



Alzheimer's disease and dementia are commonly believed to be synonymous with each other, but it is technically not the same.

Dementia is a general term that refers to the symptoms of memory loss and the impairment of other intellectual abilities that are serious enough to interfere with daily life. It is irreversible and can have many causes.

The most common cause of dementia is Alzheimer's disease (60-80%), followed by vascular diseases (such as after suffering a stroke). Alzheimer's disease is a condition resulting in the progressive loss of brain cells and function. Cells in an area of the brain called the hippocampus are often the first to be affected. This area is the centre of learning and memory. When it is injured, effective communication between these cells are prohibited, resulting in memory loss. While it is known that Alzheimer's disease has a strong inherited genetic component, environmental factors such

SIGNS OF ALZHEIMER'S/DEMENTIA	SIGNS OF TYPICAL AGE-RELATED CHANGES
Memory loss that disrupts daily life (forgetting recently learned information, asking for the same information over and over, forgetting important dates or events)	Occasionally forgetting names or appointments, but remembering them later
Difficulty in planning or solving problems (difficulty with recipes or keeping track of monthly bills)	Making occasional errors when balancing a cheque book
Difficulty in completing familiar tasks (forgetting how to drive or forgetting the rules of a favourite game)	Occasionally needing help with the microwave, a new computer, the remote control for the TV, or with functions that are not commonly used
Confusion over time and place (forgetting where they are or how they got there)	Getting confused about the day of the week, but figuring it out later
<ul> <li>Trouble in understanding visual images. Having difficulty in reading, judging distances and differentiating colours and contrasts, which causes trouble with driving)</li> </ul>	Vision-related changes because of cataracts or infections. Requiring stronger spectacles or corrective lenses
<ul> <li>Problems with words (difficulty in joining or following a conversation, struggling with vocabulary and finding the correct word for a known object)</li> </ul>	Sometimes have trouble in finding the right word, but remembering later
Constantly misplacing things and being unable to find them after retracing steps. Often accusing others of taking the items	Misplacing items, but being able to retrace steps to locate them again
Continuous and escalating poor judgment (falling for obvious scams, telemarketing, inappropriate grooming)	Making a bad decision once in a while
Social isolation (withdrawing from social activities, hobbies, losing interest)	Feeling tired and sometimes weary of work, family and social obligations
<ul> <li>Unexplained changes in mood and personality, especially when taken out of the comfort zone (confused, suspicious, depressed, fearful, anxious)</li> </ul>	Preferring to do something in a certain way and becoming irritated when routine is disrupted

as food toxins (fast foods and takeaways), smoking, excessive alcohol use and lack of sleep and exercise contribute to the incidence and progression of memory loss. Although Alzheimer's disease cannot be cured, there are many drugs and supplements that can improve the memory symptoms and reduce the rate of progression.

According to a 2013 study by the Alzheimer's Association, 32 million people worldwide suffer from Alzheimer's disease. The extrapolated value for South Africa is approximately 2 million people, with an incidence of 5–10% in people over the age of 65 and 20% in those older than 80.

The signs and symptoms of Alzheimer's disease differ from normal age-related changes. Declining memory starts from around 40, and it is normal to experience changes in memory as you grow older, but memory loss that disrupts daily life is not a typical consequence of ageing. The table above illustrates some of the most common differences between symptoms of the possible onset of dementia and age-related changes.

Sometimes these signs are not ac-

knowledged by the ageing person, who might be oblivious to them or in denial. Close friends or family members are usually the first to notice changes in memory or behaviour, which might start out slowly and gradually get worse.

Symptoms typically start with loss of short-term memory and the inability to learn and recall new information, which could be wrongfully interpreted as lack of interest or stubbornness. Communication between the concerned parties is of the utmost importance. If any of these signs of Alzheimer's disease are present, it is strongly advised to visit a doctor for a comprehensive physical examination. Early diagnosis not only improves the success of medical treatment, but provides an opportunity to plan for the future. Active management consists of using and coordinating all resources. These include medical management (pharmacological agents) and supportive services (counselling, support groups and adult day centre programmes). Mental stimulation, such as playing chess, reading and doing crossword puzzles, is invaluable in exercising the memory and cognitive abilities. Individuals with Alzheimer's disease should be encouraged to get adequate sleep (between 7 and 8 hours), enough exercise (150 minutes per week) and eat healthy foods (olive oil, garlic, peas, green tea, blueberries, nuts and seeds, oily fish, tomatoes, pumpkin seeds, blackcurrants, broccoli, sage). Adhering to these recommendations significantly improves the quality of life.

Professional evaluation may sometimes detect a treatable condition and exclude the diagnosis of dementia. Certain chronic diseases and conditions, including underactive thyroid glands, vitamin deficiencies, depression and anxiety and sleeping medication, may also be the cause of memory problems. In this instance it may be reversed with proper treatment. The management of cardiovascular risk factors such as high cholesterol, type 2 diabetes, high blood pressure and obesity may help delay cognitive decline, and should be controlled actively in all patients with memory loss.

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