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Behavioral Manifestations of Alzheimer's Dementia

By Michael G. Rayel, MD

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Alzheimer's Dementia has a combination of cognitive and behavioral manifestations. Cognitive impairment is the core problem which includes memory deficits and at least one of the following: aphasia or language problem, agnosia or problems with recognition, apraxia or motor activity problem, and impairment in executive functioning (e.g. planning, abstract reasoning, and organizing).

As the disease advances, the cognitive decline becomes associated with behavioral manifestations. What are these behavioral manifestations of dementia?

Behavioral syndromes in Alzheimer's can be grouped into two categories: psychological and behavioral. Major psychological syndromes consist of depression, anxiety, delusions, and hallucinations.

Depression in dementia is very common. Up to about 87% of patients develop some form of depression. It is characterized by tearfulness or crying episodes, feelings of sadness, and neurovegetative signs and symptoms such as inability to sleep, lack of appetite, poor energy, and thoughts of death. Irritability is also common. Depression can occur even in the early or mild phase of the illness.

About 50% of demented patients show delusions or false fixed beliefs. Such delusions include beliefs that a relative is stealing, that a spouse is just an impostor or is having an affair with a neighbor, or that friends and relatives are conspiring to cause trouble.

Moreover, many patients with dementia may experience hallucinations. Most of these hallucinations are visual — seeing strangers in the house, an animal or insects in the living room, people in the bedroom or on top of the TV set. Occasionally, auditory hallucinations may be experienced — hearing footsteps or knocking on the door or even people singing church hymns.

Behavioral Manifestations of Alzheimer's Dementia

Regarding major behavioral syndromes associated with dementia, these problems include agitation, verbal outbursts, repetitive behavior, wandering, and aggression or even violence. Agitation can be manifested by pacing back and forth, restlessness, and inability to sit still.

Verbal outbursts consist of day-long screaming or occasional yelling at someone. Repetitive behavior is manifested by closing and opening a closet or a purse or a drawer. Asking questions repetitively for instance about a relative's visit is very common.

Wandering can happen especially at the late stages of the illness. If doors are left unlocked, some patients wander away from the house. Hence, safety level becomes an issue.

Aggression likewise may occur. Hitting the caregiver or throwing things are some complaints. Destroying things although rare can also ensue. A gentleman for example hit the wall with a cane and broke the window by smashing a chair.

Although difficult to deal with, most of these behavioral consequences of dementia can be treated especially if recognized and addressed early.

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Are All Dementias Alzheimer's?

By Michael G. Rayel, MD

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?

Behavioral Manifestations of 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 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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