Alzheimer's Disease & Depression

Early Alzheimer's disease and depression share many symptoms, so it can be difficult for doctors to distinguish between the two disorders. Many people with Alzheimer's also are depressed. One important difference between Alzheimer's and depression is in the effectiveness of treatment. While Alzheimer's drugs have not been shown to be very helpful in most cases of cognitive decline, medications to treat depression, can improve a person's quality of life dramatically. Those with both Alzheimer's and depression may find it easier to cope with the changes caused by Alzheimer's if they feel less depressed.

Symptoms of Alzheimer's and depression can include loss of interest in once-enjoyable activities and hobbies, withdrawal from social and family activities, sleeping too much or too little, and problems with concentration and memory. With so much overlap in symptoms, it can be hard to distinguish between the two disorders, especially since they so often occur together. A thorough physical exam and psychological evaluation can be helpful in determining a diagnosis. However, many people with moderate to severe Alzheimer's disease lack both the insight and the vocabulary to express how they feel.

To detect depression in people who have Alzheimer's disease, doctors must rely more heavily on nonverbal cues and caregiver reports than on self-reported symptoms. If a person with Alzheimer's displays one of the first two symptoms in this list, along with at least two of the others within a two-week period, he or she may be depressed:

- Sad, hopeless, discouraged, tearful
- Reduced pleasure in response to usual activities
- Social isolation or withdrawal
- Eating too much or too little
- Sleeping too much or too little
- Agitation, irritability or fatigue
- Feelings of worthlessness,
- Recurrent thoughts of death or suicide

These symptoms are worth discussing with your doctor. Effective treatment of depression can go a long way to improving mood and possibly even function of someone with dementia.
MCI vs. Dementia

The term Dementia describes group of symptoms that involve impairments in the areas of the brain responsible for the skills such as memory, speech, and the ability to plan and make decisions. By definition, at least 2 areas of brain function must be impaired. This means that these areas are in the bottom 2-3% when tested against others of the same age and education. Because of these serious changes, dementia also affects functional abilities, such as getting dressed, eating, walking, our moods, and other behaviors.

There are many different types of dementia and all are caused by the death of brain cells in different parts of the brain. It is a progressive condition that interferes with a person’s ability to function in daily activities, eventually affecting a person’s quality of life.

**Common symptoms of dementia are:**

- Problems with speech - expressing or understanding language
- Lack of judgment and inability to use abstract thinking
- Changes in personality or behavior – irritable, moody, anger easily
- Memory loss – generally short term
- Gets lost in familiar places, may not recognize familiar people

**Mild Cognitive Impairment (MCI) is not a form or type of dementia.** MCI is defined as a problem with the thinking process of the brain that is unusual for a person’s age or education. MCI affects thinking, but, while frustrating, does not interfere with an individual’s ability to function in everyday life. It has been found that 40 – 50% of those individuals that display some form of mild cognitive impairment manifest dementia in the future. All cases of Alzheimer’s disease begin with a form of MCI. However, not all individuals with MCI go on to develop Alzheimer’s disease or any other type of dementia.

Understanding Mild Cognitive Impairment

Mild Cognitive Impairment (MCI) is a loss of brain function greater than the loss expected from normal aging. Specific tests of brain that adjust for age, such as neuropsychological testing, can identify these changes. Patients with MCI do not meet criteria for dementia. Patterns of MCI vary. Some individuals have an impairment in short term memory that is very serious however, other brain functions are normal or close to normal. Others have weakness (but not impairment) in several areas of thinking. Understanding the pattern of strengths and weaknesses can be very helpful in maintaining independence.

**What is in the Future?** The literature indicates that patients with MCI convert to a diagnosis of dementia at a rate several times higher than those without MCI. However, most of those diagnosed with MCI never develop dementia in their lifetime.

**What can I do?** Persons with MCI should be made aware of their diagnosis and do everything possible to stay healthy and preserve brain function. A thorough review of medications to assess the necessity of those that might have negative cognitive side effects is important. Treatment of depression can often improve symptoms. Reduction of risk factors associated with the common causes of cognitive loss, such as the regulation of blood pressure, control of cholesterol, and stopping smoking are all good suggestions. Finally, make healthy life style choices, such as eating right, exercising regularly, staying mentally active and involved with activities you enjoy. These lifestyle choices are the best method currently available to save your brain.

If you have a diagnosis of MCI, don’t stop living, START LIVING RIGHT. **Attend the “Learning the Ropes” class!** Please see the next page for information on this class.
Memory Disorder Clinic Educational Classes for March 2015

**EASE Alumni:** If you’ve attended the EASE series, please come to the monthly EASE Alumni group meeting offered in Melbourne, on Wednesday, March 4th, from 2:00p.m. -3:30p.m., at the Health First Center for Family Caregivers. Facilitated by Farah Sivolella and Sharon Ramsey.

**Stress-Busting Alumni:** If you’ve attended the 9 week Stress-Busting Alumni series, please join us at the next Alumni meeting on Friday, March 6th, at 10 a.m. at the Memory Clinic conference room. Facilitated by Lynne Brownrigg of the Memory Disorder Clinic.

**Virtual Dementia Tour:** A free tour offering a hands-on experience created for anyone seeking to understand the physical and mental challenges of those with Alzheimer's and other related dementias. Wednesday, March 11th, from 3:00pm to 4:30pm at the Brevard Alzheimer’s Association in Melbourne. You must call to schedule an appointment. Call Monday thru Friday, 9:00 am to 5:00 pm at: (321) 253-4430.

**Conociendo el Alzheimer: Informacion basica acerca de la enfermedad:** Por favor mirar el frente de la página para más información en esta presentación.

**Osceola Caregiver Support Group:** Our next support group meets on Friday, March 13th, at 12:00 Noon, at the Osceola Council on Aging. For more information, please call Lynne at (321) 434-7614.

---

**Coming in April!**

**FIRST STEPS**-This 5 series class is for the newly diagnosed who is in the early stages of dementia and their care partner(s). Discussion includes: What you need to know and plan; and what you can do to navigate this chapter of your life. For information or to register for this series, please call the Alzheimer’s Association at: 1-800-272-3900

---

**Coming Soon!**

**Learning the Ropes, for Living with MCI**

This program is for someone with MCI and their partner, to learn to enhance healthy lifestyle behaviors and to provide strategies to manage change associated with living with a person experiencing MCI. Please call Lynne at (321) 434-7614 for more information.
Brain Bank Presentation!

Edith Gendron, co-ordinator for the State of Florida Brain Bank, will be the speaker at a luncheon hosted by Terry Bergeron of Holy Name Catholic Church, and Janet Steiner of the Brevard Alzheimer’s Association, to speak about the research program and study of brains of individuals with progressive dementia, to provide the family with a definite diagnosis, and to acquire brain tissue for research. Only by participation in the Brain Bank program, will researchers have the brain tissue required to learn the causes of the numerous dementias.

Tuesday, April 14th, from 11:00pm to 2:00pm, at Holy Name of Jesus Catholic Church, 3050 N. Hwy A1A, Indialantic. There will be a light lunch, and you must register by Thursday, April 9th, by calling either Janet Steiner of the Brevard Alzheimer’s Assoc. at (321) 253-4430, or Terry Bergeron of Holy Name of Jesus, at (321) 777-8522. There is no cost for this presentation.

Addresses and Phone Numbers

<table>
<thead>
<tr>
<th>Address</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Memory Disorder Clinic</td>
<td>(321) 434-7612</td>
</tr>
<tr>
<td>3661 S. Babcock St. (2nd Floor), Melbourne</td>
<td>(321) 434-7625</td>
</tr>
<tr>
<td>Center for Family Caregivers</td>
<td>(321) 253-4430</td>
</tr>
<tr>
<td>3661 S. Babcock St., Melbourne</td>
<td>(321) 434-7625</td>
</tr>
<tr>
<td>Brevard Alz Foundation</td>
<td>(321) 253-4430</td>
</tr>
<tr>
<td>4676 N. Wickham Rd., Melbourne</td>
<td>(321) 434-7625</td>
</tr>
<tr>
<td>Osceola Council on Aging</td>
<td>(407) 846-8532</td>
</tr>
<tr>
<td>700 Generation Point, Kissimmee</td>
<td>(321) 253-4430</td>
</tr>
<tr>
<td>Sunflower House</td>
<td>(321) 452-4341</td>
</tr>
<tr>
<td>777 E. Merritt Island Causeway, Merritt Island</td>
<td>(321) 253-4430</td>
</tr>
<tr>
<td>Joe’s Club</td>
<td>(321) 452-4341</td>
</tr>
<tr>
<td>4676 N. Wickham Rd., Melbourne</td>
<td>(321) 253-4430</td>
</tr>
<tr>
<td>Holy Name of Jesus</td>
<td>(321) 773-2783</td>
</tr>
<tr>
<td>3050 N. Hwy A1A, Indialantic</td>
<td>(321) 773-2783</td>
</tr>
</tbody>
</table>

To receive or discontinue this newsletter, please contact Lynne Brownrigg at (321) 434-7614 or email her at lynne.brownrigg@health-first.org

BRAIN TEASER!
Count the number of times the number “6” appears below

1234467889974674657865876576576
3576573625432657346578436578342
2732188582735827456724687343828
7672878682768723682376783768267
2647648823178346432764876774653
7436574386581483627868653873465