Alzheimer's disease

GENERAL WRITE-UP:

Dr C H Asrani begins with the General write up pf Alzheimer's disease. Alzheimer's disease is a progressive, neurological disorder that attacks the brain and results in cognitive problems, such as memory loss, impaired thinking and strange behavior.

Overview of Alzheimer's disease (for lack of Indian data we shall look at American statistics):

- Approximately 4 million Americans have Alzheimer's disease.
- One in 10 persons over 65, and nearly half of those over 85 have Alzheimer's disease
- A person with Alzheimer's disease lives an average of 8 years and as many as 20 years or more from the onset of symptoms.
- Alzheimer's disease is the 4th leading cause of death in the United States.
- More than 7 out of 10 people with Alzheimer's disease live at home.

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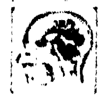
Diagnosis of Alzheimer's Disease

Alzheimer's disease is not just memory loss. People with Alzheimer's disease experience a decline in cognitive abilities such as thinking and understanding as well as changes in behavior. The following 10 "warning signs" aid in the diagnosis of Alzheimer's disease:

- Memory loss that affects job skills.
- Difficulty performing familiar tasks.
- Problems with language.
- Disorientation to time and place.
- Poor or decreased judgment.
- Problems with abstract thinking.
- Misplaced things.
- Changes in mood and behavior.
- Changes in personality.
- Loss of initiative.

Currently, it is not possible to diagnose Alzheimer's disease with 100% certainty. However, an advanced application of MRI, called magnetic resonance microscopy, may be able to detect the abnormal protein deposits of Alzheimer's disease in patients. But this is only a preliminary finding, and not available for masses. Given that there is no single test that can be used to identify Alzheimer's disease, the diagnosis of Alzheimer's rests largely on the judgment of physicians experienced in



dealing with dementing illnesses. But with lack of awareness that judgment can not be much relied upon. Most of Doctors take it as *'old age problems'*. If set guidelines are followed, the diagnostic accuracy should be around 90%.

Evaluation of patients with suspected Alzheimer's disease:

- Detailed history
- Physical examination
- Neurological and mental status assessments
- Blood and urine tests
- ECG
- CT or MRI imaging of brain

There is a form of memory loss somewhere between that associated with normal aging and that of Alzheimer's disease that has been termed MILD COGNITIVE IMPAIRMENT (MCI). Individuals with MCI have memory loss but only mild cognitive impairment (i.e. they do not meet the criteria for the clinical diagnosis of Alzheimer's disease). Individuals with MCI appear to be at increased risk for developing Alzheimer's disease.

TREATMENT

The medical and social management of Alzheimer's disease is expensive and stressful to both the patient and the caregiver. In addition to treating the symptoms, difficult issues regarding the location and type of health care for the patient must be addressed. In India, family and friends provide almost 75 percent of home care for Alzheimer's patients, at some point in the illness, home care may no longer be possible, with more and more families turning nuclear families.

The major challenge in managing Alzheimer's disease is behavioral symptoms. Some patients become anxious or aggressive, while others repeat certain questions or gestures. Some of the most common problematic behaviors are:

- Agitation
- Aggression
- Suspiciousness/paranoia
- Delusions / Hallucinations
- Insomnia
- Wandering

Behavioral symptoms are usually handled using a combination of nonpharmacological and pharmacological treatments.

Nonpharmacological (supportive) Treatments

1. **Family education and counseling:** It is important that caregivers learn what to expect when caring for someone with Alzheimer's disease. It is very easy to feel *'he is doing it on purpose to harass me!'*
2. **Modifying the environment:** Each personality responds differently to their immediate environment. Lighting, color, and the noise level can all impact behaviors. The goal is to modify the environment in a way to reduce confusion, disorientation and agitation.
3. **Planning activities:** Proper planning of activities (ie personal hygiene as well as creative leisure activities) can play an important role in providing both stability and independence to the Alzheimer's patient. They can also help relieve depression, agitation and wandering.

* * *

A Personal Case from A Homoeopath, who does not want to be named

He was a successful lawyer working well in to his early 70's. A very active lifestyle. waking up at 6am everyday and going to bed at 10 pm. Apart from his official work, he was very social, outgoing and truly enjoyed his social responsibilities. He was deeply religious and took part in various religious functions as well.

One noticed an abrupt shift in behavior when one day he could not recognize his own daughter. Just minutes later, he acknowledged that it is amazing how he could have forgotten his own child. Later,similar incidents not only happened frequently but he did not seem to care

about them or even remember anything. If pushed or if the family insisted that this person is your daughter / sister, wife etc he only got suspicious and aggressive.

A MRI was done which showed multiple infarcts in the Brain.

Diagnosis: Multi-infarct dementia

Now 2 yrs into the disease, he has memory loss[3]: cannot remember even his own age. cannot affix his signature, cannot perform familiar tasks; is particularly aggressive and disoriented on waking up and for one hour thereafter. Disoriented about time and place-for example – doesn't know or care what day/which year it is? – wants the car which is parked in the compound to be brought to the sitting room-so no one will steal it! Very unreasonable and repeated demands of such similar kind-gets agitated for no apparent reason; sometimes loses ability to speak coherently; occasionally starts a sentence in great animation only to lose thread mid-sentence, then stares blankly.

The Effect on The family: Everyone is devastated. His wife and children. They keep hoping it is a reversible situation-initially they went into denial; then the next stage is accepting the situation and trying to diagnose and put a label on the disease.

That done, the realization dawns that a diagnosis does not change anything. It is a tough situation and you have to live with it. Then starts the anger-towards the patient "he bought this upon himself" with his uncaring attitude toward his health, with his overeating etc.

Then sets in self pity-why this should happen to us? We are good, noble people, who have harmed no one, so why do we have to suffer thus? On and on it goes, until at last the acceptance comes that suffering just is - it is not a punishment- it is not to apportion blame or responsibility; it is to patiently endure all that comes our way in life.

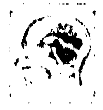
Difficulties:

It is particularly difficult to care for a patient who has lost his mind- who does not and cannot follow simple instructions; who forgets even basic things like how to shave/brush teeth etc. All chores, even the simplest ones, have to be supervised. Everything is unleamt daily and has to be taught patiently every day. Another thing that happens with lots of dementia patients, is that they are completely out of touch with their physical needs/ condition: so if they get fever etc they cannot even express any discomfort. This patient recently had UTI and Malaria-he was shivering-but said he was completely comfortable! One has to be vigilant and investigate with a high degree of suspicion-blood/urine tests: he had both UTI and P.Vivax positive

There has to be continuous monitoring of the patient, as irrational behavior is a norm and it is difficult to imagine what irrational act the patient may commit. Recently the caregivers decided to use diapers for a short while due to severe and profuse nocturia with incontinence. The patient locked himself in the bathroom so he could remove the diaper; then he could not unlock the door, fell down, hurt himself, kept complaining of a cut to the head, but could not come out. Crisis again, fortunately the son-in-law was close by, came in minutes- broke the door - latches removed permanently. 6 stitches were required. Such events put caregivers into a state of anxiety and guilt.

Advice to Caregivers

1. Do not blame anyone, more so if the afflicted happens to be an in-law. It is very common to feel that *'he/ she is doing it on purpose just to harass me'* and certain windows/ acts of normalcy make one believe *'just see! This can be done normally and when I am around he forgets everything'*.
2. Do not feel dejected
3. Endure cheerfully and patiently
4. Do your best and accept that whatever occurs you will not lose both patience and positivity.
5. Take breaks – go away for 1-2 days – give responsibility to others especially those who give free advice. If you have relatives from abroad, turn them into caregivers as they advise/ complain most vo-



ciferously.

6. Seek help from family, friends, paid care-viz ayas /nurses.
7. Try to continue to live as normal a life as possible-inspite of the situation, as it is a long-time situation. If someone is severely ill (as in hospital), it is possible to suspend normal living for a time and cater to the patient. In dementia it is a long term situation, lasting 8-10-20yrs so caregivers should try to have a little social life/ take breaks/picnics etc to change the monotony and the drudgery of their life. The aim should be *'learn to live with....'*
8. Inevitably they will feel anger, fatigue and guilt.
9. Anger, as whatever one may say, the primary caregivers are compelled to care for the patient.
10. Fatigue, as it is a 24/7 job.
11. Guilt as you periodically use harsh language on the patient/you lose your temper and you wish him/her dead! This makes you feel really bad about yourself because you know he is not responsible for his behavior/action.

All in all a bad situation for all concerned.

Homoeopathic Remedies

Gingko-biloba Q 10 drops twice daily.
Hypericum Q 10 drops twice daily
Kali-phos 1000 once daily to soothe.
Arnica 1000 once daily-to prevent infarct
Gingko-biloba Q is drug of choice for dementia
Hypericum Q-St John's Wart- helps if there is any depression

Gingko-biloba Q if initiated in very early stages, can keep dementia at bay. It is worth trying on older patients who may have first started on fretfulness, fuzziness and confused feeling-those are the first symptoms they came with.

-From one who has experienced it personally

Editor: We are particularly grateful for this little piece, as it is rare to get such insights into any condition. We are mostly doctors and talk from outside, never with true experience or insights. and so often, the advice we give is so bland and not at all considerate, from the patient's point of view. To give a small example: all patients with Cancer in the last stages are promptly put in hospital and a lot of severe, painful measures taken, which mostly do not prevent the end. Doctors think this is the only way and patients are too scared or guilty to say otherwise. I have now taken a stand with my patients, where we try and give all care at home-nursing staff etc. It makes for so much more peace in the end for both the patient and the family. The trauma is less, death becomes just another stage of life and living, and acceptance and coming to terms with the death is so much more natural.
Thank you, O Anonymous.

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