

An Education Program by the Alzheimer's Association

know the 10 signs

early detection matters



alzheimer's  association®

KNOWthe
10 SIGNS

EARLY DETECTION MATTERS

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introduction

The Alzheimer’s Association extends its appreciation to everyone involved in the development of the *Know the 10 Signs: Early Detection Matters* workshop. To our wonderful video participants, whose honesty and courage will help so many learn about Alzheimer’s disease and the importance of early detection, our gratitude.

- John Becklenberg
- Mary Ann Becklenberg
- Jestene McCord
- Susan Scherpereel
- Gary Shelton
- Sue Roby
- Joyce Simons
- Mimi Steffen

Many thanks also to the valuable work of the members of the Early Detection Workshop workgroup:

- Ellen L. Carbonell, MSW, Associate Director, Family Programs, Alzheimer’s Association, National Office
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- Richard C. Elbein, MS, CEO, Alzheimer’s Association, Houston & South Texas Chapter
- Stephanie Rohlfs-Young, MSW, Outreach Director, Alzheimer’s Association, St. Louis Chapter
- Julie Worley, MS, Director, Patient and Family Services, Alzheimer’s Association, Miami Valley Chapter
- Nick Zullo, MPA, MC, Program Director, Alzheimer’s Association, Utah Chapter

purpose and goals

There is reluctance within the general public to visit a doctor once signs or symptoms of dementia are noticed. Both fear and stigma have a role in this reluctance, which results in a delay in getting treatment that may help alleviate symptoms. In a concrete example of the impact of Alzheimer stigma, a 2006 Harris Interactive Poll of 539 Caregivers who were currently caring for a parent or spouse with Alzheimer's found:

1. Patients typically had Alzheimer symptoms for two years and saw two doctors before getting diagnosed with Alzheimer's.
2. Caregivers' concern about Alzheimer stigma delayed diagnosis by up to six years.

Similarly, in a national poll commissioned by the Alzheimer Society of Canada, Ipsos-Reid polled 1,000 Canadians in 2002 and found 81 percent of Canadians nationwide responded affirmatively to the question: "I think people would look at me or treat me differently if I were diagnosed with Alzheimer's disease."

The goal of this program is to provide compelling information about Alzheimer's disease, and moving testimony from families living with the disease, to encourage early detection, early diagnosis and early intervention.

The purpose of this workshop is to provide the general public with a greater understanding of the difference between age-related memory loss and dementia and what to do if they have signs of Alzheimer's disease.

By the end of the presentation:

- Participants will be able to identify the 10 warning signs of Alzheimer's disease and what to do next if they are experiencing signs of Alzheimer's.
- Participants will understand what is involved in getting a diagnosis.
- Participants will be able to identify the risks of Alzheimer's, including connections to other conditions.
- Participants will understand the benefits of early detection.

audience

This presentation was designed for an audience interested in learning more about the early detection of Alzheimer's disease. It is for anyone experiencing signs of memory loss or other unaccountable changes in behavior that makes them think that something is different or is wrong with their health. Other audience members may attend because they are worried about a family member or friend. Members of the audience may believe they have symptoms and want to learn more. Others may not be worried at all.

Most of the time, this workshop will be delivered in a general community setting or in a setting designed for seniors. It is designed for those who are not diagnosed but may be worried about signs they see in themselves or a family member or friend, or those who are generally curious about the disease.

They may be somewhat frightened about the issue of memory loss in themselves or those close to them. The program is designed to address their fears with information and encouragement, and focuses on the reasons to visit a doctor to get assessed. The video vignettes inserted throughout the program show people in the early stage of the disease talking about stigma, diagnosis, intervention and adjustment, and will help allay some of the fears of addressing symptoms. Each of the videos is presented in two slides, with the first containing a photo of the person to cue the presenter to introduce the video. The second slide contains the video and it will auto-launch when the presenter advances to this slide, either on the laptop itself or by using a remote control. Note that the video slides are only presented as one slide in the handouts, so slide numbers will not match your PowerPoint or this Curriculum.

instructions

Session Delivery

The content of the PowerPoint presentation has seven sections:

1. Introduction
2. Alzheimer's Disease vs. Typical Aging
3. Risk Factors for Alzheimer's: How the Risks Affect You
4. The 10 Warning Signs
5. Diagnosis: Earlier is Better
6. If you do get a diagnosis of dementia...
7. You are not alone: Resources to help

There are two versions; the One Hour Version and the Two Hour Version. Although each version shares the same goals, the One Hour Version involves less discussion, activity and video.

Ideally, the full program should be presented in the Two Hour Version, which incorporates more compelling video footage and participant interaction. However, there are reasons to opt for the One Hour Version, most of which involve time limitations of the sponsoring organization. Workplace lunch and learn presentations will typically require using the One Hour Version. Please follow the specific instructions throughout this manual regarding these two versions.

If you are presenting the One Hour Version please turn to the One Hour Version tab after reading the entire Instruction section, pages iv-v.

If you are presenting the Two Hour Version please turn to the Two Hour Version tab after reading the entire Instruction section, pages iv-v.

Delivery Methods

Your expertise and personality are two keys to making this presentation a success. Although we have laid out content and script, we encourage you to add personal touches by offering your own case examples and insights.

- Familiarize yourself with the program prior to the presentation. Practice presenting the workshop so that you are comfortable with the content and using the interactive components, including video.
- Familiarize yourself with the group that you are training. Are they seniors in the community, in a facility, or a combination? Are they younger than 65 or more likely to be caregivers? Are they in a workplace?
- Download from <http://insite.alz.org/10signs.asp> and make plenty of copies of:
 1. The worksheet *How Much Do You Know? Alzheimer's Disease Early Detection*
 2. The *Principles of a Dignified Diagnosis* topic sheet
 3. The *10 Warning Signs of Alzheimer's Disease* palm card or brochure
- Arrive early to make sure that the presentation room is set up properly, your technology is connected and working and all your materials are arranged and available.
- Prepare to hand out the *How Much Do You Know? Alzheimer's Disease Early Detection* worksheet when attendees begin to arrive.

Workshop Overview

The following pages of this manual lay out the presentation of the workshop. In this manual, you will see a screen shot of the slide followed by the script for that particular slide below it. Some slides also include a presenter's note, film clip introductions, and activity options.

The 10 Warning Signs

This section should be given the most attention and constitutes the biggest difference between the One Hour Version and the Two Hour Version. Some of the 10 Warning Signs have accompanying videos, which are played in adjacent slides. The Two Hour Version also incorporates activity options, which include:

- a. Read the mini case example provided which matches that warning sign.
- b. Share your own case example that relates to the sign.
- c. Ask the audience if they have any examples of this sign.

How Much Do You Know? Worksheet

This worksheet will be handed out to the attendees as they arrive, to allow time for completion before the presentation begins. Please follow the presenter instructions at the top of the worksheet. Keep in mind time will be needed after the slide presentation is complete to facilitate a discussion regarding their initial thoughts about Alzheimer's and what they have learned during the workshop.

The *How Much Do You Know?* worksheet can be found on page 7.

Alzheimer's Association Resources

In both the One Hour Version and the Two Hour Version, there is a notation asking you to include highlights of your chapter's activities. Alzheimer's Association flyers and brochures can be included on a resource table in your presentation room.

Concluding Discussion

At the end of the workshop, in the Two Hour Version, there will be time for discussion with the audience. Suggested questions are included in that section of the manual

How Much Do You Know?

Please circle True or False to the statements below. Then, throughout the presentation learn more about each statement and find out how much you know about the early detection of Alzheimer's. Feel free to change your answers as you learn new information and to use the note section.

Circle True or False

1. Having a "little touch of dementia" is a normal part of aging. True False

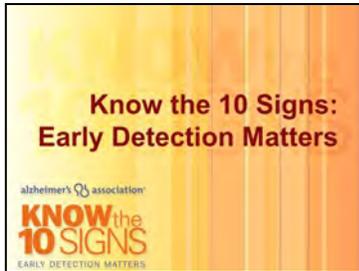
2. If I have memory loss, that means I have Alzheimer's disease or dementia. True False

3. If Alzheimer's disease runs in your family, genetic testing will tell you whether you will get Alzheimer's disease, too. True False

4. There's no point in getting diagnosed, because dementia is not curable or treatable. It will just upset my family and me, so there is no reason to do it. True False

5. You don't need a complete set of diagnostic tests to know if you have Alzheimer's disease. You can just try a medication for memory loss – if it works, you know. True False

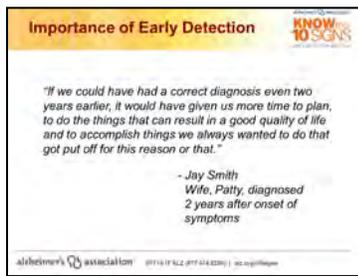
one hour version



Slide 1

Welcome to the Know the 10 Signs: Early Detection Matters program, sponsored by the Alzheimer's Association's (*fill in name*) Chapter.

The Early Detection project is important because currently many people go undiagnosed for years, losing valuable time that could be spent planning for the future and managing symptoms.



Slide 2

In 2008, the Alzheimer's Association received support to begin an education campaign highlighting the importance of early detection. We are extremely grateful to Jay Smith, whose efforts spearheaded this campaign. Jay's wife, Patty, was diagnosed at age 51, two years after she first showed signs and symptoms of the disease.



Slide 3

Today, you'll **have the** opportunity to hear from people with the disease and their family members talking about their lives with Alzheimer's disease. This is a chance to see real people telling you the truth about their journey, from the first sign of a problem through diagnosis and early adjustment. Some of it will sound very, very familiar to those of you with concerns. Some of it will be new for you – new information, new ideas, and new ways of looking at things. **You'll** see how these individuals have learned to adapt themselves, their families, their daily activities and their views of themselves to come to terms with Alzheimer's disease.

Slides 4 and 5

Video Clip Intro:

Here is our first film clip, showing Mary Ann, who is living with Alzheimer's disease, talking about the stigma associated with the disease.

View Video Clip

Presenter's Note:

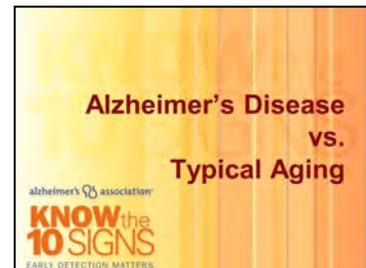
Please insert your own 1-2 sentence comment about the video clip here. Important points from the film:

- This was once viewed with shame.
- Stereotypes still exist.
- Next wave – you won't be the only one you know who is dealing with this.



Slide 6

Let's start by looking at the differences between Alzheimer's and typical aging.

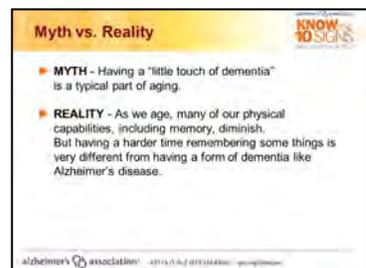


Slide 7

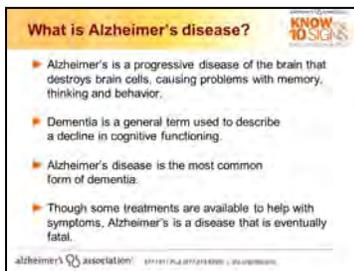
Myth versus Reality

The MYTH is that – Having a “little touch of dementia” is a normal part of aging.

The REALITY is – Our brains age right along with the rest of our bodies, and our abilities naturally change with age. But this aging process is different from the disease process that accompanies a diagnosis of Alzheimer's.



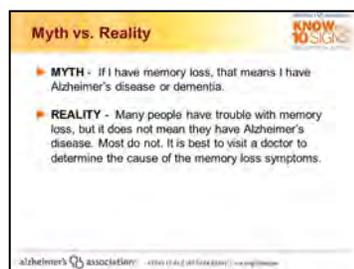
For many years, we thought that aging included a list of changes, and we believed that having at least some of those changes was inevitable. We called some of the memory loss changes “senility” or “hardening of the arteries.” Those were thought to be a natural part of aging. Now we know that they are actually symptoms of a number of diseases, including Alzheimer’s disease.



Slide 8

Alzheimer’s is a disease of the brain that progressively destroys brain cells, causing problems with memory, thinking and behavior. In the early stages of Alzheimer’s, the affected person may experience memory impairment, lapses of judgment, and subtle changes in personality. As the disorder progresses, new areas of the brain are affected. Memory and language problems worsen, as do movement and perception. There may be disorientation and personality changes.

Dementia is a general term used to describe a decline in cognitive functioning. Alzheimer’s disease is the most common form of dementia.



Slide 9

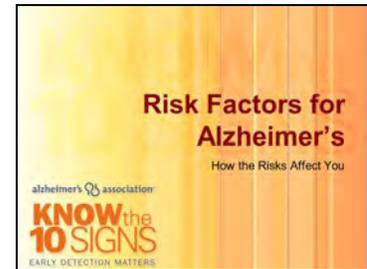
Myth versus Reality

The MYTH is that – If I have memory loss that means I have Alzheimer’s disease or dementia.

The REALITY is – Most people who have memory loss do not have Alzheimer’s disease, and there are many other diagnoses that have memory loss as a symptom. The person who can determine the cause of the memory loss symptoms is a doctor, so be sure to consult a physician to make a thorough diagnosis.

Slide 10

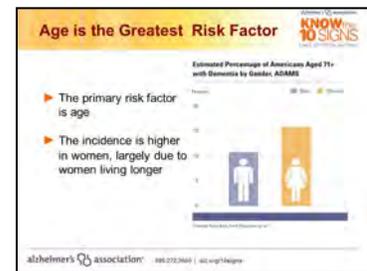
There are a number of risk factors for dementia, but most of them will not predict whether or not you will develop Alzheimer's disease or other related dementia. However, you can benefit from knowing the risks. Once you know the risks, you will be able to make changes to your lifestyle that may positively affect your brain health.



Slide 11

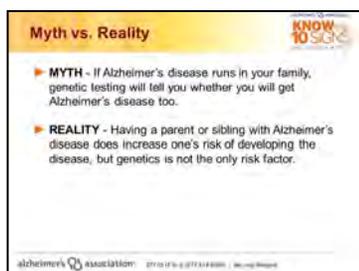
Age as a risk Factor

The single biggest factor for dementia is age. Younger-onset Alzheimer's disease is unusual – it totals less than 10% of all cases.



Almost two-thirds of Americans with Alzheimer's are women, and women appear to be at greater risk than men for developing dementia in their lifetimes. For some time, we thought that discrepancy was due to the fact that women live longer than men on average, and old age is the greatest risk factor. However, some research finds that the difference may be due to biological or genetic variations. Other research suggests that because men have a higher rate of death from cardiovascular disease than women in middle age, men who survive beyond age 65 may have healthier cardiovascular risk profiles. In addition, different life experiences such as type and amount of education or occupational choices may play a role, as greater challenges to the brain may provide some reduction of risk. More scientific investigation will need to be done before we thoroughly understand the nature of women's higher rates of dementia.

Some other issues that factor into the calculation of risk for dementia include socioeconomic factors, which can affect people's ability to provide themselves with good medical care, proper diet, and intellectual stimulation.

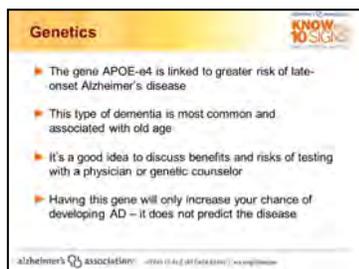


Slide 12

Myth versus Reality

The MYTH is that – If Alzheimer’s disease runs in your family, genetic testing will tell you whether you will get Alzheimer’s disease too.

The REALITY is – If a close family member has Alzheimer’s disease, there is an increased risk of others in the immediate family developing the disease, too. But there are other important risk factors as well. Other than the rare exception of younger-onset Alzheimer’s disease, there is currently no a genetic test that will tell you for certain whether you will get Alzheimer’s.



Slide 13

Scientists have discovered a gene which is linked to a greater risk of developing late-onset Alzheimer’s. That’s the most common form of the disease. It shows symptoms after the age of 65 and is generally associated with old age.

There are three versions of that gene, and each is associated with different levels of increased risk for developing Alzheimer’s. However, although having that gene increases the risk of developing Alzheimer’s, but it does not tell you whether or not you will develop the disease.

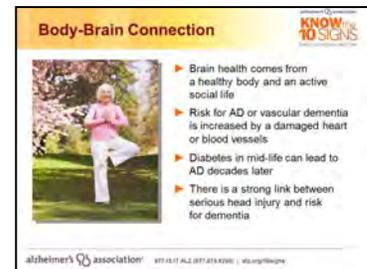
Three other genes, though, are linked to the younger-onset forms of Alzheimer’s in which symptoms usually begin to appear between a person’s early 40s and mid-50s. If someone has a mutation of one of these genes, he or she has a 95-100% chance of developing the disease at some point. These incidents of Alzheimer’s are very rare, accounting for less than one percent of all cases. Affected families are usually well aware of their unique history with the disease.

If you are considering genetic testing, be sure to discuss the idea with your doctor and a genetic counselor.

Slide 14

Heart-brain connection: There is scientific evidence about dementia that links brain health to heart health. Your brain is nourished by one of your body's richest networks of blood vessels. The risk of developing Alzheimer's or vascular dementia appears to be increased by conditions that damage the heart or blood vessels. These include high blood pressure, heart disease, stroke, diabetes and high cholesterol.

African-Americans have twice the risk of dementia and Latinos have a risk that is 1 1/2 times as high as the rate for older whites. African-Americans, Latinos and other groups that tend to have high percentages of hypertension and diabetes need to be particularly aware of these risks. But when these factors are brought under control with diet, exercise and appropriate medications, some studies suggest that no differences between ethnicities exist in the rates of dementia. Everyone should work with their doctors to monitor heart health and to treat any problems that arise.



Slide 15

Early detection comes before an Alzheimer's diagnosis. It is personal acknowledgment of possible symptoms of Alzheimer's coupled with the willingness to talk about it and to take action.



Slide 16

Memory changes that disrupt daily life

With typical aging, a person sometimes forgets names or appointments but remembers them later.



One of the most common signs of Alzheimer's, especially in the early stages, is forgetting recently learned information. Others include forgetting important dates or events, asking for the same information over and over, relying on memory aids like reminder notes or electronic devices, or relying on family members for things the person used to handle on their own.



Slides 17 and 18

Video Clip Intro:

Sue talks about developing a coping strategy for this warning sign in the next video clip.

View Video Clip

Presenter's Note:

Please insert your own 1-2 sentence comment about the video clip here. Important points from the film:

- *There are some creative strategies that each person can develop to help them remember things.*
- *Using those strategies can be part of the challenge.*
- *It's important to keep a sense of humor.*



Slide 19

Challenges in planning or solving problems

With typical aging, people may make occasional errors when balancing a checkbook.

But with Alzheimer's, some people may experience changes in their abilities. 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.

Slide 20

Difficulty completing familiar tasks

Typical aging involves occasionally needing help to use the settings on a microwave or to record a television show.

People with Alzheimer's often find it hard to complete daily tasks like shopping, cooking, personal grooming or medical care.

Sometimes, people may have trouble driving to a familiar location, managing a budget at work, or remembering the rules of a favorite game.



Slides 21 and 22

Video Clip Intro:

In our next film clip, Joyce, who lives with Alzheimer's disease and vascular dementia, talks about being surprised by having this warning sign.

View Video Clip

Presenter's Note:

Please insert your own 1-2 sentence comment about the video clip here. Important points from the film:

- *There can be unexpected challenges with the disease.*
- *Meeting the challenges can be an emotional adjustment.*



Slide 23

Confusion with time or place

With typical aging, a person may sometimes get confused about the day of the week but figure it out later.



People 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.



Slide 24

Trouble understanding visual images and spatial relationships

Typical aging includes vision changes related to the aging of the eyes, like cataracts.

But for some people, having vision problems is a sign of Alzheimer's. They may have difficulty reading, judging distance and determining color or contrast. Perception and judging distances have very real implications for driving. The use of rear view mirrors and side mirrors while driving is key to safety. But for someone with the disease, using all of these mirrors while processing the changing view in front of them, and looking over their shoulders to back up, is overwhelming to their senses – it's too much information! They may become upset or make mistakes, both of which can lead to accidents.



Slide 25

New problems with words in speaking or writing

Typical aging includes sometimes having trouble finding the right word.

People 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 they may repeat themselves. They may struggle with vocabulary, have problems finding the right word, or call things by the wrong name (like calling a "watch" a "hand clock").

Slides 26 and 27

Video Clip Intro:

Joyce talks about how she first noticed this particular warning sign in the next video clip.

View Video Clip



Presenter's Note:

Please insert your own 1-2 sentence comment about the video clip here. Important points from the film:

- One aspect of this sign is that writing may take much longer than in the past and may not be clear to others.
- Needing to ask for assistance with tasks that you used to know how to do can be an indication of a problem.

Slide 28

Misplacing things and losing the ability to retrace steps

Typical aging involves misplacing things from time to time, such as a pair of glasses or the remote control.

A person with Alzheimer's disease may put things in unusual places. They may lose things and be unable to go back over their steps to find them again. Sometimes, they may accuse others of stealing. This may occur more frequently over time.



Slide 29

Decreased or poor judgment

Typical aging involves making a bad decision once in a while.

People with Alzheimer's may experience changes in judgment or decision making. For example, they may use



poor judgment when dealing with money, giving large amounts to telemarketers. They may become less able to choose clothing that is appropriate to the weather or the season.



Slide 30

Withdrawal from work or social activities

With typical aging, someone may periodically feel weary of work, family and social obligations.

A person with Alzheimer's may start to remove themselves from hobbies, social activities, work projects or family gatherings. They may have trouble keeping up with a favorite sports team or remembering how to engage in a favorite hobby. They may also avoid being social because it becomes harder and harder to follow conversations.



Slide 31

Changes in mood and personality

Typical aging can involve developing very specific ways of doing things and becoming irritable when a routine is disrupted.

But the mood and personalities of people with Alzheimer's can change with the disease. It is much easier for someone with dementia to do things in very routine ways, with not much change or variety. They can become confused, suspicious, depressed, fearful or anxious when situations call for spontaneous changes or quick responses. As a result, they may be easily upset at home, at work, with friends or in places where they are out of their comfort zone.

Slide 32

So what should you do if you see these signs in yourself or someone else?

First and foremost, talk about it! Talk with people about what you are seeing and what you are thinking. Discuss your suspicions. Break the silence about this disease that keeps people from getting the medical care they need.

Encourage anyone with symptoms to see a doctor to find out the cause. Some causes of the signs can be treated or reversed!

Getting the right treatment as soon as possible is crucial no matter what the diagnosis. It's easy to let things slide. But you can change or even save a life by continuing to talk and follow up.

Together we can break the stigma that keeps people from getting the help they need.



Slide 33 and 34

Video Clip Intro:

In our next clip, we'll see Susan give some advice to families dealing with the changes they see in **the person** with dementia.

View Video Clip

Presenter's Note:

Please insert your own 1-2 sentence comment about the video clip here. Important points from the film:

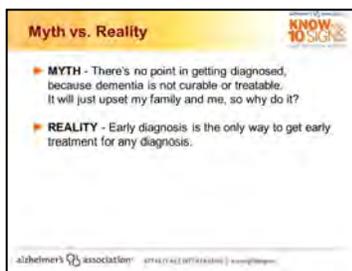
- *Advice for families: Be gentle but straightforward*
- *Don't be afraid to talk about it.*





Slide 35

After detecting warning signs, the next step is getting a thorough assessment from a doctor. The diagnosis may not be Alzheimer's at all - it may be a completely different diagnosis. But no matter what the diagnosis turns out to be, early diagnosis is critical.



Slide 36

Myth versus Reality

The MYTH is – There's no point in getting diagnosed, because dementia is not curable or treatable. It will just upset my family and me, so why do it?

The REALITY is that – There are a number of very good reasons to pursue a diagnosis. Let's talk a look at them now.



Slide 37

Once the person with symptoms sees the doctor, they often discover that they actually don't have dementia at all, but have another illness. Some of the illnesses that can cause memory problems are treatable and can be reversed – like depression or thyroid problems.

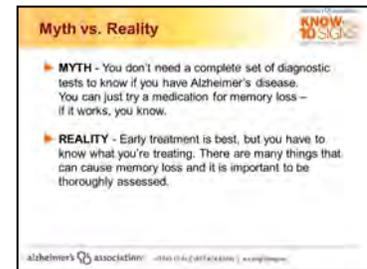
Other illnesses that can cause memory problems can be life-threatening if not detected and treated promptly – like heart problems or high blood pressure that has caused mini-strokes. These need to be diagnosed and treated right away to avoid even more serious damage. It's important not to ignore changes or to assume that it is Alzheimer's.

Slide 38

Myth versus Reality

The MYTH is that – You don't need a complete set of diagnostic tests to know if you have Alzheimer's disease. You can just try a medication for memory loss – if it works, you know.

The REALITY is that – There are many types of dementia and they are dealt with differently. A number of tests will need to be done in order to get the most accurate diagnosis. If you get a diagnosis without having all of these tests done, ask your doctor to refer you to a specialist who can complete them. Only with a complete and thorough diagnosis can you know what you're dealing with and how to treat it.



Slide 39 and 40

Video Clip Intro:

Here's Gary talking about the time it takes to get a diagnosis.

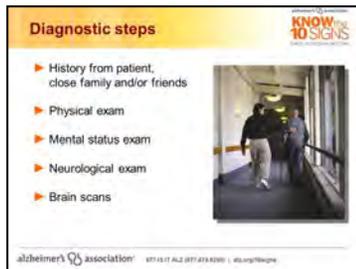
View Video Clip



Presenter's Note:

Please insert your own 1-2 sentence comment about the video clip here. Important points from the film:

- *Doctors need to take their time making a diagnosis.*
- *They need to rule out other diseases first before settling on a diagnosis of Alzheimer's disease.*



Slide 41

Although physicians can almost always determine if a person has dementia, it may be difficult to identify the exact cause. There is no single test that proves that a person has Alzheimer's; it is actually a set of tests that need to be done. It may take several days or weeks to complete the tests, have a physician interpret them, and be given a diagnosis.

The medical workup is designed to evaluate overall health and identify any conditions that could affect how well the mind works. The doctor will interview the person being examined **and/or** family members to gather information about current and past illnesses and will ask about specific symptoms. They will do a physical examination and testing of blood and urine to help identify other disorders with similar symptoms.

The doctor will also do mental status testing, which gives a general idea of whether a person:

- Is aware of having symptoms or feels nothing is wrong.
- Knows the date, time and where he or she is.
- Can remember a short list of words, follow instructions and do simple calculations.

In addition to assessing mental status, the doctor will evaluate a person's sense of well-being to detect depression or other mood disorders that can cause memory problems, loss of interest in life, and other symptoms that can overlap with dementia.

The neurological examination is an important part of the physical. Its goal is to assess the function of the brain and nervous system to identify symptoms of brain disorders other than Alzheimer's.

During the neurological exams, the physician may test:

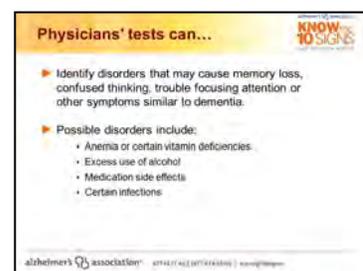
- Reflexes
- Coordination and balance
- Muscle tone and strength
- Eye movement
- Speech

Currently, a standard medical workup for Alzheimer's disease often includes brain imaging with an MRI or CT scan or, less frequently, a PET scan. These images are used primarily to detect tumors, evidence of small or large stroke, and damage from severe head trauma or a buildup of fluid. Although a certain amount of brain shrinkage comes with age, research has shown that greater levels of shrinkage in specific brain regions may be an early sign of Alzheimer's. However, scientists have not yet agreed upon standardized values that would establish the significance of a specific amount of shrinkage for any individual person at a single point in time. In the future, there may be a role for these tests in directly diagnosing dementia as well.

Slide 42

Information from these tests can help identify other disorders that may cause memory loss, confused thinking, trouble focusing attention, or other symptoms similar to dementia. In addition to the disorders listed on this slide, others include:

- Diabetes.
- Kidney or liver disease.
- Thyroid abnormalities.
- Problems with the heart, lung or blood vessels.





Update DLB on slide

Slide 43

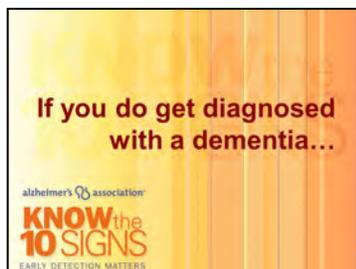
There are other important forms of dementia including:

Vascular dementia, which frequently exists along with **Alzheimer's disease**, typically develops when a stroke impairs blood flow to parts of the brain. It is seldom the sole cause of dementia, occurring alone in under 10% of dementia cases.

Mixed dementia, which is the name of the condition in which Alzheimer's disease and two or more dementia diseases exist at the same time. Most commonly, vascular dementia coexists with Alzheimer's disease in mixed dementia.

Frontotemporal lobar degeneration (FTLD), formerly called frontotemporal dementia (FTD), which has early symptoms that include marked changes in personality, mood and behavior, and/or difficulty with producing or comprehending language, rather than the memory concerns typically associated with Alzheimer's disease.

Dementia with Lewy bodies (DLB) formerly called Lewy body dementia (LBD), which has symptoms which include visual hallucinations, stiffness, shuffling, shakiness, and sleep disorders, including acting out dreams while awake.



Slide 44

Not everyone who seeks a diagnosis will be diagnosed with Alzheimer's disease or another dementia. But for those who are, there are things that can be done to improve functioning and care.

Slide 45

With Early Diagnosis, you can get the maximum benefit from available treatments. You can explore treatments that may provide some relief of symptoms and help you maintain independence. You may also increase your chances of participating in clinical drug trials that offer high standards of care and also help advance research.



Slides 46 and 47

Video Clip Intro:

In our next film, Jestene, who is 75 and has been living with Alzheimer's disease for a year, talks about the importance of early diagnosis.



View Video Clip

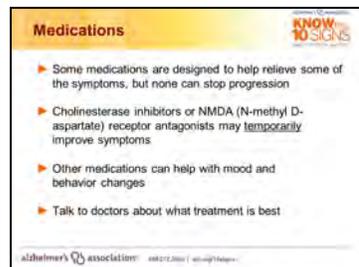
Presenter's Note:

Please insert your own 1-2 sentence comment about the video clip here. Important points from the film:

- Get started with medications early to get the most help from them.
- Early treatment can help someone with Alzheimer's disease live a more productive life.

Slide 48

There are medications designed to help relieve some symptoms, but not to stop the disease progression. Some medications, such as cholinesterase inhibitors **and/or the NMDA (N-methyl D-aspartate) receptor antagonist**, may improve some symptoms for a period of time, but the effects of these medications vary across the population. Other drugs are available to help with mood and behavior changes. Talk to your doctor about which treatment options are best for your situation.



With early diagnosis you can... 

...have more time to consider and plan for the future

- ▶ Participate in arranging your own care
 - Living arrangements
 - Safety, financial and legal matters
 - Transportation
- ▶ Be empowered to make decisions
- ▶ Build the right care team and social network

alzheimer's association® 877.478.2912 (TDD) 877.478.2912 (V) 800.478.2912

Slide 49

With Early Diagnosis, you can have more time to plan for the future. A diagnosis of Alzheimer's allows the person with dementia to take part in decisions about care, living arrangements, transportation, and safety, financial and legal matters. These plans are made much more easily before they are needed. Everyone involved can also participate in building the right care team and social support network with a timely diagnosis.

Plan for the Future 

- ▶ Seek legal advice and services
- ▶ Identify and complete legal documents
- ▶ Make plans for medical and treatment decisions
- ▶ Make plans for finances and property
- ▶ Name a person to make decisions on your behalf when you no longer can



alzheimer's association® 877.478.2912 (TDD) 877.478.2912 (V) 800.478.2912

Slide 50

One of the best things we all can do for our families and ourselves is to get legal, financial and care plans in place. Everyone needs to find ways to make their money last. Reducing financial stress that can come from paying for care requires advance planning.

Seek legal advice and services from an attorney who is knowledgeable about legal issues for seniors. Elder Law Attorneys are specialists in that area and can help with making plans. However, many of the forms and instructions needed to complete these plans are available online and in office supply stores.

Some of the planning issues include:

- Identifying and completing legal documents,
- Making plans for medical and treatment decisions,
- Making plans for finances and property, and
- Naming another person to make decisions on your behalf when you no longer can.

Doing this allows you to participate in making decisions and ensures your family won't be forced to make them for you in a crisis situation. To find an attorney who specializes in elder care, visit the National Academy of Elder Law Attorneys website, or contact the Alzheimer's Association.

Slide 51

Now, let's look at some resources that can help your whole family.



Slide 52

No matter whether you want information or support; whether you have questions about memory loss or a dementia of any kind; or whether you are a professional, a researcher, a caregiver or a person diagnosed with Alzheimer's disease or another form of dementia, the Alzheimer's Association has resources for you and is available to help.



In addition to our live programs, we have a rich website at alz.org. Visit our website to get tips about finding and providing care, read about the latest research, and find the tools for your wellbeing. Spend some time exploring all we have to offer for you at alz.org.

One of the online tools that you'll find on our website is Alzheimer's Navigator. We can help you map out a plan to approach Alzheimer's by visiting the Web page at alzheimersnavigator.org. Alzheimer's Navigator helps guide you to answers by creating a personalized action plan containing information, support and local resources. You can then share your plan with you friends and family, linking them to the materials customized for your situation.

By visiting our Community Resource Finder online tool at communityresourcefinder.org, you can search for local community living services, day programs, medical resources and more. Whether you are in the area or across the country, you can find services to help someone living with dementia and make the contacts you all need to ensure safety and comfort.

A rich supplement to our local supportive programs is ALZConnected, our online message boards with over 50,000 members who share their thoughts, questions and ideas with each other 24 hours a day. Whether you are living with dementia or are close to someone who is, you can come on to read or post about your concerns. Let ALZConnected help you develop plans, find support and discover new coping techniques by connecting with others who are living with dementia or are partners in caring.

Our 24/7 Helpline offers dementia-trained professionals to talk with any time, day or night, every day of the year. Call us at 800.272.3900 when you need information about the disease and meeting its challenge, links to resources or a supportive ear during difficult times. We are here to help.

The Alzheimer's Association has chapters all through the country, where we offer education programs, support groups, and much more. To find a chapter anywhere in the U.S., go to alz.org/findus, where you can search by state or zip code. Once on the chapter's web page, you can see what is being offered in that area.

Finally, the Training and Education Center of alz.org is where you can access programs like this one from the convenience of home. Just go to alz.org/training, and you can find programs and materials that offer the most current information about dementia, treatments and care.

Please contact us and let the Alzheimer's Association partner with you to help ensure your wellbeing.

Presenter's note:

Here is the spot to highlight what you are doing at your chapter, including upcoming programs, events and resources specific to the location of this presentation. Flyers and brochures from your chapter can be placed on the resource table along with the Know the 10 Signs and Principles for a Dignified Diagnosis materials.

Slide 53

You can use your voice, your motivation, your interest and your skills to help find new treatments and to enhance services for all people affected by dementia.

Clinical trials research studies are being conducted all over the world to find treatments are safe and effective. Clinical trials are the best way for researchers to find new ways to detect, slow, treat and hopefully someday prevent Alzheimer's disease. The Alzheimer's Association's TrialMatch is a free clinical studies matching service that connects individuals with Alzheimer's, caregivers and healthy volunteers to local clinical trials seeking participants. When you join a clinical trial, you have an opportunity to participate in vital research that could change the course of Alzheimer's disease and improve the lives of all those it affects. Visit TrialMatch online at trialmatch.alz.org or call our Helpline at 800.272.3900 to get started making a difference.

The Walk to End Alzheimer's and The Longest Day are opportunities for the local community to join together in the spirit of grassroots advocacy that is central to the mission of the Alzheimer's Association. Forming a team to support a friend or family member is a direct way to show your concern for the person as well as for the cause, and those who live with the impact of these diseases in their lives are tremendously grateful.

We also encourage you to join us in providing education and support programs to families in your area who are living with Alzheimer's and other forms of dementia. Whether you are a person with the disease, a care partner or caregiver, or a professional in the field, you can volunteer to use your knowledge and compassion to have a profound impact on those whose lives are affected by the disease.

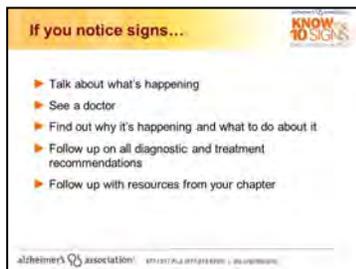


Presenter's note:

This is the time to highlight volunteer activities at your chapter and to circulate recruitment materials.

You can also join us to speak up for the needs and rights of people with Alzheimer's and their families, and to help persuade state and federal Congress to increase funding for research and programs. Many caregivers and people with the disease find the experience of advocating to be therapeutic, and it puts a human face on complex policy issues for our legislators.

We need you to help us change the course of Alzheimer's disease for everyone affected, and we welcome you to join us in making a difference.



Slide 54

So let's recap:

- If you notice any of the 10 Warning Signs in yourself or someone else, talk about it!
- Then check it out with your doctor. It may be typical aging or it may be something that you need to pursue.
- It's important to know what you're dealing with. Get a thorough set of tests from your doctor to find out why the symptoms are occurring and what needs to be done to address it.
- Be sure to follow up on all the recommendations that your doctor gives you and build the team you need to address the issues you are facing.
- If it is a form of dementia, the Alzheimer's Association can help you and your family. Call us!

Slides 55 and 56

Video Clip Intro:

Here's Mimi, who lives with Alzheimer's disease, to sum things up for all of us.

As Mimi reminds us, there is reason to hope. Great things are happening now in research at a rapid pace, and the programs and services offered through the Alzheimer's Association are helping more people than ever who are affected by dementia.



Slide 57

Here is the phone number for the Alzheimer's Association's 24 hour Helpline, where there are professionals available every day of the year to speak with you. Our website is also shown, and is a great source of information about dementia and building a supportive team. Please feel free to use both of these resources any time you'd like, and to contact your Chapter for local resources, education and support..



We have about XX minutes left.

Let's go back to the myths and realities worksheets that you got at the beginning of the program and talk about it a little bit. Now, how do you think you did on the Worksheet? Maybe you changed some of your answers as we went along. Let's go through it together to see what you learned today about Early Detection. One thing that you'll notice is that all of the questions are myths and are false. Let's correct these mistaken assumptions.

Number 1: Having a “little touch of dementia” is a normal part of aging.

That is False: As we age, many of our physical capabilities including memory diminish. But having a harder time remembering some things is very different from having a form of dementia like Alzheimer’s disease.

Number 2: If I have memory loss, that means I have Alzheimer’s disease or dementia.

This is False, too. What it means is that you have a symptom, and you should see your doctor to get a thorough assessment and diagnosis.

Number 3: If Alzheimer’s disease runs in your family, genetic testing will tell you whether you will get Alzheimer’s disease too.

Not true. Having a parent or sibling with Alzheimer’s disease does somewhat increase someone’s risk of developing the disease, but genetics is not the only risk factor

Number 4: There’s no point in getting diagnosed, because dementia is not curable or treatable. It will just upset my family and me, so why do it?

This is False as well. Early diagnosis is the only way to get early treatment for any diagnosis.

Number 5: You don’t need a complete set of diagnostic tests to know if you have Alzheimer’s disease. You can just try a medication for memory loss - if it works, you know.

That is also False. Early treatment is best, but you have to know what you’re treating. There are many things that can cause memory loss and it is important to be thoroughly assessed.

Are there any questions or comments about what you’ve seen and heard about today?

Slide 58

(No text)



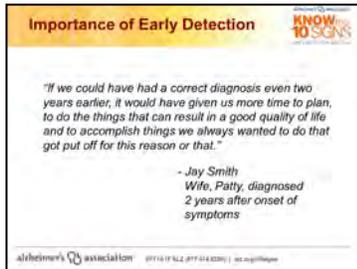
two hour version



Slide 1

Welcome to the Know the 10 Signs: Early Detection Matters program, sponsored by the Alzheimer's Association's (*fill in name*) Chapter.

The Early Detection project is important because currently many people go undiagnosed for years, losing valuable time that could be spent planning for the future and managing symptoms.



Slide 2

In 2008, the Alzheimer's Association received support to begin an education campaign highlighting the importance of early detection. We are extremely grateful to Jay Smith, whose efforts spearheaded this campaign. Jay's wife, Patty, was diagnosed at age 51, two years after she first showed signs and symptoms of the disease.



Slide 3

Today, you'll **have the** opportunity to hear from people with the disease and their family members talking about their lives with Alzheimer's disease. This is a chance to see real people telling you the truth about their journey, from the first sign of a problem through diagnosis and early adjustment. Some of it will sound very, very familiar to those of you with concerns. Some of it will be new for you – new information, new ideas, and new ways of looking at things. **You'll** see how these individuals have learned to adapt themselves, their families, their daily activities and their views of themselves to come to terms with Alzheimer's disease.

Slides 4 and 5

Video Clip Intro:

Here is our first film clip, showing Mary Ann, who is living with Alzheimer's disease, talking about the stigma associated with the disease.

View Video Clip

Presenter's Note:

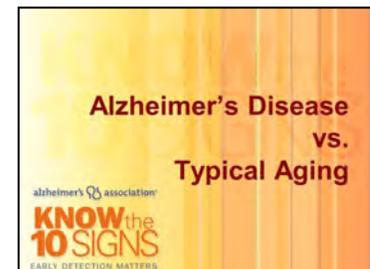
Please insert your own 1-2 sentence comment about the video clip here. Important points from the film:

- This was once viewed with shame.
- Stereotypes still exist.
- Next wave – you won't be the only one you know who is dealing with this.



Slide 6

Let's start by looking at the differences between Alzheimer's and typical aging.

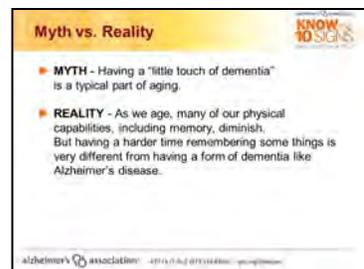


Slide 7

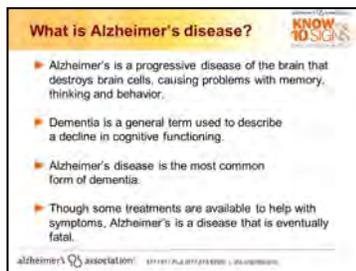
Myth versus Reality

The MYTH is that – Having a “little touch of dementia” is a normal part of aging.

The REALITY is – Our brains age right along with the rest of our bodies, and our abilities naturally change with age. But this aging process is different from the disease process that accompanies a diagnosis of Alzheimer's.



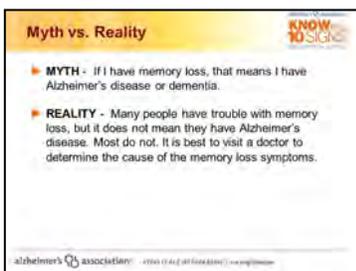
For many years, we thought that aging included a list of changes, and we believed that having at least some of those changes was inevitable. We called some of the memory loss changes “senility” or “hardening of the arteries.” Those were thought to be a natural part of aging. Now we know that they are actually symptoms of a number of diseases, including Alzheimer’s disease.



Slide 8

Alzheimer’s is a disease of the brain that progressively destroys brain cells, causing problems with memory, thinking and behavior. In the early stages of Alzheimer’s, the affected person may experience memory impairment, lapses of judgment, and subtle changes in personality. As the disorder progresses, new areas of the brain are affected. Memory and language problems worsen, as do movement and perception. There may be disorientation and personality changes.

Dementia is a general term used to describe a decline in cognitive functioning. Alzheimer’s disease is the most common form of dementia.



Slide 9

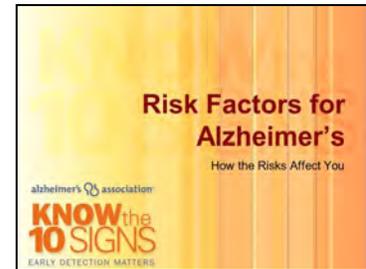
Myth versus Reality

The MYTH is that – If I have memory loss that means I have Alzheimer’s disease or dementia.

The REALITY is – Most people who have memory loss do not have Alzheimer’s disease, and there are many other diagnoses that have memory loss as a symptom. The person who can determine the cause of the memory loss symptoms is a doctor, so be sure to consult a physician to make a thorough diagnosis.

Slide 10

There are a number of risk factors for dementia, but most of them will not predict whether or not you will develop Alzheimer's disease or other related dementia. However, you can benefit from knowing the risks. Once you know the risks, you will be able to make changes to your lifestyle that may positively affect your brain health.



Slide 11

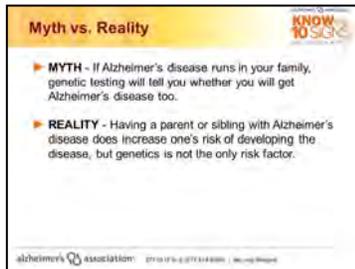
Age as a risk Factor

The single biggest factor for dementia is age. Younger-onset Alzheimer's disease is unusual – it totals less than 10% of all cases.



Almost two-thirds of Americans with Alzheimer's are women, and women appear to be at greater risk than men for developing dementia in their lifetimes. For some time, we thought that discrepancy was due to the fact that women live longer than men on average, and old age is the greatest risk factor. However, some research finds that the difference may be due to biological or genetic variations. Other research suggests that because men have a higher rate of death from cardiovascular disease than women in middle age, men who survive beyond age 65 may have healthier cardiovascular risk profiles. In addition, different life experiences such as type and amount of education or occupational choices may play a role, as greater challenges to the brain may provide some reduction of risk. More scientific investigation will need to be done before we thoroughly understand the nature of women's higher rates of dementia.

Some other issues that factor into the calculation of risk for dementia include socioeconomic factors, which can affect people's ability to provide themselves with good medical care, proper diet, and intellectual stimulation.



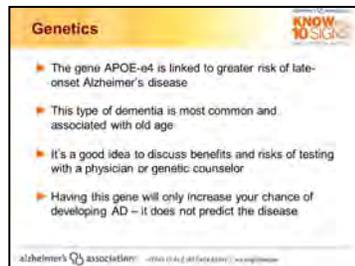
Slide 12

Myth versus Reality

The MYTH is that – If Alzheimer’s disease runs in your family, genetic testing will tell you whether you will get Alzheimer’s disease too.

The REALITY is – If a close family member has Alzheimer’s disease, there is an increased risk of others in the immediate family developing the disease, too. But there are

other important risk factors as well. Other than for those with the rare exception of younger-onset Alzheimer’s disease, there is currently no a genetic test that will tell you for certain whether you will get Alzheimer’s.



Slide 13

Scientists have discovered a gene which is linked to a greater risk of developing late-onset Alzheimer’s. That’s the most common form of the disease. It shows symptoms after the age of 65 and is generally associated with old age.

There are three versions of that gene, and each is associated with different levels of increased risk for developing Alzheimer’s. However, although having that gene increases the risk of developing Alzheimer’s, but it does not tell you whether or not you will develop the disease. If you are considering genetic testing, be sure to discuss the idea with your doctor and a genetic counselor.

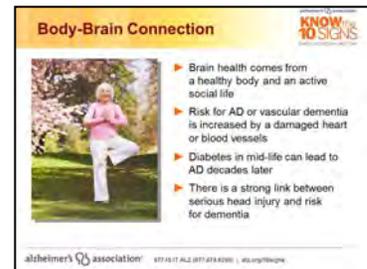
Three other genes, though, are linked to the younger-onset forms of Alzheimer’s in which symptoms usually begin to appear between a person’s early 40s and mid-50s. If someone has a mutation of one of these genes, he or she has a 95-100% chance of developing the disease at some point. These incidents of Alzheimer’s are very rare, possibly accounting for less than one percent of all cases. Affected

families are usually well aware of their unique history with the disease.

Slide 14

Heart-brain connection: There is scientific evidence about dementia that links brain health to heart health. Your brain is nourished by one of your body's richest networks of blood vessels. The risk of developing Alzheimer's or vascular dementia appears to be increased by conditions that damage the heart or blood vessels. These include high blood pressure, heart disease, stroke, diabetes and high cholesterol.

African Americans, Latinos and other groups that tend to have high percentages of hypertension and diabetes need to be particularly aware of these risks. But when these factors are brought under control with diet, exercise and appropriate medications, no differences between ethnicities are shown in the rates of dementia. Everyone should work with their doctor to monitor heart health and to treat any problems that arise.



Slide 15

Early detection comes before an Alzheimer's diagnosis. It is personal acknowledgment of possible symptoms of Alzheimer's coupled with the willingness to talk about it and to take action.



Slides 16 and 17

Video Clip Intro:

In this film clip, Mary Ann talks about the detection of signs and symptoms in herself.

View Video Clip



Presenter's Note:

Please insert your own 1-2 sentence comment about the video clip [here](#). Important points from the film:

- Family members may notice signs and make their own interpretations about what they mean.
- If the interpretations aren't based on the correct diagnosis, it can lead to assumptions that are difficult to deal with.



Slide 18

Presenter's Note:

(The next slide contains a film clip example of this warning sign. Playing the clip will serve as the case example for this sign.)

Now we'll go through the 10 Warning Signs of Alzheimer's disease.

The first warning sign is: **Memory changes that disrupt daily life**

With typical aging, a person sometimes forgets names or appointments but remembers them later.

One of the most common signs of Alzheimer's, especially in the early stages, is forgetting recently learned information. Others include forgetting important dates or events, asking for the same information over and over, relying on memory aids like reminder notes or electronic devices, or relying on family members for things the person used to handle on their own.



Slide 19 and 20

Video Clip Intro:

Sue talks about developing a coping strategy for this warning sign in the next video clip.

View Video Clip

Presenter's Note:

Please insert your own 1-2 sentence comment about the video clip here. Important points from the film:

- There are some creative strategies that each person can develop to help them remember things.
- Using those strategies can be part of the challenge.
- It's important to keep a sense of humor.

Slide 21

Challenges in planning or solving problems

With typical aging, people may make occasional errors when balancing a checkbook.

But with Alzheimer's, some people may experience changes in their abilities. 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.



Activity Options

Presenters can choose from the options below.

1. Read and explore the mini case example below.
2. Explore your own mini case example related to the warning sign.
3. Ask the audience to give an example of their own related to this sign.

Mini Case Example:

Georgia visited her 86-year old mom over the holiday weekend. Her mom has lived alone in an old farm house for over 20 years. This past weekend, Georgia noticed her mom had a lot of mail, including bills and solicitations all over the dining room table. Normally, her mom is very orderly about her paperwork. When she saw down with her

mom, she asked about the table's disarray. Her mom said, "I am working to get my payments in order because I think the bank messed up some of my checks and now they're asking me about it." Georgia took a look at her mom's checkbook, as well as other bills on the table, and become concerned because she saw a lot of errors. They went through the bills together. During that time, Georgia realized her mom was having a difficult time following along when they went through the paper work. Georgia also watched her struggle to add up all of the bills she had accumulated. Georgia is very concerned because her mom has never missed a payment or had problems with her bills before.



Slide 22

Presenter's Note:

(The next slide contains a film clip example of this warning sign. Playing the clip will serve as the case example for this sign.)

Difficulty completing familiar tasks

Typical aging involves occasionally needing help to use the settings on a microwave or to record a television show.

People with Alzheimer's often find it hard to complete daily tasks like shopping, cooking, personal grooming or medical care. Sometimes, people may have trouble driving to a familiar location, managing a budget at work or remembering the rules of a favorite game.



Slides 23 and 24

Video Clip Intro:

In our next film clip, Joyce, who lives with Alzheimer's disease and vascular dementia, talks about being surprised by having this warning sign.

View Video Clip

Presenter's Note:

Please insert your own 1-2 sentence comment about the video clip here. Important points from the film:

- There can be unexpected challenges with the disease.
- Meeting the challenges can be an emotional adjustment.

Slide 25

Presenter's Note:

(The next slide contains a film clip example of this warning sign. Playing the clip will serve as the case example for this sign.)

Confusion with time or place

With typical aging, a person may sometimes get confused about the day of the week but figure it out later.

People 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.



Slides 26 and 27

Video Clip Intro:

In the next film clip, we see John talking about an example of this confusion and the repetition that comes with it.

View Video Clip

Presenter's Note:

Please insert your own 1-2 sentence comment about the video clip here. Important points from the film:

- John has come up with ways to work with Mary Ann's symptoms that work well for them as a family.



- *Each family is different and can come up with its own set of techniques for coping with symptoms.*



Slide 28

Trouble understanding visual images and spatial relationships

Typical aging includes vision changes related to the aging of the eyes, like cataracts.

But for some people, having vision problems is a sign of Alzheimer's. They may have difficulty reading, judging distance and determining color or contrast. Perception and judging distances have very real implications for driving. The use of rear view mirrors and side mirrors while driving is key to safety. But for someone with the disease, using all of these mirrors while processing the changing view in front of them, and looking over their shoulders to back up, is overwhelming to their senses – it's too much information! They may become upset or make mistakes, both of which can lead to accidents.

Activity Options:

Presenters can choose from the options below:

1. Read and explore the mini case example below.
2. Explore your own mini case example related to the warning sign.
3. Ask the audience to give an example of their own related to this sign.

Mini Case Example:

Mary has received four traffic violations in the past three months. She is confused about why she is having so many problems with her driving. The last violation was very similar to her first three. This time, she side-swiped a parked car. What's so confusing for Mary is that she does not know how it happened. She recalls driving on a nice clear afternoon and the next thing she knew, she is heard a

horrible noise and realized she was scraping a car on her left. After this incident, she went to the eye doctor because not only is she having driving problems, but she is getting frustrated reading her morning newspaper. “I just can’t follow the lines

of words. I tried to use a ruler to follow along, but even that doesn’t work now.” The eye doctor told her that her prescription for glasses has not changed. Mary cannot understand what is happening to her. If her vision is fine, she wonders, why does she keep on tripping on stairs?

Slide 29

Presenter’s Note:

(The next slide contains a film clip example of this warning sign. Playing the clip will serve as the case example for this sign.)

New problems with words in speaking or writing

Typical aging includes sometimes having trouble finding the right word.

People 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 they may repeat themselves. They may struggle with vocabulary, have problems finding the right word, or call things by the wrong name, like calling a “watch” a “hand-clock.”

Slides 30 and 31

Video Clip Intro:

Joyce talks about how she first noticed this particular warning sign in the next video clip.



View Video Clip

Presenter's Note:

Please insert your own 1-2 sentence comment about the video clip here. Important points from the film:

- One aspect of this sign is that writing may take much longer than in the past and may not be clear to others.
- Needing to ask for assistance with tasks that you used to know how to do can be an indication of a problem.



Slide 32

Misplacing things and losing the ability to retrace steps.

Typical aging involves misplacing things from time to time, such as a pair of glasses or the remote control.

A person with Alzheimer's disease may put things in unusual places. They may lose things and be unable to go back over their steps to find them again. Sometimes, they may accuse others of stealing. This may occur more frequently over time.

Activity Options:

Presenters can choose from the options below:

1. Read and explore the mini case example below.
2. Explore your own mini case example related to the warning sign.
3. Ask the audience to give an example of their own related to this sign.

Mini Case Example:

Joe called his youngest daughter Megan three times today asking if she took his phonebook when she left yesterday. Megan became concerned after so many calls, so she came over to her dad's house to help him.

Megan and her brother Mark have been getting more and more calls from Dad about missing items around the house. One time, Mark was accused of taking Joe's credit card, and later they found it in the planter on the front porch.

When Megan arrives at her dad's house, she asked him where he last saw the phonebook. "It was by the phone yesterday," Joe snaps. Megan wonders if this is her dad's way of asking for attention, because she finds the phone book in the bathroom cabinet.

Slide 33

Decreased or poor judgment

Typical aging involves making a bad decision once in a while.

People with Alzheimer's may experience changes in judgment or decision-making. For example, they may use poor judgment when dealing with money, giving large amounts to telemarketers or they may become less able to choose clothing that is appropriate to the weather or the season.

Activity Options:

Presenters can choose from the options below:

1. Read and explore the mini case example below.
2. Explore your own mini case example related to the warning sign.
3. Ask the audience to give an example of their own related to this sign.

Mini Case Example:

When Ellen saw her Grandpa Carl outside on very chilly morning without a coat or a sweater on, she didn't think much of it. That very same day after Carl opened his mail, he picked up the phone to call a credit card company



asking to increase his limit. Later, he called another company to open a new card. Ellen did not know why her Grandpa needed such a high credit limit, but did not question his decision to make that change.

Soon after that, Ellen noticed some overdue and unpaid bills stacked on a desk in the corner. She was concerned because he had always been so diligent about paying his bills. When she stopped by a week later, she again found

her Grandpa working on the yard in the dead of winter with no jacket. When she asked why he didn't have a jacket on, he appeared confused.



Slide 34

Presenter's Note:

(The next slide contains a film clip example of this warning sign. Playing the clip will serve as the case example for this sign.)

Withdrawal from work or social activities

With typical aging, someone may periodically feel weary of work, family and social obligations.

A person with Alzheimer's may start to remove themselves from hobbies, social activities, work projects or family gatherings. They may have trouble keeping up with a favorite sports team or remembering how to engage in a favorite hobby. They may also avoid being social because it becomes harder and harder to follow conversations.



Slides 35 and 36

Video Clip Intro:

In this next clip, Mary Ann describes trying to deal with her symptoms in a very common way.

View Video Clip

Presenter's Note:

Please insert your own 1-2 sentence comment about the video clip here. Important points from the film:

The function of "faking it" could be:

- To appear to fit in with other people.
- To avoid showing symptoms to others.
- To deny the changes to oneself.

Slide 37

Changes in mood and personality

Typical aging can involve developing very specific ways of doing things and becoming irritable when a routine is disrupted.

But the mood and personalities of people with Alzheimer's can change with the disease. It is much easier for someone with dementia to do things in very routine ways, with not much change or variety. They can become confused, suspicious, depressed, fearful or anxious when situations call for spontaneous changes or quick responses. As a result, they may be easily upset at home, at work, with friends or in places where they are out of their comfort zone.



Activity Options:

Presenters can choose from the options below:

1. Read and explore the mini case example below.
2. Explore your own mini case example related to the warning sign.
3. Ask the audience to give an example of their own related to this sign.

Mini Case Example:

Sandra just received a phone call from her best friend Felicia. Felicia called upset at Sandra for how she acted at dinner last night. She said, “Sandra you were so angry all of a sudden the minute we entered the restaurant, and especially with the waiter when he forgot to bring you a new napkin. I have never seen you like that, ever.” Felicia went on to tell Sandra that this is not the first time she has noticed such a major change in her mood. Sandra herself is becoming more and more concerned about how she may be changing. She does notice that she gets a little more upset lately over little things, particularly when she leaves her house, but she didn’t think it was as bad as Felicia was describing. Felicia is her best friend, so she begins to think that Sandra may be right. Sandra has felt more “down” lately. “I was always such a lively and happy person. Now I am feeling sad, nervous and even mad, and I don’t know why.”



Slide 38

So what should you do if you see these signs in yourself or someone else?

First and foremost, talk about it! Talk with people about what you are seeing and what you are thinking. Discuss your suspicions. Break the silence about this disease that keeps people from getting the medical care they need.

Encourage anyone with symptoms to see a doctor to find out the cause. Some causes of the signs can be treated or reversed!

Getting the right treatment as soon as possible is crucial no matter what the diagnosis. It’s easy to let things slide. But you can change or even save a life by continuing to talk and follow up.

Together we can break the stigma that keeps people from getting the help they need.

Slides 39 and 40

Video Clip Intro:

In our next clip, we'll see Susan give some advice to families dealing with the changes they see in **the person with the disease**.

View Video Clip



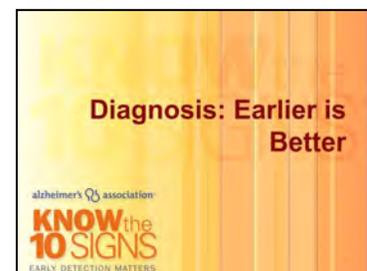
Presenter's Note:

Please insert your own 1-2 sentence comment about the video clip here. Important points from the film:

- Advice for families: Be gentle but straightforward
- Don't be afraid to talk about it.

Slide 41

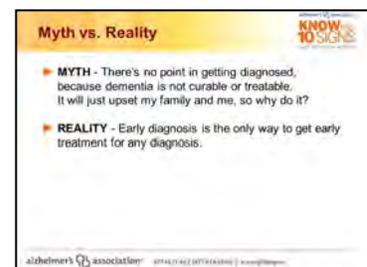
After detecting warning signs, the next step is getting a thorough assessment from a doctor. The diagnosis may not be Alzheimer's at all - it may be a completely different diagnosis. But no matter what the diagnosis turns out to be, early diagnosis is critical.



Slide 42

Myth versus Reality

The MYTH is – There's no point in getting diagnosed, because dementia is not curable or treatable. It will just upset my family and me, so why do it?



The REALITY is that – There are a number of very good reasons to pursue a diagnosis. Let's talk a look at them now.

It might not be Alzheimer's or dementia at all.

- Some detected problems can be treated or reversed
- Some can be life-threatening if not detected or treated promptly
- It's important not to ignore changes or assume it is Alzheimer's

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Slide 43

Once the person with symptoms sees the doctor, they often discover that they actually don't have dementia at all, but have another illness. Some of the illnesses that can cause memory problems are treatable and can be reversed – like depression or thyroid problems.

Other illnesses that can cause memory problems can be life-threatening if not detected and treated promptly – like heart problems or high blood pressure that has caused mini-strokes. These need to be diagnosed and treated right away to avoid even more serious damage. It's important not to ignore changes or to assume that it is Alzheimer's.

Myth vs. Reality

- MYTH** - You don't need a complete set of diagnostic tests to know if you have Alzheimer's disease. You can just try a medication for memory loss – if it works, you know.
- REALITY** - Early treatment is best, but you have to know what you're treating. There are many things that can cause memory loss and it is important to be thoroughly assessed.

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Slide 44

Myth versus Reality

The MYTH is that – You don't need a complete set of diagnostic tests to know if you have Alzheimer's disease. You can just try a medication for memory loss – if it works, you know.

The REALITY is that – There are many types of dementia and they are dealt with differently. A number of tests will need to be done in order to get the most accurate diagnosis. If you get a diagnosis without having all of these tests done, ask your doctor to refer you to a specialist who can complete them. Only with a complete and thorough diagnosis can you know what you're dealing with and how to treat it.

Slides 45 and 46

Video Clip Intro:

Here's Gary talking about the time it takes to get a diagnosis.

View Video Clip

Presenter's Note:

Please insert your own 1-2 sentence comment about the video clip here. Important points from the film:

- *Doctors need to take their time making a diagnosis.*
- *They need to rule out other diseases first before settling on a diagnosis of Alzheimer's disease.*



Slide 47

Although physicians can almost always determine if a person has dementia, it may be difficult to identify the exact cause. There is no single test that proves that a person has Alzheimer's; it is actually a set of tests that need to be done. It may take several days or weeks to complete the tests, have a physician interpret them, and be given a diagnosis.

The medical workup is designed to evaluate overall health and identify any conditions that could affect how well the mind works. The doctor will interview the person being examined and/or family members to gather information about current and past illnesses and will ask about specific symptoms. They will do a physical examination and testing of blood and urine to help identify other disorders with similar symptoms.

The doctor will also do mental status testing, which gives a general idea of whether a person:

- Is aware of having symptoms or feels nothing is wrong.
- Knows the date, time and where he or she is.



- Can remember a short list of words, follow instructions and do simple calculations.

In addition to assessing mental status, the doctor will evaluate a person's sense of well-being to detect depression or other mood disorders that can cause memory problems, loss of interest in life, and other symptoms that can overlap with dementia.

The neurological examination is an important part of the physical. Its goal is to assess the function of the brain and nervous system to identify symptoms of brain disorders other than Alzheimer's.

During the neurological exams, the physician may test:

- Reflexes.
- Coordination and balance.
- Muscle tone and strength.
- Eye movement.
- Speech.

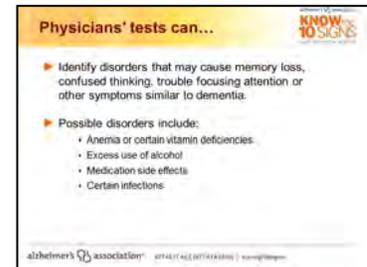
Currently, a standard medical workup for Alzheimer's disease often includes brain imaging with an MRI, a CT scan or, less frequently, a PET scan. These images are used primarily to detect tumors, evidence of small or large stroke, and damage from severe head trauma or a buildup of fluid. Although a certain amount of brain shrinkage comes with age, research has shown that greater levels of shrinkage in specific brain regions may be an early sign of Alzheimer's. However, scientists have not yet agreed upon standardized values that would establish the significance of a specific amount of shrinkage for any individual person at a single point in time. In the future, there may be a role for these tests in directly diagnosing dementia as well.

Slide 48

Information from these tests can help identify other disorders that may cause memory loss, confused thinking, trouble focusing attention, or other symptoms similar to dementia.

In addition to the disorders listed on this slide, others include:

- Diabetes.
- Kidney or liver disease.
- Thyroid abnormalities.
- Problems with the heart, lung or blood vessels.



Slide 49

There are other important forms of dementia including:

Vascular dementia, which frequently exists along with **Alzheimer's disease**, typically develops when a stroke impairs blood flow to parts of the brain. It is seldom the sole cause of dementia, occurring alone in under 10% of dementia cases.

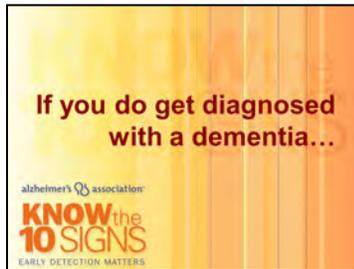
Mixed dementia, which is the name of the condition in which Alzheimer's disease and another form of dementia exist at the same time. Most commonly, vascular dementia coexists with Alzheimer's disease in mixed dementia.

Frontotemporal lobar degeneration (FTLD), formerly called frontotemporal dementia (FTD), which has early symptoms that include marked changes in personality, mood and behavior, and/or difficulty with producing or comprehending language, rather than the memory concerns typically associated with Alzheimer's disease.



Update DLB on slide

Dementia with Lewy bodies (DLB) formerly called Lewy body dementia (LBD), which has symptoms which include visual hallucinations, stiffness, shuffling, shakiness, and sleep disorders, including acting out dreams while awake.



Slide 50

Not everyone who seeks a diagnosis will be diagnosed with Alzheimer's disease or another dementia. But for those who are, there are things that can be done to improve functioning and care.



Slide 51

With Early Diagnosis, you can get the maximum benefit from available treatments. You can explore treatments that may provide some relief of symptoms and help you maintain independence. You may also increase your chances of participating in clinical drug trials that offer high standards of care and also help advance research.



Slides 52 and 53

Video Clip Intro:

In our next film, Jestene, who is 75 and has been living with Alzheimer's disease for a year, talks about the importance of early diagnosis.

View Video Clip

Presenter's Note:

Please insert your own 1-2 sentence comment about the video clip here. Important points from the film:

- *Get started with medications early to get the most help from them.*

- *Early treatment can help someone with Alzheimer's disease live a more productive life.*

Slide 54

There are medications designed to help relieve some symptoms, but not to stop the disease progression. Some medications, such as cholinesterase inhibitors **and/or the NMDA (N-methyl D-aspartate) receptor antagonist**, may improve some symptoms for a period of time, but the effects of these medications vary across the population. Other drugs are available to help with mood and behavior changes. Talk to your doctor about which treatment options are best for your situation.



Medications KNOW 10 SIGNS

- ▶ Some medications are designed to help relieve some of the symptoms, but none can stop progression
- ▶ Cholinesterase inhibitors or NMDA (N-methyl D-aspartate) receptor antagonists may temporarily improve symptoms
- ▶ Other medications can help with mood and behavior changes
- ▶ Talk to doctors about what treatment is best

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Slide 55

With Early Diagnosis, **the person with dementia** can have more time to plan for the future. A diagnosis of Alzheimer's allows you to take part in decisions about care, living arrangements, transportation, and safety, financial and legal matters. These plans are made much more easily before they are needed. Everyone involved can also participate in building the right care team and social support network with a timely diagnosis.



With early diagnosis you can... KNOW 10 SIGNS

...have more time to consider and plan for the future

- ▶ Participate in arranging your own care
 - Living arrangements
 - Safety, financial and legal matters
 - Transportation
- ▶ Be empowered to make decisions
- ▶ Build the right care team and social network

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Slide 56

One of the best things we all can do for our families and ourselves is to get legal, financial and care plans in place. Everyone needs to find ways to make their money last. Reducing financial stress that can come from paying for care requires advance planning.

Seek legal advice and services from an attorney who is knowledgeable about legal issues for seniors. Elder Law Attorneys are specialists in that area and can help with



Plan for the Future KNOW 10 SIGNS

- ▶ Seek legal advice and services
- ▶ Identify and complete legal documents
- ▶ Make plans for medical and treatment decisions
- ▶ Make plans for finances and property
- ▶ Name a person to make decisions on your behalf when you no longer can



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making plans. However, many of the forms and instructions needed to complete these plans are available online and in office supply stores.

Some of the planning issues include:

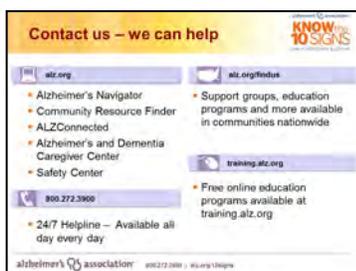
- Identifying and completing legal documents,
- Making plans for medical and treatment decisions,
- Making plans for finances and property, and
- Naming another person to make decisions on your behalf when you no longer can.

Doing this allows you to participate in making decisions and ensures your family won't be forced to make them for you in a crisis situation. To find an attorney who specializes in elder care, visit the National Academy of Elder Law Attorneys website, or contact the Alzheimer's Association.



Slide 57

Now, let's look at some resources that can help your whole family.



Slide 58

No matter whether you want information or support; whether you have questions about memory loss or a dementia of any kind; or whether you are a professional, a researcher, a caregiver or a person diagnosed with Alzheimer's disease or another form of dementia, the Alzheimer's Association has resources for you and is available to help.

In addition to our live programs, we have a rich website at alz.org. Visit our website to get tips about finding and

providing care, read about the latest research, and find the tools for your wellbeing. Spend some time exploring all we have to offer for you at alz.org.

One of the online tools that you'll find on our website is Alzheimer's Navigator. We can help you map out a plan to approach Alzheimer's by visiting the Web page at alzheimersnavigator.org. Alzheimer's Navigator helps guide you to answers by creating a personalized action plan containing information, support and local resources. You can then share your plan with you friends and family, linking them to the materials customized for your situation.

By visiting our Community Resource Finder online tool at communityresourcefinder.org, you can search for local community living services, day programs, medical resources and more. Whether you are in the area or across the country, you can find services to help someone living with dementia and make the contacts you all need to ensure safety and comfort.

A rich supplement to our local supportive programs is ALZConnected, our online message boards with over 50,000 members who share their thoughts, questions and ideas with each other 24 hours a day. Whether you are living with dementia or are close to someone who is, you can come on to read or post about your concerns. Let ALZConnected help you develop plans, find support and discover new coping techniques by connecting with others who are living with dementia or are partners in caring.

Our 24/7 Helpline offers dementia-trained professionals to talk with any time, day or night, every day of the year. Call us at 800.272.3900 when you need information about the disease and meeting its challenge, links to resources or a supportive ear during difficult times. We are here to help.

The Alzheimer's Association has chapters all through the country, where we offer education programs, support groups, and much more. To find a chapter anywhere in the U.S., go to alz.org/findus, where you can search by state or zip code. Once on the chapter's web page, you can see what is being offered in that area.

Finally, the Training and Education Center of alz.org is where you can access programs like this one from the convenience of home. Just go to alz.org/training, and you can find programs and materials that offer the most current information about dementia, treatments and care.

Please contact us and let the Alzheimer's Association partner with you to help ensure your wellbeing.

Presenter's note:

Here is the spot to highlight what you are doing at your chapter, including upcoming programs, events and resources specific to the location of this presentation. Flyers and brochures from your chapter can be placed on the resource table along with the Know the 10 Signs and Principles for a Dignified Diagnosis materials.



Slide 59

You can use your voice, your motivation, your interest and your skills to help find new treatments and to enhance services for all people affected by dementia.

Clinical trials research studies are being conducted all over the world to find treatments are safe and effective. Clinical trials are the best way for researchers to find new ways to detect, slow, treat and hopefully someday prevent Alzheimer's disease. The Alzheimer's Association's TrialMatch is a free clinical studies matching service that connects individuals with Alzheimer's, caregivers and healthy volunteers to local clinical trials seeking

participants. When you join a clinical trial, you have an opportunity to participate in vital research that could change the course of Alzheimer's disease and improve the lives of all those it affects. Visit TrialMatch online at trialmatch.alz.org or call our Helpline at 800.272.3900 to get started making a difference.

The Walk to End Alzheimer's and The Longest Day are opportunities for the local community to join together in the spirit of grassroots advocacy that is central to the mission of the Alzheimer's Association. Forming a team to support a friend or family member is a direct way to show your concern for the person as well as for the cause, and those who live with the impact of these diseases in their lives are tremendously grateful.

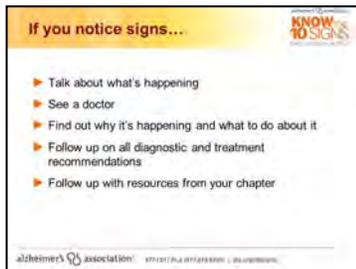
We also encourage you to join us in providing education and support programs to families in your area who are living with Alzheimer's and other forms of dementia. Whether you are a person with the disease, a care partner or caregiver, or a professional in the field, you can volunteer to use your knowledge and compassion to have a profound impact on those whose lives are affected by the disease.

Presenter's note:

This is the time to highlight volunteer activities at your chapter and to circulate recruitment materials.

You can also join us to speak up for the needs and rights of people with Alzheimer's and their families, and to help persuade state and federal Congress to increase funding for research and programs. Many caregivers and people with the disease find the experience of advocating to be therapeutic, and it puts a human face on complex policy issues for our legislators.

We need you to help us change the course of Alzheimer's disease for everyone affected, and we welcome you to join us in making a difference.



Slide 60

So let's recap:

- If you notice any of the 10 Warning Signs in yourself or someone else, talk about it!
- Then check it out with your doctor. It may be typical aging or it may be something that you need to pursue.
- It's important to know what you're dealing with. Get a thorough set of tests from your doctor to find out why the symptoms are occurring and what needs to be done to address it.
- Be sure to follow up on all the recommendations that your doctor gives you and build the team you need to address the issues you are facing.
- If it is a form of dementia, the Alzheimer's Association can help you and your family. Call us!



Slides 61 and 62

Video Clip Intro:

Here's Mimi, who lives with Alzheimer's disease, to sum things up for all of us.

As Mimi reminds us, there is reason to hope. Great things are happening now in research at a rapid pace, and the programs and services offered through the Alzheimer's Association are helping more people than ever who are affected by dementia.



Slide 63

Here is the phone number for the Alzheimer's Association's 24 hour **Helpline**, where there are professionals available every day of the year to speak with you. Our website is also shown, and is a great source of information about dementia and building a supportive team. Please feel free to use both

of these resources any time you'd like, and to contact your Chapter for local resources, education and support.

We have about XX minutes left.

Let's go back to the myths and realities worksheets that you got at the beginning of the program and talk about it a little bit. Now, how do you think you did on the Worksheet? Maybe you changed some of your answers as we went along. Let's go through it together to see what you learned today about Early Detection. One thing that you'll notice is that all of the questions are myths and are false. Let's correct these mistaken assumptions.

Number 1: Having a "little touch of dementia" is a normal part of aging.

That is False: As we age, many of our physical capabilities including memory diminish. But having a harder time remembering some things is very different from having a form of dementia like Alzheimer's disease.

Number 2: If I have memory loss, that means I have Alzheimer's disease or dementia.

This is False, too. What it means is that you have a symptom, and you should see your doctor to get a thorough assessment and diagnosis.

Number 3: If Alzheimer's disease runs in your family, genetic testing will tell you whether you will get Alzheimer's disease too.

Not true. Having a parent or sibling with Alzheimer's disease does somewhat increase someone's risk of developing the disease, but genetics is not the only risk factor.

Number 4: There's no point in getting diagnosed, because dementia is not curable or treatable. It will just upset my family and me, so why do it?

This is False as well. Early diagnosis is the only way to get early treatment for any diagnosis.

Number 5: You don't need a complete set of diagnostic tests to know if you have Alzheimer's disease. You can just try a medication for memory loss - if it works, you know.

That is also False. Early treatment is best, but you have to know what you're treating. There are many things that can cause memory loss and it is important to be thoroughly assessed.

Presenter's Note:

This is followed by a discussion that can be led in any way you feel works best for your audience. Some sample questions are listed below.

Sample Questions:

Change in thinking

1. Do you notice any change in your thinking about Alzheimer's disease from when you first looked at those myths?
2. What changed for you?
3. What did you see or hear that made you change your mind?

Behavioral Impact

4. Some of the topics we saw presented focused on talking more openly, seeing a doctor and making future plans. Did you see anything today that might lead you to do something differently?
5. What might you change?
6. What did you see that made you think about making a change?

Emotional Impact

1. This program can stir up a lot of strong emotions, especially when you see the film clips of people with Alzheimer's disease and their families. Was there anything that particularly hit home with you that you'd like to talk about?

2. What did all of you see today that addressed those issues?
3. What resources are available that could help with this situation?

Slide 64

(No text)

