What Is Normal Aging?

The importance of early diagnosis

Many people with a loved one who develops Alzheimer’s disease will tell you that they didn’t recognize it at first. They simply attributed their loved one’s increasing forgetfulness and other symptoms to “normal aging.” In fact, some forgetfulness and slowing down does often occur with age. Additionally, we know that stress can cause a person of any age to become more forgetful or to behave in other uncharacteristic ways.

Normal aging is associated with deteriorating vision; older adults may need more light and larger print to read comfortably. Hearing loss is also common with normal aging; many older adults experience difficulty hearing high-pitched sounds like children’s voices. Normal aging can also slow thinking skills, but contrary to popular belief, it does not affect comprehension. For instance, if a man in his eighties takes a timed quiz with his teenage granddaughter, he’s likely to lose because of a lack of speed, not a lack of ability.

Perhaps the older man’s slower processing speed is a matter of him having accumulated so many more experiences than his granddaughter — similar to the way a computer’s hard drive processes slower when it is full of stored information. The bottom line is that normal aging may impair vision, hearing, and thought processing speed, but these are very different from the brain deterioration caused by Alzheimer’s disease.

The human brain is nothing short of a three-pound wonder. It controls our bodies, taking in new information through billions of nerve cells called neurons that communicate with each other through electrical impulses. Those electrical impulses are helped along by chemicals called neurotransmitters, and it is partly those neurotransmitters that deteriorate in Alzheimer’s disease.

Imagine using a glue stick to paste a picture in an album and going back years later to find that the picture had come loose because the glue had cracked and dried out. With Alzheimer’s disease, the glue that helps connect the brain’s chemical impulses stops working.

KEY POINTS
- Normal aging includes increased difficulties with vision and hearing and somewhat slower processing of information in our brains.
- Normal aging is very different from the brain deterioration caused by Alzheimer’s disease.
- In the brain, messages travel through electrical impulses that are helped along by neurotransmitters, which deteriorate with Alzheimer’s disease.
- Both people with Alzheimer’s disease and their loved ones may deny the symptoms out of fear and uncertainty.

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When a loved one has Alzheimer’s disease, loved ones may eventually realize that something more serious than normal aging is the culprit. In his book, I Love You, Too, Woodrow Wirsig explains that his realization came one day at breakfast when his wife patted her hair and said, “I must get my shower cap done.”

The realization may also come in a more severe situation like when a family member or friend finds that a person accidentally leaves a burner on or gets lost driving to a familiar place.

In her documentary film, Complaints of a Dutiful Daughter, Debbie Hoffman recalls that she didn’t realize the severity of her mother’s memory impairment until her father died. Debbie had been living on the opposite coast from her parents, and in phone calls her father always “covered” for her mother. When her father died, Debbie’s mother was able to call and tell her about it. However, when Debbie arrived in New York, her mother had no idea what had happened to the body!

Sometimes, people with Alzheimer’s disease are also aware that something is amiss before they are diagnosed. They may become restless or anxious, try to prevent mistakes by withdrawing from activities they once enjoyed, or attempt to cover up mistakes with excuses. Frequently their spouses, adult children, and other loved ones will also help them cover up their losses out of denial.

Yet, as we’ll explore later in this newsletter, an early diagnosis of Alzheimer’s disease actually provides the best hope of prolonging quality of life.

CAREGIVER TIPS

Many people with Alzheimer’s disease (AD) become increasingly confused by the world around them. Naturally, this can cause them to become fearful or suspicious of others or to withdraw from activities they believe could embarrass them in front of their peers. For many people, talking about these feelings with a trusted friend can be comforting and reassuring. Here are some ways you can offer emotional support to those with a recent diagnosis, thereby improving both their lives and your caregiving experience:

• Take time to listen to their thoughts and encourage them to express themselves.
• Ask questions about their hopes and fears.
• Validate their feelings and offer your unconditional support.
• Ask them what you can do to help give them greater peace of mind.
• Find enjoyable things you can do together.
• Suggest an early stage support group through the Alzheimer’s Association.

Remember that providing loving and compassionate care means attending to a person’s emotional as well as physical needs.
**DEMENTIA: Definitions and Diagnosis**

**What is dementia?**
Dementia is not a disease, but a set of symptoms that can accompany many diseases or conditions. Dementia is always progressive. In other words, it worsens over time. However, dementia can be either reversible or irreversible. Reversible dementias may be eliminated with treatment. Common causes of reversible dementia include prolonged dietary deficiencies, adverse reactions to medication, certain infections, operable brain tumors, excessive alcohol consumption, and depression. On the other hand, there are no known cures for irreversible dementias. Common symptoms of dementia include:
- Memory loss
- Difficulty performing familiar tasks
- Language deterioration
- Disorientation to time and place
- Poor judgment and reasoning skills
- Problems with numbers
- Loss of initiative. (A person may remain passive throughout the day unless he or she is assisted to start an activity)

Common causes of irreversible dementia are:
- **Alzheimer’s disease (AD)** — Early onset AD, which occurs between the ages of 30 and 60, tends to progress quickly and has a strong genetic link. Late-onset AD usually occurs after the age of 65 and often progresses more slowly. Alzheimer’s disease is the most common form of irreversible dementia.
- **Vascular dementia** — Formerly called multi-infarct dementia, vascular dementia develops when impaired blood flow deprives the brain of nutrients and oxygen. It may be caused by a single large stroke or multiple small strokes called transient ischemic attacks (TIAs).
- **Dementia with Lewy Bodies (DLB)** — DLB is characterized by strong visual hallucinations, sleep disorders, broad fluctuation in abilities (a person may speak clearly one day but be unable to speak at all the next), and symptoms similar to Parkinson’s disease (shakiness, shuffling gait, stiffness, balance problems).

**Diagnosing Alzheimer’s disease**
While AD is often devastating to those receiving the diagnosis, as well as their loved ones, an early diagnosis can lower anxiety about unknown (and potentially curable) problems, as well as provide:
- A chance to benefit from drug treatments that may help to slow the progression of the disease
- Time to plan for the future and participate in decisions that can help maximize quality of life and care
- A chance to help physicians learn more about the development of the disease and potentially participate in a research trial

While a definitive diagnosis of AD can only be determined by an autopsy after a person has died, physicians can be about 90% accurate by ruling out other potential causes. This is done through:
- A detailed medical history including current medications, lifestyle habits, and family health history.
- A detailed description of symptoms, including those that family and friends may have noticed over time.
- A mental status evaluation, which includes a variety of tests to assess a person’s sense of time and space and his or her ability to remember, understand, speak, and do simple calculations.
- A thorough physical examination.
- A neurological examination, to evaluate coordination, muscle tone, eye movement, speech, and sensory abilities.
- Laboratory tests — Blood and urine tests to check for a wide variety of possible disorders. Brain imaging techniques (CT scan or MRI) may be ordered to rule out things like tumors, stroke, and blood clots.
- Psychiatric/psychological evaluations — To assess for depression and/or other mental illnesses.

**KEY POINTS**
- Dementia is a symptom of many conditions, some of which can be reversed through treatment.
- The three most common forms of irreversible dementia are Alzheimer’s disease, Dementia with Levy bodies (DLB), and vascular dementia.
- To determine if a person has Alzheimer’s disease, a variety of tests and examinations is given, most of which are used to rule out other probable causes.

**RESOURCES**
Want to know more about various forms of dementia, how a diagnosis is made, and what treatments and support services are available? Here are a few resources:

The Alzheimer’s Disease and Referral (ADEAR) Center produces dozens of free fact sheets in both English and Spanish. Request them by calling 800-438-4380 or print them from the website: http://www.nia.nih.gov/Alzheimers/Publications/.

Reach the National Alzheimer’s Association helpline 24/7 at 800-272-3900, call 312-335-8700 during normal Central Time business hours, or check out their website (http://www.alz.org) for info on local chapters and publications.
One of the best gifts caregivers can give to those they care for is empathy and understanding. Put yourself in the shoes of someone who has been afraid of getting a diagnosis, making a mistake, or being embarrassed in front of others by asking yourself these questions:

Think of a time when you had to face something hard. (A serious health crisis or other medical situation? Apologizing for hurting a loved one? Denting a friend’s car? Embarrassing yourself in front of others?)

• What was the situation?
• What (if anything) could you have done to avoid it?
• How did you eventually face up to it?
• Did the experience teach you anything or make you stronger for the future?
• Is it any easier to face other tough things now?

The “Trainer’s Corner” helps you relate the topic to caregivers' personal experiences in order to make it relevant and memorable. With each issue, we will provide discussion questions and an engaging exercise. A quiz is available on Page 5 to test participants' knowledge. (The answers appear on the bottom of this page.)

Let’s talk

1. Give participants a chance to think about the questions above and share their experiences. A person who has faced a serious health crisis (of her own or a loved one) may have especially useful insights. Be sensitive to those who do NOT want to reveal their circumstances — and never judge or let others judge how a situation was handled.

   • Some people find that facing up to a difficult situation helped them to deal with it and move on, but their ease may be temporary. Because Alzheimer’s disease is progressive, it often creates ongoing challenges.
   • Some people find that facing up to one tough situation doesn’t prepare them for future predicaments. The next crisis can be just as hard and painful.

2. Have you ever heard those in your care refer to Alzheimer’s disease or their diagnosis? What do they say? If they have spoken with you about it, how did you react? Was anything you said particularly helpful?

3. Discuss what it might feel like to be an older person with memory loss who is taken to a doctor’s office and given test questions he or she may not be able to answer correctly.

Answer Key for Quiz

1) b  2) b  3) d  4) e  5) c
Please answer the following questions based on the information on the previous pages.

1) All of the following are normal signs of aging except:
   a. Needing more light to read
   b. Withdrawing from pleasurable activities
   c. Having trouble hearing high-pitched voices, like those of children
   d. Absorbing new information slower

2) The human brain works by connecting billions of nerve cells through tiny electrical impulses that communicate through neurofibrillaries.
   a. True
   b. False

3) Dementia is a symptom of many diseases. Which of the following statements are true?
   a. Some of the symptoms of dementia are memory loss, difficulty performing familiar tasks, language difficulties, and problems with numbers.
   b. Reversible forms of dementia include conditions such as bad medication interactions, prolonged dietary deficiencies, and depression.
   c. The three most common forms of irreversible dementia are Alzheimer's disease, vascular dementia, and dementia with Lewy bodies (DLB).
   d. All of the above
   e. A and C only

4) All of the following are highly likely to be tests or exams given to try to determine if someone has Alzheimer's disease EXCEPT:
   a. A thorough physical exam (including blood pressure, pulse, etc.)
   b. Lab tests (blood, urine, and possibly a CT scan or MRI)
   c. A mental status exam
   d. A neurological exam
   e. A hearing test

5) Attending to the emotional needs of a person with an early-stage AD diagnosis includes all of the following EXCEPT:
   a. Actively listening to their thoughts and feelings
   b. Learning about their hopes and fears about the future
   c. Reminding them to use the restroom approximately every two hours
   d. Helping them access helpful support and assistance
   e. Doing fun things together