

# Team Up with Your Physician to Face Alzheimer's

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Melissa Vourlitis, DO  
Family Physician



# Memory Loss/ Dementia

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Alzheimer's Disease

Vascular dementia

Lewy Body dementia

Parkinson's disease with dementia

Frontal-temporal dementia

Others...

# Risk Factors:

Include genetic, environmental, and lifestyle

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- ApoE4 gene
  - 0 copies lifetime risk of AD: 10 %
  - 1 copy lifetime risk of AD: 30%
  - 2 copies lifetime risk of AD: 50-90%
- Diabetes and metabolic syndrome
- Vascular compromise
- Chronic Inflammation
- Sedentary lifestyle
- Less Educated
- Toxin Exposures
- Other

[Alzheimers Dement.](#) 2015 Mar;11(3):332-84

*American Journal of Epidemiology*, Volume 156, Issue 5, 1 September 2002, Pages 445–453

# Initial Evaluation

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## *Getting the Diagnosis*

### Labs:

- Thyroid, CMP, CRP, Vitamin B12 at a minimum

### Imaging

- MRI with neuroquant or Functional MRI ideal

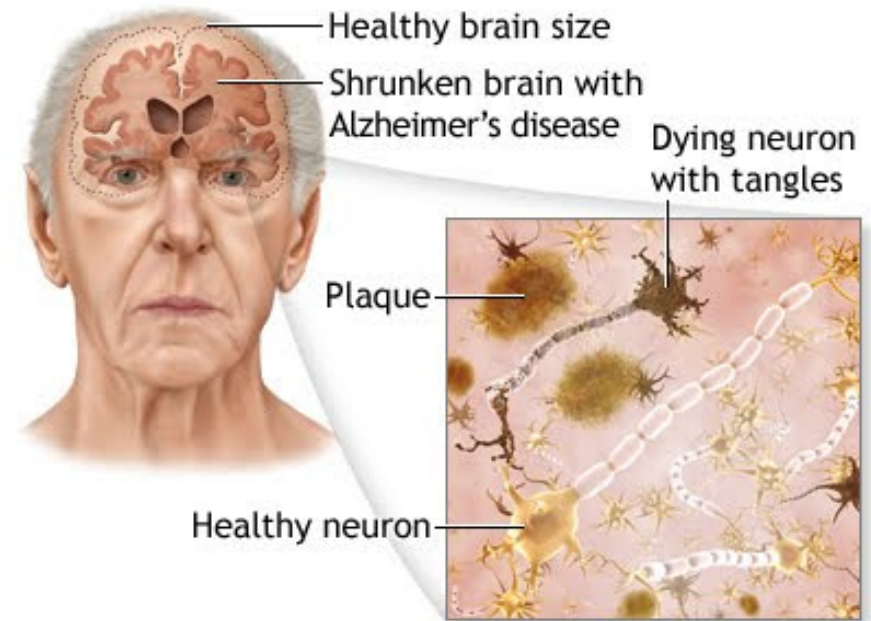
# Alzheimer's Dementia: Gradients of Disease

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- Subjective Cognitive Impairment
- Mild Cognitive Impairment
- Alzheimer's Dementia

# What causes AD?

- Plaques and tangles form in the brain along with atrophy leading to neuronal death and progressive memory loss.
- Advancing disease results in motor impairment.



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# Disease Progression

<b>Stage</b>	<b><i>Impairment</i></b>	<b><i>Life Time</i></b>	<b><i>Visibility</i></b>
<b>1</b>	<b>No Impairment</b>	<b>Not Defined</b>	<b>Not Visible</b>
<b>2</b>	<b>Very Mild Cognitive Decline</b>	<b>Not Defined</b>	<b>Visible only after processing MRI</b>
<b>3</b>	<b>Mild Cognitive Decline</b>	<b>2 – 7 Yrs</b>	
<b>4</b>	<b>Moderate Cognitive Decline</b>	<b>2 Yrs</b>	
<b>5</b>	<b>Mod. Severe Cognitive Decline</b>	<b>18 Month</b>	<b>Visible explicitly in MRI</b>
<b>6</b>	<b>Severe Cognitive Decline</b>	<b>3 Yrs</b>	
<b>7</b>	<b>Very Severe Cognitive Decline</b>	<b>1 – 3 Yrs</b>	

# Preparing for Physician Visit

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**DPOA** should be in place early.

Always have **Medication List**, including all over the counter medications for doctor to review.

**Communicate with physician** prior to appointment if needed.

Make a **list of questions** and concerns.

**Ask the doctor to write things down** for you.  
Patients only remember a portion of what was said during appointments.



# Partnering with Others

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**Physicians:** primary doc, psychiatrist, neurologist, other.

**Pharmacist:** Discuss with pharmacist drug interactions and side effects.

**Home Health:** Allow help from Home Health nursing and therapist when recommended.

**Caregivers:** Friends and family to come alongside, or paid caregivers.

**Hospice:** Alzheimer's is a progressive, terminal disease, it is a hospice approved diagnosis for compassionate end of life care.

# When to Seek Outside Help

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- If safety is a concern.
- If you are unable to manage situations.
- If patient can't be left alone.

# When is it Time to Place?

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## *Know the Warning Signs*

- Caregiver Burnout
- Unsafe Environment
- Erratic Behavior

# Warning Signs: Caregiver Burnout

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## Physical Health

- Caregiver's health begins to decline
- Risks of injury arises: lifting, transferring, combativeness, violence

## Emotional Toll

- Resentment and anger are present all the time
- Feelings of hopelessness, chronic fatigue and depression become routine

# Warning Signs: Environment

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- The current living environment and the surroundings are no longer safe for the person with dementia:
  - **Stairs**
  - **Gas stoves/open flames**
  - **Trip hazards**
  - **Exit seeking/gates/elopement**
- Days and nights confused

# Warning Signs: Delusions

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- Profound memory loss and hallucinations
- No longer recognize spouse/family members
- Frightened by living in a home
- Increased paranoia or combativeness

# Where to Get Help

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ActivCare Communities

[ActivCareLiving.com](https://www.activcareliving.com)

888-636-5677

Southern Caregiver  
Resource Center

[CaregiverCenter.org](https://www.caregivercenter.org)

(858) 268-4432

Alzheimer's San Diego

[alzsd.org](https://www.alzsd.org)

(858) 492-4400

San Diego Union-Tribune  
CaregiverSD

[sandiegouniontribune.com/caregiver](https://www.sandiegouniontribune.com/caregiver)