

Understanding Alzheimer's Disease

The most common form of dementia is Alzheimer's Disease (AD), a slowly progressive disorder that destroys the neurons and communication pathways of the brain. It is the seventh leading cause of death in adults in the U.S., and it is perhaps the most devastating chronic disease for patients and their families.

The Aging Brain and Dementia

As we age, the brain undergoes many changes, with certain neurons lost to old age and new ones being formed. However, the overall number of neurons in the brain remains relatively stable. The brain's ability to adapt and compensate for these changes is called "neuroplasticity." The normal effects of aging can cause

some hippocampus and reduced efficiency, especially those that are involved in learning and memory. These changes are not necessarily a sign of dementia, but they can contribute to the development of dementia if they are severe enough.

Diagnosing Alzheimer's Disease

Alzheimer's Disease is diagnosed by a doctor who is looking for signs of the disease in the brain. The doctor will ask you questions about your memory and other symptoms. They will also do a physical exam and blood tests to rule out other causes of dementia.

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Risk Factors

- Age: AD affects only those who are 65 and older. The risk of AD increases with age.
- Family History: If you have a family history of AD, you are more likely to get it.
- Genetics: Some people have a gene that increases their risk of AD.
- Lifestyle: Diet, exercise, and social activity can help reduce the risk of AD.

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Stages of Alzheimer's Disease

Alzheimer's Disease has three stages: Mild, Moderate, and Severe.

1. Mild: The first stage of AD. Memory loss is mild and does not interfere with daily life.
2. Moderate: The second stage of AD. Memory loss is more severe and begins to interfere with daily life.
3. Severe: The third stage of AD. Memory loss is very severe and significantly interferes with daily life.

Stage 1: Mild Alzheimer's

- Memory loss is mild and does not interfere with daily life.
- Personality and behavior are normal.
- Physical exam and blood tests are normal.
- Diagnosis is made by a doctor who is looking for signs of the disease in the brain.

Stage 2: Moderate Alzheimer's

- Memory loss is more severe and begins to interfere with daily life.
- Personality and behavior are abnormal.
- Physical exam and blood tests are abnormal.
- Diagnosis is made by a doctor who is looking for signs of the disease in the brain.

Stage 3: Severe Alzheimer's

- Memory loss is very severe and significantly interferes with daily life.
- Personality and behavior are very abnormal.
- Physical exam and blood tests are very abnormal.
- Diagnosis is made by a doctor who is looking for signs of the disease in the brain.

Management of Alzheimer's Disease

There is no cure for AD. However, there are treatments that can help manage the symptoms of the disease.

- Cholinesterase inhibitors: These drugs help improve memory and thinking.
- Memantine: This drug helps improve memory and thinking.
- Antipsychotics: These drugs help manage behavioral symptoms.
- Antidepressants: These drugs help manage mood symptoms.

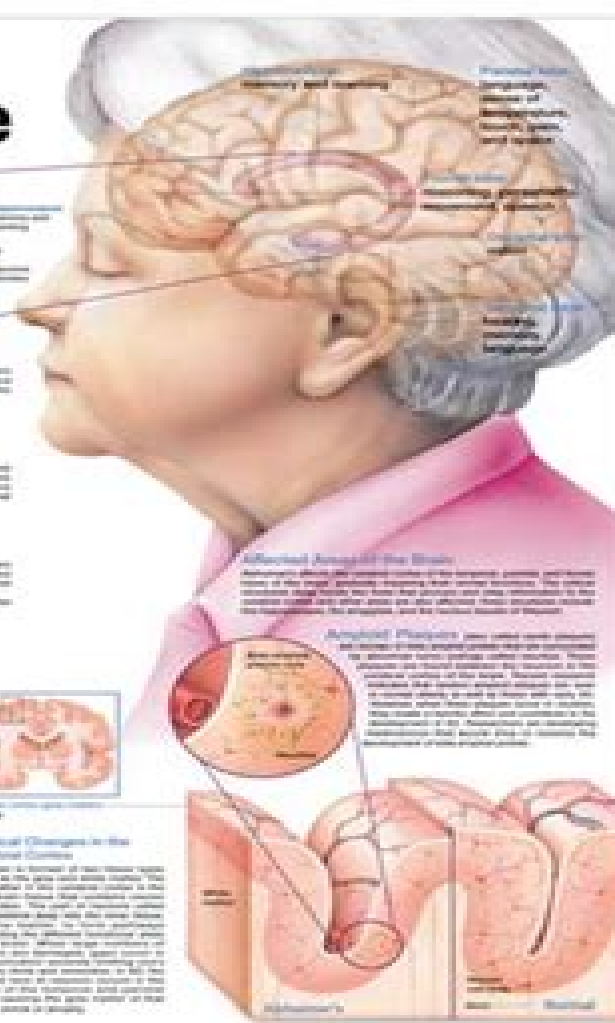
There is no cure for AD. However, there are treatments that can help manage the symptoms of the disease. Cholinesterase inhibitors, memantine, antipsychotics, and antidepressants are some of the treatments used to manage AD.



The diagram shows a neuron with labels for the Dendrite, Cell Body, Nucleus, Axon, and Myelin Sheath. The cell body contains the nucleus, which is the control center of the cell. Dendrites receive signals from other neurons, and the axon carries signals away from the cell body. The myelin sheath is a protective layer that covers the axon.



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Affected Areas of the Brain

Alzheimer's Disease affects the brain in a way that destroys the neurons and communication pathways of the brain. The disease is most common in the hippocampus, which is the part of the brain that is responsible for memory.

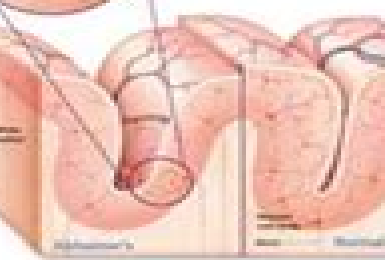


Diagram of the brain showing the hippocampus and other areas affected by Alzheimer's Disease.

Physical Changes in the Brain

The brain is made up of many different parts, each with its own function. In Alzheimer's Disease, the brain undergoes physical changes that affect its ability to function.

The brain is made up of many different parts, each with its own function. In Alzheimer's Disease, the brain undergoes physical changes that affect its ability to function. These changes include the loss of neurons and the formation of plaques and tangles in the brain.

Neuronal Cellular Structural Involvement in Alzheimer's Disease

Neurons are the cells in the brain that send and receive signals. In Alzheimer's Disease, the neurons undergo structural changes that affect their ability to function.

Neurofibrillary Tangles

Neurofibrillary tangles are clumps of protein that build up inside neurons. They are made up of a protein called tau. In Alzheimer's Disease, the tau protein becomes abnormal and forms tangles that interfere with the neuron's ability to function.



Understanding Alzheimers Disease Anatomical Chart

**Caroline Bunker Rosdahl, Mary T.
Kowalski**



Understanding Alzheimers Disease Anatomical Chart:

Understanding Alzheimer's Anatomical Chart Anatomical Chart Company Staff, 2000 Discusses the aging brain and dementia providing an overview of Alzheimer's Disease AD Illustrates affected areas of the brain and the abnormal cellular structures involved with AD granulovacuolar degeneration neurofibrillary tangles and amyloid plaques Discusses the stages of Alzheimer's Disease and shows the physical changes in the brain cortex caused by AD Illustrates and defines the role of neurotransmitters as messengers Understanding Alzheimer's Disease Anatomical Chart Company Staff, Lippincott & Co, 2009-02-23 The Second Edition Understanding Alzheimer's Disease defines Alzheimer's disease and discusses the aging brain dementia and diagnosing Alzheimer's disease It lists risk factors describes the three main stages of Alzheimer's disease and provides key management techniques for both patients and their families and caregivers The chart illustrates and discusses the areas of the brain affected by the disease Explains and shows a close up view of amyloid plaques also called senile plaques Describes and illustrates the following physical changes to the cerebral cortex abnormal cellular structures involved granulovacuolar degeneration and neurofibrillary tangles normal neuron and how Alzheimer's disease destroys the way neurons talk to each other Made in USA Available in the following versions 20 x 26 heavy weight paper laminated with grommets at top corners ISBN 9780781786348 20 x 26 heavy weight paper ISBN 9780781786331 *Islamic Psychology* G. Hussein Rassool, 2021-03-30 Islamic Psychology or ilm an nafs science of the soul is an important introductory textbook drawing on the latest evidence in the sub disciplines of psychology to provide a balanced and comprehensive view of human nature behaviour and experience Its foundation to develop theories about human nature is based upon the writings of the Qur'an Sunna Muslim scholars and contemporary research findings Synthesising contemporary empirical psychology and Islamic psychology this book is holistic in both nature and process and includes the physical psychological social and spiritual dimensions of human behaviour and experience Through a broad and comprehensive scope the book addresses three main areas Context perspectives and the clinical applications of applied psychology from an Islamic approach This book is a core text on Islamic psychology for undergraduate and postgraduate students and those undertaking continuing professional development in Islamic psychology psychotherapy and counselling Beyond this it is also a good supporting resource for teachers and lecturers in this field **Textbook of Basic Nursing** Caroline Bunker Rosdahl, Mary T. Kowalski, 2008 Now in its Ninth Edition this comprehensive all in one textbook covers the basic LPN LVN curriculum and all content areas of the NCLEX PN Coverage includes anatomy and physiology nursing process growth and development nursing skills and pharmacology as well as medical surgical maternal neonatal pediatric and psychiatric mental health nursing The book is written in a student friendly style and has an attractive full color design with numerous illustrations tables and boxes Bound in multimedia CD ROMs include audio pronunciations clinical simulations videos animations and a simulated NCLEX PN exam This edition's comprehensive ancillary package includes curriculum materials PowerPoint slides lesson plans and a test

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Fundamentals of Human Neuropsychology Bryan Kolb, Ian Q. Whishaw, 2009-07 Written by respected academics in neuropsychology this sixth edition guides students on a comprehensive journey of discovery through the realm of contemporary human neuropsychology The book has a clinical focus throughout Alzheimer's Disease George Perry, 2006 This is the book edition of the Journal of Alzheimer's Disease Volume 9 No 3 Supplement 2006 T p verso Deciphering the biomarkers of Alzheimer's disease Yu Chen, Kin Ying Mok, Jie Tu, 2022-02-11 **Alzheimer's Disease and the Fornix** Kenichi Oishi, Constantine G. Lyketsos, 2016-09-14 This e book focuses primarily on the role of the fornix as a functional prognostic and diagnostic marker of Alzheimer's disease AD and the application of such a marker in clinical practice Researchers have long been focused on the cortical pathology of AD since the most important pathologic features are the senile plaques found in the cortex and the neurofibrillary tangles and neuronal loss that start from the entorhinal cortex and the hippocampus In addition to gray matter structures histopathological studies indicate that the white matter is also altered in AD The fornix is a white matter bundle that constitutes a core element of the limbic circuits and is one of the most important anatomical structures related to memory The fornices originate from the bilateral hippocampi merge at the midline of the brain again divide into the left and right side and then into the precommissural and the postcommissural fibers and terminate at the septal nuclei nucleus accumbens precommissural fornix and hypothalamus postcommissural fornix These functional and anatomical features of the fornix have naturally captured researchers attention as possible diagnostic and prognostic markers of AD Growing evidence indicates that the alterations seen in the fornix are potentially a good marker with which to predict future conversion from mild cognitive impairment to AD and even from a cognitively normal state to AD The degree of alteration is correlated with the degree of memory impairment indicating the potential for the use of the fornix as a functional marker Moreover there have been attempts to stimulate the fornix to recover the cognitive function lost with AD Our goal is to provide information about the status of current research and to facilitate further scientific and clinical advancement in this topic Proceedings of the National Academy of Sciences of the United States of America National Academy of Sciences (U.S.), 2000 Journal Canadien Des Sciences Neurologiques, 1986 *International Bibliography of Alzheimer's Disease and Senile Dementias, 1976-1985*, 1986 Lists 2 739 entries to literature published between 1976 1985 Also contains foreign language titles Arranged under 28 topics ranging from behavioral biology through urinary system and external secretions Entries give titles keywords author's journal source original language and volume number and reference number to original cite in Biological abstracts or Biological abstracts RRM Author and subject indexes **Sleep Research**

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