

Cognitive Decline not always Alzheimer's

“You know, she sounds just like Bill, my wife’s brother. Poor old Bill--his doctor told him he has Alzheimer’s.”

You stop dead in your tracks as you feel a chill run down your spine. You were confiding in your friend, sharing with him the symptoms you have observed in your wife over the past few months. Some memory loss, not able to concentrate like she used to, occasionally getting lost in familiar places, just not interested in doing anything. And your friend says your wife’s symptoms sound just like Bill. And Bill’s doctor says he has Alzheimer’s. Could your wife have Alzheimer’s?

What is Alzheimer’s disease and how can you tell if you or someone you love has it?

Alzheimer’s disease is one of several specific medical diagnoses that fall under the larger category of “dementia.” Most medical researchers agree that the incidence of all forms of dementia will rise dramatically over the coming decades, as people continue to live longer and the American population ages. All forms of dementia have three key elements in common:

- Loss of prior intellectual abilities
- Persistent deficits
- Functional decline

This means that the person has lost certain cognitive skills that they used to possess; that these losses, or deficits, are always evident, though some days are better than others; and that these losses have caused the person to require assistance in performing one or more of the basic activities of daily living.

Cognitive skills are the basic thinking tasks our brains perform for us every day. We depend on our cognitive skills for everything we do, from the simplest everyday chore, like brushing our teeth, to the most complex or abstract intellectual challenge, like thinking through a difficult problem or creating a work of art. Cognitive skills are actually a composite of a wide variety of basic intellectual abilities that our brains perform. Examples of these basic intellectual abilities include staying orientated to person, place and time; remembering things; being able to understand and utilize spoken and written language; working numbers in our head; basic judgment; and aspects of personality. There are many more.

A loss of cognitive skills, referred to as, “cognitive decline,” results from the loss of two or more of these basic intellectual abilities. Cognitive decline is the hallmark and the defining feature of all forms of dementia, including Alzheimer’s disease.

But cognitive decline in a senior does not necessarily mean that the person has Alzheimer’s disease, or even that the person has dementia. There are many potential causes for why a senior might have memory loss, disorientation, trouble concentrating, loss of interest, or any of the other common manifestations of cognitive decline.

What are some of the causes for cognitive decline in seniors? First, it is important to recognize that for many seniors, the ability to think clearly and maintain normal cognitive function is a very fragile thing. For some seniors, cognitive performance is the weakest link in their chain. It is the first thing to become impaired when faced with a stressful situation. Any physical, emotional, or even environmental stress can tip the balance and push them over the cognitive cliff. Common stressors include an acute infection, a drug side effect, the loss of a loved one, or the onset of depression.

Drug side effects or the onset of depression manifesting as cognitive decline are very common in seniors — more common than the general public or even many health care providers appreciate. Other potential causes for cognitive decline in seniors include impaired hearing or not listening (these are two different things!); anxiety; vitamin B-12 deficiency; stroke or poor blood flow to the brain; thyroid disease; anemia; poorly controlled diabetes, hypertension, or heart disease; and inadequate nutrition. None of these are causes of dementia but any one of them can cause a senior to experience significant cognitive decline and look for all the world as if they have dementia! Furthermore, almost all of these potential causes has the potential to be reversed, which in turn would improve or totally reverse the cognitive decline.

Excluding each of these causes, something every senior with cognitive decline deserves, requires a thoughtful and thorough medical evaluation. This evaluation should include a detailed interview, a critical look at the medications the person is taking, a physical examination, a mental status examination (including tests of cognitive performance and screenings for depression designed specifically for seniors), and selected laboratory tests.

But what about dementia? Dementia as the cause of a senior's cognitive decline should only be considered *after* a thoughtful and thorough medical evaluation has excluded a potentially reversible cause. The list of common causes of dementia in seniors is short. It includes Alzheimer's disease, vascular dementia (stroke), Parkinson's disease, Lewy body dementia, and alcoholic dementia. Not all dementias are equal. Alzheimer's disease, Parkinson's disease and Lewy body dementia typically follow a progressively downhill course, but patients with vascular or alcoholic dementia may improve or may even normalize.

We will look at the causes of dementia in seniors and discuss treatment and prevention strategies in the next installment of this series.

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