UNDERSTANDING YOUR DIAGNOSIS

Alzheimer's Disease

Also called Major Neurocognitive Disorder Due to Alzheimer's Disease

A brain disease that slowly takes memory and everyday skills. There is real help, both for you and for the people who care for you.

HOW COMMON	OFTEN STARTS	TREATABLE	YOU ARE NOT ALONE
About 1 in 9 adults over 65	After 65, sometimes earlier	Symptoms can be eased	About 7 million US adults

What this is

- Alzheimer's is a disease that damages the brain over years, slowly changing memory, words, and everyday skills.
- It is not normal aging, and you did not cause it. Forgetting a name is normal aging; getting lost at home is not.
- It is not laziness, stubbornness, or lack of effort. Real physical changes in brain cells are driving this.
- This sheet is for you and for your care partner. You are both living with this, so you both need the plan.

What it can look and feel like

- You may forget recent conversations and events while remembering things from years ago perfectly clearly.
- You may repeat the same question, put things in odd places, or lean harder on notes, lists, and reminders.
- Words go missing mid-sentence, so you talk around them or use the wrong one without noticing you did.
- You may get turned around on familiar streets, or lose track of the day, the month, or even the season.
- Bills, cooking, and medicines get hard first. Dressing, bathing, and eating stay manageable much longer.
- Mood can change: less interest in things, more worry, more irritation, and more confusion in the evening.
- Family often notices the changes before you do. That is part of the illness itself, not a lack of honesty.

What is happening in your brain and body

- Two proteins, called amyloid and tau, build up in the brain and choke off the connections between brain cells.
- The damage starts in the memory center, which is why recent memory goes first, then spreads outward over years.
- Acetylcholine, a brain chemical used for memory and attention, drops. Some medicines work by boosting it back up.
- Brain scans can show shrinking in memory areas, and newer blood and spinal fluid tests can find these proteins early.
- Heart and blood vessel health matters. High blood pressure, diabetes, and untreated hearing loss speed things up.

What can make it more likely

- Age is the biggest factor. The chance climbs steeply after 65, though this disease is not a normal part of aging.
- Genes play a role. A gene called APOE4 raises the chance, but plenty of people who carry it never get Alzheimer's.
- Blood pressure, diabetes, smoking, hearing loss, head injury, and loneliness all add risk, and all can be treated.
- Rare inherited forms run strongly in families and start before 65. Genetic counseling can help sort those out.

What to expect

- Change is gradual, often over 8 to 10 years, with steady stretches in between. A sudden change means look for another cause.
- Early on, most people keep living at home with some help. The help needed grows slowly, one step at a time.
- Treatment does not stop the disease yet, but it can ease symptoms and help you stay independent for longer.
- Planning early - money, driving, care wishes - lets your own voice guide decisions while sharing them is easiest.

What helps

Treatment works. Most people get better.

Talking therapies

- **Cognitive stimulation therapy** is a group of themed activities and talk, about 14 sessions, that lifts thinking and mood.
- **Life story work** using photos, music, and old memories improves mood and makes talking together much easier.
- **Care partner training** teaches practical skills, eases care partner depression, and can delay a move into care.
- Simple communication helps: short sentences, one step at a time, no quizzing, and plenty of time to answer.
- **Talk therapy** for low mood or worry works well in the early stages and adds no extra pills to the day.

Medicines

- **Cholinesterase inhibitors** such as donepezil boost a memory chemical. Expect modest, real help, not a cure.
- **Memantine** is usually added in the middle and later stages, and most people tolerate it well.
- **Anti-amyloid infusions** such as lecanemab can slow early disease somewhat. They need gene testing and brain scans.
- Report nausea, a slow heartbeat, vivid dreams, or dizziness. Your prescriber sets every dose with you.
- Fewer pills is often better. Sleep aids, bladder medicines, and sedatives can worsen memory and cause falls.

Everyday things that help

- Keep the same daily routine. A familiar order of the day does more for calm and memory than any gadget.
- Walk or move most days, treat hearing loss, and keep blood pressure and blood sugar in a good range.
- Stay social. Visits, faith groups, day programs, and music all lift mood and slow the loss of skills.
- Make the home safer: less clutter, labels on doors, good lighting, and a plan for wandering at night.
- Care partners need care too. Use respite, adult day programs, and the Alzheimer's Association helpline.

Get help right away if

- Sudden confusion, new agitation, or a fast drop in alertness is an emergency. Get seen the same day.
- If you or your care partner think about ending life, call or text **988** now, or go to the emergency room.
- Call right away after a fall with a head bump, or if driving, wandering, or guns in the home become unsafe.

Questions to ask your care team

- *What stage am I in now, and what should the two of us plan for next?*
- *Which of my current medicines could be making my memory worse?*
- *Am I still safe to drive, and how will we decide when to stop?*
- *What day programs and respite care near us could support my care partner?*

Where this information comes from

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NOTE

Sources are listed in APA 7th edition style. This handout is general health information, not medical advice, and it does not replace talking with your own doctor, therapist, or prescriber. Medicine choices and doses are decided with your prescriber. If you are in danger or thinking about hurting yourself, call or text 988 in the United States, or go to your nearest emergency room.