


alzheimer's association®

Midlands Chapter



OUR VISION:
A world without Alzheimer's.


OUR MISSION: To eliminate Alzheimer's disease through the advancement of research; to provide and enhance care and support for all affected; and to reduce the risk of dementia through the promotion of brain health.

For more than 25 years, the Midlands Chapter has provided reliable information, created supportive programs and services for families, increased resources for dementia research, and influenced changes in public policy. The Chapter supports research on local and national levels. The Chapter's goal is to create a powerful constituency of passionate Americans that places the prevention and cure of Alzheimer's disease at the top of it agenda. To learn more, please contact us:

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**We're here to help and offer hope.
All day. Every day.**

 24/7 Helpline: 800.272.3900 www.alz.org/midlands

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Steps To Getting A Diagnosis:

Finding Out If It Is Alzheimer's disease



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10 Warning Signs

1. Memory changes that disrupt daily life
2. Challenges in planning or solving problems
3. Difficulty completing familiar tasks
4. Confusion with time or place
5. Trouble understanding visual images and spatial relationships
6. New problems with words in speaking or writing
7. Misplacing things and losing the ability to retrace steps
8. Decreased or poor judgment
9. Withdrawal from work or social activities
10. Changes in mood and personality



- Changes in personality?
- Person ever been treated for mood related issues?
- Family history of cognitive or mood problems?

Questions to ask before diagnostic testing:

- What specialists will be seeing the person and what tests will be performed?
- Will any of the tests cause discomfort?
- How long with the testing take?
- How long will it take to learn the results of the tests?
- What is the cost of the test?

Questions to ask if the diagnosis is probable Alzheimer's disease:

- What does the diagnosis mean?
- What symptoms can be anticipated next?
- How will they change over time?
- What level of care will be required now and in the future?
- What medical treatment is available?
- What are the risks and effectiveness?
- What changes should be made in the home to make it safer?
- What resources and support services are available in the community?
- Are experimental drug trials available? Where do I get information?



Alzheimer's disease is not currently preventable, but science and medicine continue to make *promising* advances. Obtaining an *early* and *accurate diagnosis* is an important strategy in helping to improve the quality of life for persons with a dementing disorder and their families.

The Family's Role in Diagnosis

While some people with Alzheimer's disease may initiate their own diagnosis and care, for most, it will be up to another family member to alert the physician.

Here are some tips that will help you get someone to the physician for an initial evaluation:

- Schedule the appointment for the person.
- Help with the transportation to the appointment.
- Read this pamphlet as a family to gain a better understanding of what to expect during the diagnostic process.
- Contact the Alzheimer's Association® Midlands Chapter if you have any concerns or questions.
- Offer to accompany the person during the testing process if he or she is still uneasy about investigating possible Alzheimer's disease.
- Be available to talk to staff in providing info.


On the day of the appointment, bring along items such as glasses, hearing aids, devices that help the person walk, a list of medications the person is taking, and other personal items that might help during diagnostic testing. Be sure the physician has all medical records, insurance and social security information.

Preparing for Diagnostic Tests

Once the initial appointment has been made to evaluate a person, the diagnostic team will need certain information to make an accurate diagnosis. Following are questions that you may be asked by the diagnostic team, as well as questions that you may want to ask regarding the diagnostic process. It may be helpful to start writing down events that occur and any changes in the person's abilities, behavior and personality that cause you to suspect Alzheimer's disease.

Describe the memory changes:

- Disorientation to date/day/year/family members? Gets lost in new surroundings? Short term/long term memory loss? Repetition? Difficulty learning new information/skills? Misplacement of common objects?
- Difficulty with driving? Medication administration? Preparing meals? Finances? Wandering?
- When did you first notice changes in memory? Was it a gradual and steady decline or a sudden step down?
- Any episodes of short term extremely confused states?

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The Diagnostic Process

There is no one diagnostic test that can detect if a person has Alzheimer's disease. The diagnosis is made by reviewing a detailed history on the person and the results of several tests, including a complete physical and neurological examination, a psychiatric assessment and laboratory tests.

Once these tests are completed, a diagnosis of "probable" Alzheimer's disease can be made by process of elimination. However, physicians can be 90 percent certain their diagnosis is accurate.

The process may be handled by a family physician or may involve a team of medical professionals, including the primary physician, neurologist (a physician specializing in the nervous system), psychiatrist, psychologist, social workers, pharmacists and nurses.

The diagnostic process generally takes more than one day and is usually performed on an outpatient basis. It may involve going to several different locations or even to a specialized Alzheimer's diagnostic center. The Midlands Chapter of the Alzheimer's Association® can refer you to the geriatric diagnostic centers in your area.

Memory loss and changes in mood and behavior are some signs that you or a family member may have Alzheimer's disease. If you have noticed these signs, it is important to receive a diagnosis for the following reasons:

- Alzheimer's disease is the most common cause of dementia, a progressive decline in memory and intellectual ability severe enough to interfere with a person's daily routine.
- Other causes of dementia include strokes, Parkinson's disease, frontotemporal dementia and dementia with Lewy bodies. Symptoms begin gradually and become worse as dementia progresses.
- It is important to identify the cause of dementia because treatments for different types may vary. Some conditions, such as depression, drug interactions, certain thyroid problems and excess use of alcohol, can cause memory loss and other dementia-like symptoms that may be reversible if treated early.
- An early diagnosis allows more time to plan for the future. Decisions regarding care, living arrangements, financial and legal issues, and other important issues can be addressed. A diagnosis enables you to establish a family medical history with Alzheimer's disease.

This pamphlet will guide you through the steps normally taken to diagnose Alzheimer's disease and the family's role in the diagnostic process.

The diagnostic process involves the following:

1. Determination of Medical History. The person being tested and family members will be interviewed both individually and together to gather background information on the person's daily functioning, current mental and physical conditions, and family medical history.

2. Mental Status Evaluation. During the mental status evaluation, the person's sense of time and place and ability to remember, understand, talk and do simple calculations will be assessed. The person may be asked questions such as: "What year is it?" "What day of the week is it?" "Who is the current president?" The person will also be asked to complete mental exercises such as spelling a word backwards, writing a sentence, or copying a design.

When reviewing the test results, the physician will consider the individual's overall performance in relation to his or her educational background and occupation.

3. Physical Examination. During the physical exam, the physician will evaluate the person's nutritional status and check blood pressure and pulse. The physician will also search for the presence of cardiac, respiratory, liver, kidney and thyroid diseases, and atherosclerosis (hardening of the arteries). Some of these conditions can cause dementia-like symptoms.

4. Neurological Exam. A physician will closely evaluate the person's nervous system for problems that may signal brain disorders other than Alzheimer's disease. The physician will search for evidence of previous strokes, Parkinson's disease, hydrocephalus (fluid accumulation in the brain), a brain tumor, and other illnesses that impair memory and/or thinking. The physician will learn about the health of the brain by testing coordination, muscle tone and strength, eye movement, speech and sensation. For example, the physician will test reflexes by tapping the knee, check the person's ability to sense feeling on their hands and feet, and listen for slurred speech.

5. Laboratory Tests. A variety of laboratory tests will be ordered by the physician to help diagnose Alzheimer's disease by ruling out other disorders. A complete blood count and blood chemistry will be ordered to detect anemia, infection, diabetes, and kidney and liver disorders. Levels of vitamin B 12 and folic acid (another B-vitamin) are measured as low levels can be associated with confusion. Since very high or low amounts of thyroid hormone can cause confusion or dementia-like symptoms, levels of the thyroid hormone are measured through a blood test.

The physician may also order an EEG (electroencephalogram) to detect abnormal brain wave activity. This test can detect conditions such as epilepsy, which can sometimes cause prolonged mild seizures that leave a person in a confused state.

A CT (computed tomography) scan, which takes X-ray images of the brain, is also frequently used. A CT can detect evidence of tumors, strokes, blood clots and hydrocephalus. MRI (magnetic resonance imaging) is another technique sometimes used. More experimental tests may also be recommended but are not necessary in most cases. These include PET (positron emission tomography), which shows how different areas of the brain respond when the person is asked to perform different activities, such as reading, listening to music, or talking, and SPECT (single photon emission computed tomography), which shows how blood is circulating to the brain.

6. Psychiatric, Psychological and Other Evaluations. A psychiatric evaluation can rule out the presence of other illnesses such as depression, which can result in memory loss similar to Alzheimer's disease. Neuropsychological testing may also be done to test memory, reasoning, writing, vision-motor coordination and ability to express ideas. These tests may take several hours and may involve interviews with a psychologist as well as written tests. These tests provide more in-depth information than the mental status evaluation.

Social workers, pharmacists, nurses and occupational, rehabilitation or physical therapists may be called upon to look for problems with memory, reasoning, language and judgment affecting the person's daily functioning.

Understanding the Diagnosis

Once testing is completed, the diagnosing physician or other members of the diagnostic team will review the results of the examinations, laboratory tests and other consultations to arrive at a diagnosis. If all test results appear to be consistent with Alzheimer's disease, the clinical diagnosis will be "probable Alzheimer's disease" or "dementia of the Alzheimer type." If the symptoms are not typical, but no other cause is found, the diagnosis may be "probable Alzheimer's disease."

Although researchers have made enormous progress in diagnostic testing, the only way to prove Alzheimer's disease is through an autopsy.

If a cause of dementia other than Alzheimer's disease is diagnosed, call the Alzheimer's Association® to request a free brochure about related dementing disorders.