degrees Fahrenheit or less to prevent scalding.
- Apply textured stickers to slippery surfaces to prevent falls.

Bedroom

- Closely monitor the use of an electric blanket, heater or heating pad to prevent burns or other injuries.
- Provide seating near the bed to help with dressing.
- Ensure closet shelves are at an accessible height so that items are easy to reach, which may prevent the person from climbing shelves or objects falling from overhead.

Garage and Basement

- Limit access to large equipment, such as lawn mowers, weed trimmers or snow blowers.
- Keep poisonous chemicals, such as gasoline or paint thinner, out of reach.
- Lock and properly store ladders when not in use to prevent a tripping or climbing hazard.
- Remove access to car keys if the individual living with dementia is no longer driving.
- Install a motion sensor on the garage door.
- Mark stairs with bright tape and ensure railings are sturdy and secure to prevent tripping or falls.

For more information, contact the Alzheimer's Association 24/7 Helpline (800.272.3900).

Home Safety Checklist made possible through a collaboration with Procter & Gamble.

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Being Active With Alzheimer's Disease

Being active can help people with Alzheimer's disease and related dementia (ADRD) feel better, move better and sleep better. Experts now say that any physical activity counts toward better health — even just a few minutes!

Regular physical activity helps those with ADRD develop better strength, balance, walking speed and endurance. It also reduces physical decline and preserves day-to-day function, including sleeping habits. When people with ADRD become active, safety is a priority. Caregivers and health professionals should always exercise with the person with ADRD. That way, both will reap the health benefits of being active!

Getting Started

Keep It Simple

Sit less and move around more! Walk to the mailbox. Walk the dog. Dance in the kitchen. Take the stairs. Find opportunities to be active throughout the day. It all adds up.

Talk with the Doctor

Talk to a health care provider or neurologist before starting a new activity program. Ask if the person with ADRD is on a drug that can affect reactions to exercise. Are there any exercises the person with ADRD should avoid?

Build A Plan

Find a way to be active with the loved one with ADRD. Is there a better time of day? Do they have the right clothes and shoes? Are there activities they enjoy? In general, start low and go slow.

Get Excited

Preliminary evidence shows that exercise may be capable of improving physical and brain (cognitive) function in people with ADRD and can even delay its progression.

Alzheimer's Tips and Cautions

- Break exercises into simple, easy-to-follow steps. Keep an exercise log, so you can pick up where you left off.
- Be realistic about how much activity can be done at one time. Multiple "mini-workout" sessions during the day may be the best.
- Exercising in the morning might work better, as morning is often when people with ADRD have the lowest severity of symptoms.
- Add preferred kinds of music to the exercises so they are more fun. Dance to the music, if possible.
- Whether a person with ADRD can perform an activity on their own depends on the severity of the disease. If they walk alone, provide them with a medical ID bracelet or a location device.

Aerobic Activity

Aerobic activity increases heart rate and breathing to build stamina. Build up to doing at least 150 minutes/week of moderate-intensity activity (like a brisk walk, light cycling, dancing or water exercise). If the person with ADRD is not able to achieve this amount, they shouldn't be discouraged. Some activity is better than none!

What?

Any rhythmic, continuous activity

How often?

5 or more days/week

How hard?

Fairly light to somewhat hard

How much?

Start w/ a few minutes. Gradually build up to 30 to 60 total minutes over the day.

Remember

Fit in 5 or 10 minutes here and there. Or go for 20 to 30 minutes. Be active however and wherever you can.

Aerobic Activity Tips and Cautions

To stay safe and injury free:

- Start with light to medium effort.
- Gradually increase your pace and time spent being active.
- Warm up and cool down at an easy pace (e.g., marching) before and after exercise.

Strength Training

Strength training can make daily activities like lifting laundry baskets or yardwork easier and safer. Getting stronger, particularly in the legs, stomach and back, can help prevent falls.

What?

Hand weights (can also use cans, bottles, groceries), resistance bands, weight machines or their own bodyweight (for example, kitchen counter or wall push-ups or sit-to-stands)

How often?

2 or more days/week with a rest day in between.

How hard?

Start with light effort. Build up to medium or hard effort.

How much?

1 to 3 sets of 8 to 12 repetitions

Remember

Improving muscle strength and endurance happens gradually over time. If you need it, get help from a certified exercise professional. They can teach the right way to do exercises and how to breathe properly. Avoid straining or breath-holding when lifting – this may cause blood pressure to go up.

Other Types of Physical Activity

Aerobic activity and strength training are at the heart of a program for those with Alzheimer's. These other options may help and be enjoyed.

Combo Activities

Combine aspects of aerobic, strength, coordination, flexibility and balance training during one activity session. Make it fun! Or try things like yoga or Tai Chi.

Flexibility

Stretch 2 or more days/week to the point of feeling muscle tightness. Hold for 30 to 60 seconds. For example, stretch the calves or the back of the thighs.

Range of Motion

Gently move joints through a full range of motion. Do 10 repetitions of activities such as knee slides, wrist and shoulder circles. Motion is lotion!

Balance

These activities improve the ability to resist forces that cause falls. For example, walk heel-to-toe, stand (no hands) from a sitting position, stand on one foot, walk on a line, use a balance board or try Tai Chi. Train in an uncluttered area and use a chair or wall for support, if needed.

Final Words

People with ADRD are safe to be active as long as they are guided and monitored in a similar fashion to older adults without ADRD. Physical activity for people with ADRD should be adjusted based on the person's symptoms and physical status. Progress at a rate that helps them stick with it. Exercise in nursing homes or senior facilities is encouraged when there are properly trained staff to monitor safety.

Start where you are. Use what you have. Do what you can.

For more help go to www.acsm.org/get-stay-certified/find-a-pro to find an ACSM certified exercise professional near you.

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Evaluating Memory and Thinking Problems: What to Expect

Your doctor will likely take multiple steps in order to evaluate your memory and thinking. The evaluation may be divided into several visits, allowing time to gather information to accurately determine the cause of your concerns and rule out other possibilities. Understanding the type and purpose of the tests your doctor(s) may order and knowing what to expect during an evaluation can be empowering and help to ease anxiety.

Medical history and physical exam

To obtain information to assist with diagnosis, your doctor may:

- Ask you about your past and current medical problems and concerns.
- Review all of the medications you currently take, as well as those you took in the past.
- Ask you about your diet and use of alcohol.
- Ask you about medical conditions present in your family.

With your permission, the doctor may also talk to your family members to gain additional insight that can help with reaching a diagnosis.

During a physical exam, your doctor may:

- Check your blood pressure, temperature and pulse.
- Listen to your heart.
- Perform other procedures to assess your overall health.

Lab tests

The doctor may order various lab tests to assist in detecting potential causes for your symptoms.

- **Bloodwork.** Your doctor may order bloodwork to check for a thyroid hormone or vitamin deficiency, to rule out infection or to check how organs such as your liver and kidneys are functioning.
- **Urinalysis.** The doctor may request a urine sample to screen for infection and assess kidney function.
- **Cerebrospinal fluid (CSF) analysis.** In some cases where additional information is needed, the doctor may order an analysis of proteins in CSF. During this procedure, a sample of CSF is collected via a spinal tap.

Mental health and cognitive status tests

- **Depression screening.** Your doctor may ask you questions to determine if you have symptoms of depression, because depression can cause memory and thinking problems.
- **Mental cognitive status tests.** These tests are used to evaluate your memory, your problem-solving skills and other thinking skills.

Some tests are very brief. For example, you may be asked about the date and time, asked to remember a short list of words or asked to do simple math calculations. Other tests can involve more time and complex problem solving.

Some doctors may ask you to participate in a more comprehensive evaluation known as a neuropsychological exam, which uses multiple tests and evaluates many cognitive areas, including executive function, judgment, attention and language.

Brain imaging

Imaging technology is used to evaluate the structure and function of the brain.

- Computed tomography (CT) and magnetic resonance imaging (MRI) scans are used to see the structure of the brain. These scans can show brain shrinkage. They can also rule out conditions that may cause symptoms similar to Alzheimer's disease, but that require different treatment (such as a brain tumor, aneurysm, bleeding in the brain, nerve injury, stroke or the buildup of fluid in the brain). An MRI scan yields higher-resolution images and usually takes a bit longer than a CT scan. Your doctor may order an MRI scan to provide more information about an abnormality seen on a CT scan.
- Positron emission tomography (PET) and single photon emission computed topography (SPECT) scans are used to evaluate brain function. In both, a radioactive tracer (radiopharmaceutical) is injected into the bloodstream. Analyzing the movement of the tracer helps the doctor to evaluate functions such as blood flow through the brain or the brain's use of glucose.





ELDERAFFAIRS.ORG

4040 Esplanade Way
Tallahassee, Florida 32399-7000

Phone: (850) 414-2000 | Fax: (850) 414-2004