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**Are All Dementias Alzheimer's?**

**By Michael G. Rayel, MD**

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I'm surprised when some patients and caregivers confuse dementia and Alzheimer's as one and the same. Each time a family member is suffering from memory loss, the conclusion is always Alzheimer's. Is it reasonable to label all dementias as Alzheimer's?

As a clinician, my answer to queries is that Alzheimer's dementia is only one type of dementia and that not all dementias are Alzheimer's. Aside from Alzheimer's disease, other dementias exist such as Dementia with lewy body, Vascular dementia, Parkinson's disease with dementia, and dementias due to various neurologic and medical conditions.

How will you know if a person is suffering from Alzheimer's dementia? What is Alzheimer's dementia?

Alzheimer's dementia is a neurologic disorder characterized by a progressive and irreversible cognitive decline associated with impairment in functioning. The cognitive deterioration consists of memory impairment. Initially there is recent memory impairment but as the disease progresses, even the long term memory is affected.

In addition to memory impairment, a patient with dementia has impairment in one of four cognitive areas: aphasia, apraxia, agnosia, and impairment in executive functioning. Aphasia is a problem in language characterized by inability to express oneself, repeat words or phrases, or understand what is being said. Apraxia is inability to adequately perform a usual motor activity such as combing the hair or brushing the teeth despite no paralysis or musculoskeletal abnormality.

Agnosia is inability to recognize objects or things despite intact sensory functions. For instance, a demented patient cannot recognize a key or a pen placed in his or her hands without looking at it.

Impairment in executive functioning is characterized by difficulty in abstract reasoning and in organizing things, schedule, and activities. Patients with this problem give concrete meaning to

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proverbs. For example, when a patient is asked what "don't cry over spilled milk" means, the patient responds, "It's easy. Just wipe it!" Moreover, knowing the specific similarities and differences of certain things (e.g. apple versus orange) is a struggle for some patients.

What are the possible causes of Alzheimer's?

The cause of Alzheimer is still unknown. However, several risk factors have been identified. One major risk factor is age. The risk of developing dementia increases as our age advances. Older individuals therefore are more at risk. Having said this, Alzheimer's can also happen to young individuals.

Other important risk factors include the presence of apolipoprotein E4 allele, the predominance of plaques and tangles in the brain, and the brain's impaired cholinergic system.

Is there any successful treatment for Alzheimer's?

Alzheimer's disease is irreversible so current medications are only geared to slow down the deterioration. These acetylcholinesterase inhibitors, namely galantamine, rivastigmine, and donepezil, are aimed at improving the cholinergic functioning in the brain by inhibiting the cholinesterase enzyme. Although initially indicated for mild to moderate dementia, some recent evidence shows that some of these drugs may also benefit patients with moderate to severe dementia. Further studies are warranted to determine its efficacy in this group.

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[www.drrayel.com](http://www.drrayel.com)

. His books are available at major online bookstores.

[mike@drrayel.com](mailto:mike@drrayel.com)

## **This History Of Alzheimer's Disease**

**By Gavin Sanderson**

Alzheimer's disease is a brain disorder that affects persons thinking, memory, and intellect. It also compromises a person's social behavior and occupational functioning. This disease is the most common form of dementia and is found mainly in people over the age of sixty five. The Alzheimer's patient will get worse and worse until the end. It may even reduce their life span.

The disease was first recorded by an Alois Alzheimer in early 1900's. Alois Alzheimer was a well recognized German physician who specialized in neuropathology and histopathology. The patient was a woman names Auguste Deter, who at the age of fifty five, died leaving her physicians including

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Alzheimer baffled. She had suffered from language, memory and behavior problems that continued to get worse until the end. When she passed away, Alzheimer decided to study her brain to see if he could figure out the causes of her symptoms. He noticed two differences that have come to identify Alzheimer's disease.

The first of these is called Neurofibrillary tangles. They are abnormal formations in the cytoplasm of the nerve cell. They are found in the cerebral cortex of the brain mainly in the temporal lobe structures like the amygdale or the hippocampus. They can be seen using eosin or hematoxylin stain. They can also be seen using methods such as silver impregnation techniques, thioflavine, a fluorescent dye, or Congo red.

The second thing Alzheimer took note of was the neuritic plaques. The neuritis plaques are made of a protein called amyloid, normally found in the body. In a person with Alzheimer's, large sediments of the protein accumulate between the nerve cells. These plaques were later found to be comprised of deposits of aluminum silicate as well as the amyloid protein.

Since Alzheimer's discoveries, other researchers have discovered that there are links between the disease and genetics and the disease can be passed down through the generations of a family.

There is still plenty that needs to be understood about Alzheimer's before concrete conclusions can be drawn. Currently, the emphasis in Alzheimer's with regards to research is on prevention

There are currently medications on the market to treat Alzheimer's disease. The most commonly used are Aricept and Namenda. They are often both prescribed at the same time. These drugs are not known to reverse the disease, just to slow the progression of it and allow the patient to be able to function independently longer than otherwise able to do. At present time, there is no known cure for Alzheimer's disease.

Gavin Sanderson is an established freelance writer. You can find more of his writing at

<http://www.bodybuildingzine.com>

and

<http://www.help-alzheimers.com>

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