Dementia, Alzheimer's Disease; The Brain Explained

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"Even as a Neurologist, you will have a big task just to find my brain today."

To become "senile" is not inevitable 💝



Old age is not an illness , although disease becomes more common as we age 🐸

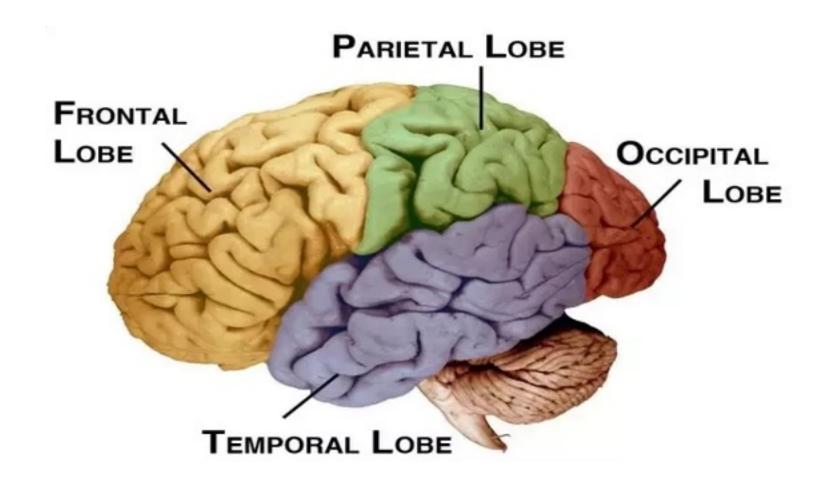


Today's Outline

- 1] The Brain explained
- 2] Memory defined
- 3] Normal age-related cognitive changes
- 4] Pseudo-dementia of Depression
- 4] Minimal Cognitive Impairment [MCI]
- 5] Dementia

Central Nervous System [CNS]

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Cerebral hemispheres [lobes]:  - frontal [motor],
- parietal [sensory],
- temporal [hearing, short term memory],
- occipital [vision]
Basal ganglia, Cerebellum, Brain Stem
Spinal Cord
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Cerebral Hemispheres 4



- Left & Right
- Dominant & Nondominant

Dominant hemisphere

- Language centers: comprehension, formulation and expression
 - controls the opposite side of the body [usually right body, occasionally left]

Non-dominant hemisphere 3 3 3

creativity
spatial information integration
3-dimensional awareness
artistic skills
opposite side of the body [usually left]

MEMORY

Immediate: a few seconds

Short term: <30 seconds; frontal lobes; "RAM"

Long term: temporal lobes [hippocampus]

forms new connections/synapses then stored throughout the brain

"I realize I recalled only 3 of 4 things you asked me to memorize, but you should be happy with that, doc. I am."

Memories

episodic: events recalled

semantic: general knowledge

implicit: automatic skills/habits

explicit: intentionally stored

"I can't remember anything that I have forgotten recently"

The worried well

"You told me to stop worrying.

I appreciate that, doc,
but you might as well tell me
to stop breathing."

Note: a person must memorize to forget we will be a second to the second

Normal age-related cognitive changes:

1] proper nouns/names retrieval slows
2] processing speed diminishes
3] quantitative memory ability
4] better qualitative memory/reasoning

DEPRESSION &

[common cause of pseudo-dementia]

Depression symptoms: disturbance of mood, vegetative function & cognition

Minimal Cognitive Impairment [MCI]*

cognitive loss with preserved activities of daily living

*6-12 months progression common

"I am not confused really; my brain works fine; I just can't find the set of directions."



impairment of cognition that interferes with daily living

clinic tests: MMSE, MOCA, Psychometrics history: from relatives, coworkers, friends

Symptoms of Dementia

- - typical cognitive decline follows

Treatable causes of cognitive impairment [1]:

- Low thyroid function
- Vitamin deficiencies [B12, B1-thiamine]
 - Sleep disorders [sleep apnea]
 - CNS infections

Treatable causes of cognitive loss [2]

- Benign space occupying masses: subdural hematoma, brain cyst, benign tumor
- Normal Pressure Hydrocephalus

Common Dementia types

Alzheimer's Disease Frontotemporal Dementia Vascular Dementia Korsakoff's syndrome

most common dementia increased % with advancing age ~ 50% @ 90 years old earlier onset in familial cases "I'm not so bad off; so I probably have Half-zheimers disease, not All-zheimer's"

Alzheimer's Disease Prevention &



Avoid isolation & remain active Improve hearing, vision & sleep Lifelong curiosity, education, hobbies Treat vascular risk factors Healthy diet: low salt, Mediterranean diet

"The secret to living 89 years old, is to always move your butt." A

Alzheimer's Disease Meds [1]

Aricept [donepezil]
Exelon [rivastigmine]
Razadyne [galantamine]
Namenda [memantine]

"After starting Aricept, my husband will now answer the phone and take a message."

Caregiver advice:

- avoid arguing, identifying mistakes & upsetting topics
 - don't ask if they remember...
 - don't remind them a loved one has passed
 - expect: aggression, agitation, sundowning

Caregivers need support, respite and understanding

Alzheimer's Disease meds [2]

- Anti-amyloid antibody infusions:

Aducanumab [Aduhelm] - being discontinued

Lecanemab [Leqembi] — FDA approved if

enrolled in a CMS-run registry

Donanemab - delayed release

Alzheimer's Disease meds [3]

Don't forget symptomatic relief and and ?over the counter treatments?

Alzheimer's Disease Support

Alzheimer's Foundation Minnesota Senior Federation Elder Voice Family Advocates

Levels of assistance:

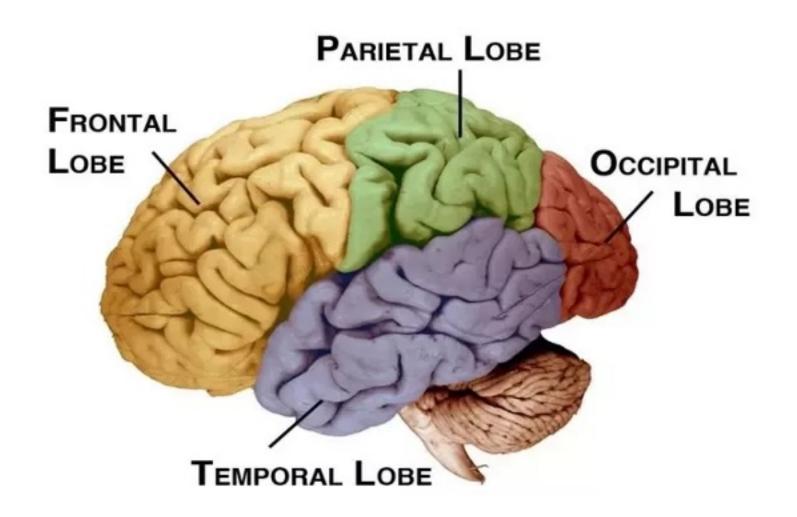
Homecare, senior living, assisted living, respite care & institutional [non-profit]: safety versus independence

Vascular Dementia

"hardening of the arteries"
step-wise course
often accompanied by widespread
vascular disease
common

Frontotemporal Dementia 🥯

behavior changes younger onset Parkinsonian signs uncommon



Korsakoff's Dementia

isolated recent memory loss retained cognitive skills confabulation alcoholism/vitamin deficiency post-traumatic

Questions & Today's takeaways:

- Worried Well 🥯
- Normal consequences of Aging <=
- Alzheimer's common: 50% by 90 y. o [senile state is not inevitable]
 - Tactics to delay Dementia 🥯
 - Treatments available but no cures