# The Myths and FAQs of Alzheimer’s disease

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# Myth: Dementia and Alzheimer's disease are the same thing

Alzheimer's disease is a type of dementia, accounting for 60–80% of all dementia cases. Other types of dementia include frontotemporal dementia (FTD), vascular dementia, mixed dementia, and Lewy body dementia.

The National Institute on Aging define dementia as "the loss of cognitive functioning — thinking, remembering, and reasoning — and behavioral abilities to such an extent that it interferes with a person's daily life and activities."

# Myth: Dementia is inevitable with age

Dementia is not a normal part of aging. Age is a risk factor

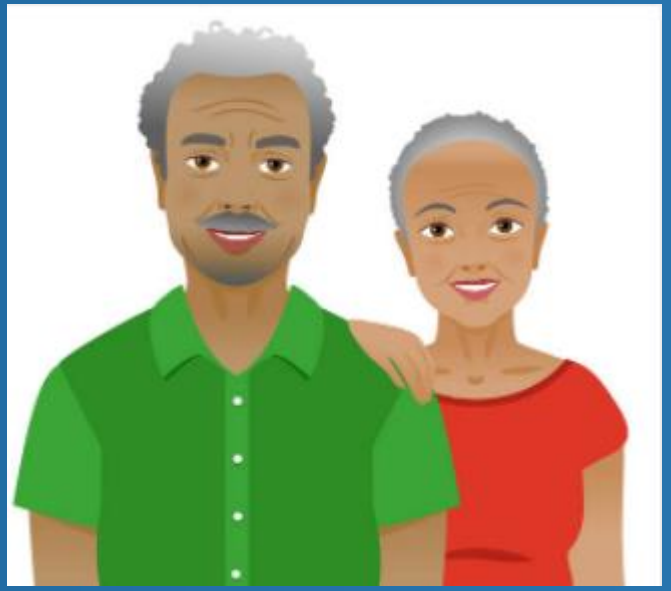
According to a report that the Alzheimer's Association published, Alzheimer's disease, which is the most common form of dementia, affects 3-10% of people aged 65–74 years in the U.S.

As a result of the risk increasing as we age, 17% of people aged 75–84 years and 32% of people aged 85 years and older have a dementia diagnosis

# Myth: Memory loss always signifies dementia

Although memory loss can be an early symptom of dementia, it does not necessarily signify the start of this condition. Human memory can be unpredictable, and we all forget things occasionally.

However, if memory loss is interfering with everyday life, it may be one symptom of dementia



# Myth: Dementia only affects older adults

Age is a risk factor for dementia, but dementia can affect younger adults in rare cases. Some scientists estimate that, in people aged 30–64 years, 38–260 people in 100,000 (0.038%–0.26%) develop early-onset dementia.

In the 55–64 age bracket, this increases to close to 420 people in 100,000 (0.4%).

# Myth: A family member has dementia, so I will get it

A common myth is that dementia is purely genetic. In other words, if a person's family member has a dementia diagnosis, they are guaranteed to develop dementia later in life. This is not true.

Although there is a genetic component to some forms of dementia, the majority of cases do not have a strong genetic link.

Early-onset Alzheimer's disease is relatively uncommon. It occurs in about 5.5% of all Alzheimer's disease cases.

# Myth: Dementia signals the end of a meaningful life

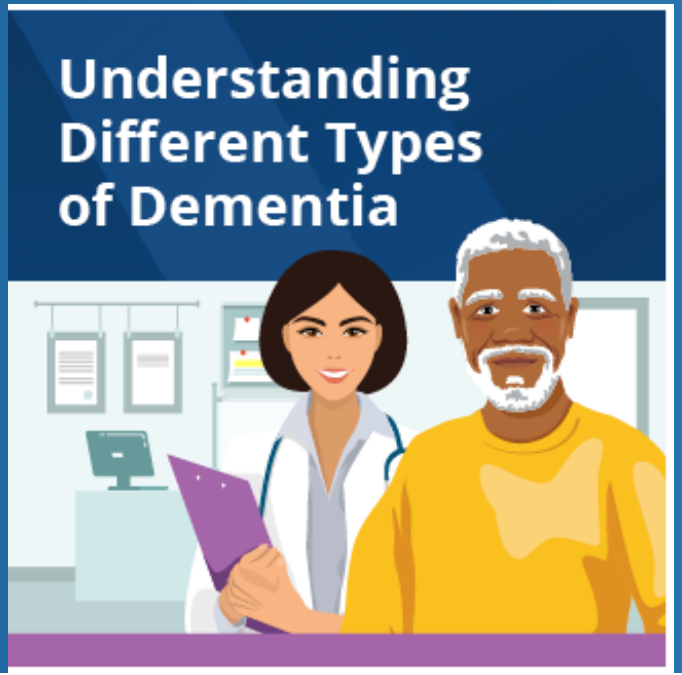
Thankfully, this is not the case. Many people with a dementia diagnosis lead **active**, **meaningful** lives.

# What is the difference between Alzheimer's disease and other types of dementia?

- AD
- Vascular dementia

Other characteristics

- Frontotemporal dementia
- Lewy body dementia
- Progressive Supranuclear Palsy
- Corticobasal Syndrome

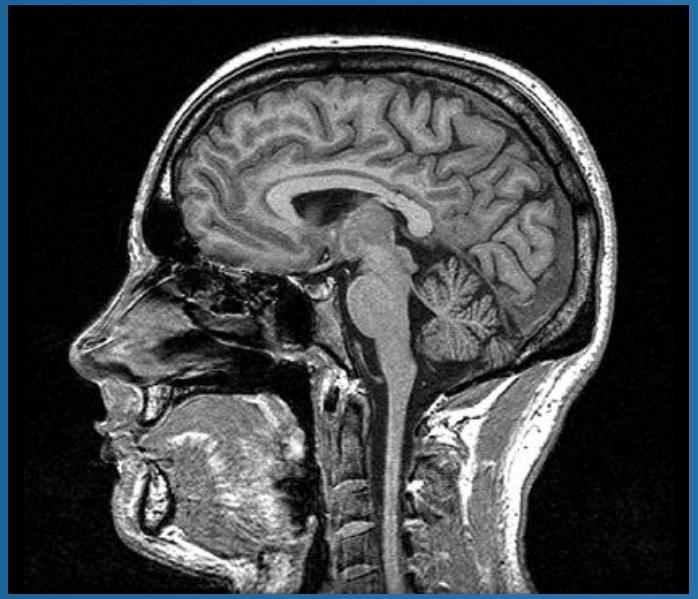


# What does a typical diagnostic work up look like for AD/Dementia? What test should be included?

History and Physical

TSH, B12

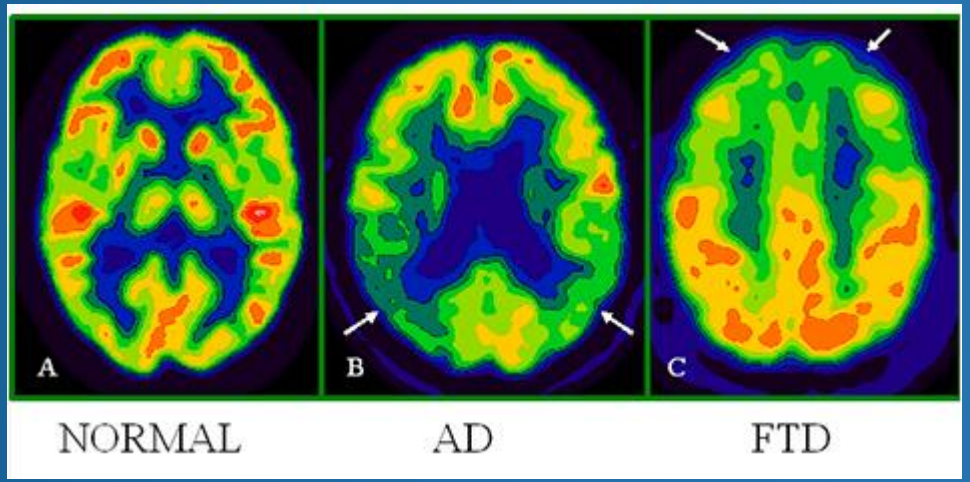
MRI brain



# When is a PET scan/MRI/spinal tap needed? Should they push for these?

Not always necessary

Consider if additional symptoms



# How fast will disease progress? Is there a way to slow down the progression?

- Independent to needing some help → 3-5 years
- Yes, progression may be slowed down

**Table 5. Dementia Severity Categories Based on CDR-SB Scores**

| CDR-SB Range | Staging Category |
|---|---|
| 0 | Normal |
| 0.5-4.0 | Questionable cognitive impairment |
| 0.5-2.0 | Questionable impairment |
| 2.5-4.0 | Very mild dementia |
| 4.5-9.0 | Mild dementia |
| 9.5-15.5 | Moderate dementia |
| 16.0-18.0 | Severe dementia |

Abbreviation: CDR-SB, Clinical Dementia Rating Scale Sum of Boxes score.

While the clinical course as measured by such scales is not necessarily linear, a number of studies have found that patients decline 3 to 3.5 points on average

# What medications are available for AD/dementia and what do they actually do?

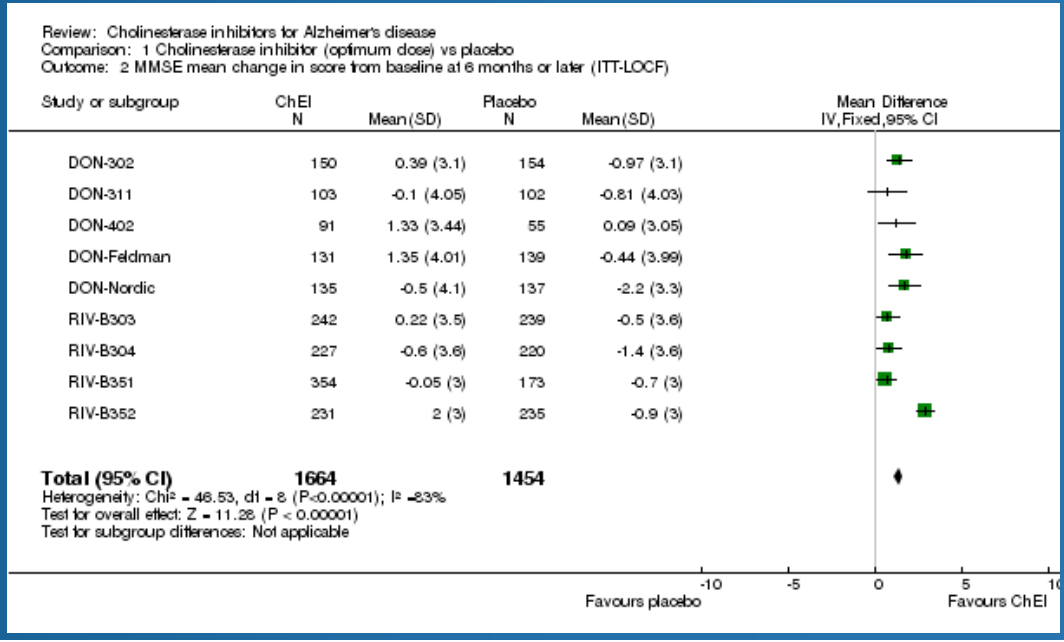
- Anticholesterase inhibitors – donepezil, rivastigmine
  - Increase cholinergic system
- Memantine - N-methyl-D-aspartate (NMDA) receptor antagonist.
  - Moderate to severe AD
  - Neuroprotective
- Aducanumab
  - Block amyloid
- Vascular risk factor, Behavior, Nonpharmacologic

# If someone has serious side effects to AD/dementia meds, will they decline faster because they are not taking anything?

Anticholinesterase inhibitors
- Delayed loss of independence for few months

Memantine
- For cognition, function and behavior, there is mild benefit
  - No change (memantine) vs mild worsening (placebo) over 6 months

Mild benefit, so if not taking, not a major decline



# Do natural supplements help with decreasing progression of disease?

Vitamin E

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Antioxidants
Resveratrol and curcumin
Vitamin D
Ginkgo Biloba
Ginseng
Huperzine
Vitamins B12 and B9

# Are any alternative medications such as psychotropics or medical marijuana recommended to help with anxiety or other symptoms related to dementia?


- Antipsychotics
  - Black box warning in older adult: increased mortality
  - But used to control behavior
- Anxiety
  - SSRI - sertraline, citalopram
- We typically don't use medical marijuana

# Are there any lifestyle/nutrition changes that can help with brain health?

- Reduces vascular risk factors: high cholesterol, hypertension, smoking, diabetes, obesity
- Nutrition
- Exercise
- Cognitive Training
- Multidisciplinary

Table 2 Risk of cognitive decline from baseline to 24 months

| | Odds ratio (95% CI) | | p value |
|---|---|---|---|
| | Intervention (n=554) | Control (n=565) | |
| **Overall cognitive decline** | | | |
| NTB total score | 1 (reference) | 1·31 (1·01–1·71) | 0·04 |
| **Cognitive decline per domain** | | | |
| NTB memory score | 1 (reference) | 1·23 (0·95–1·60) | 0·12 |
| NTB executive functioning score | 1 (reference) | 1·29 (1·02–1·64) | 0·04 |
| NTB processing speed score | 1 (reference) | 1·35 (1·06–1·71) | 0·01 |

NTB=neuropsychological test battery

For questions regarding your own healthcare, please reach out to your doctor for a more in-depth and personalized consultation

For more information about clinical trials and research at UCLA please contact Monica Moore at mrmoore@mednet.ucla.edu

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# Thank You