Alzheimer’s disease is one of the scariest possibilities many of us face as we age. Suspecting you or a loved one may be exhibiting signs of Alzheimer’s can be a frightening and stressful experience. Of course, just because you forget things, it doesn’t necessarily mean you have Alzheimer’s. Even when your worst fears are realized, the earlier you’re diagnosed and seek help, the better your chances of delaying the onset of more debilitating symptoms, prolonging your independence, and maximizing your quality of life.

What is Alzheimer’s disease?

Alzheimer’s disease is the most common form of dementia, a brain disorder that impacts daily living through memory loss and cognitive changes. Although not all memory loss indicates Alzheimer’s disease, one in ten people over 65 years of age, and over half of those over 85 have Alzheimer’s disease.

Symptoms of Alzheimer’s disease usually develop slowly and gradually worsen over time, progressing from mild forgetfulness to widespread brain impairment. As critical cells die, drastic personality loss occurs and body systems fail. But while there is not yet a cure for Alzheimer’s, there are plenty of ways you can slow progression of the disease and continue living a full life.

Alzheimer’s disease risk factors

While the primary risk factors of Alzheimer’s are age, family history, and genetics, there are other risk factors that you can influence. Maintaining a healthy heart and avoiding high blood pressure, heart disease, stroke, diabetes, and high cholesterol can decrease the risk of Alzheimer’s. Watching your weight, avoiding tobacco and excess alcohol, staying socially connected, and exercising both your body and mind can also lower your risk.
Early-onset Alzheimer’s affects patients under the age of 65. This relatively rare condition is seen more often in patients whose parents or grandparents developed Alzheimer’s disease at a young age.

Signs and symptoms of Alzheimer’s disease

For many people, detecting the first signs of memory problems in themselves or a loved one brings an immediate fear of Alzheimer’s disease. However, most of us over 65 experience some level of forgetfulness. It is normal for age-related brain shrinkage to produce changes in processing speed, attention, and short term memory, creating so-called “senior moments.” Understanding the significance of these age-related changes begins with knowing the difference between what is normal and what is an early symptom of Alzheimer’s.

Signs of Normal Change vs. Early Alzheimer’s Symptoms

**Normal change:** Can’t find your keys  
**Early Alzheimer’s disease:** Routinely place important items in odd places, such as keys in the fridge, wallet in the dishwasher

**Normal change:** Search for casual names and words  
**Early Alzheimer’s disease:** Forget names of family members and common objects, or substitute words with inappropriate ones

**Normal change:** Briefly forget conversation details  
**Early Alzheimer’s disease:** Frequently forget entire conversations

**Normal change:** Feel the cold more  
**Early Alzheimer’s disease:** Dress regardless of the weather, wear several skirts on a warm day, or shorts in a snow storm

**Normal change:** Can’t find a recipe  
**Early Alzheimer’s disease:** Can’t follow recipe directions

**Normal change:** Forget to record a check  
**Early Alzheimer’s disease:** Can no longer manage checkbook, balance figures, solve problems, or think abstractly

**Normal change:** Cancel a date with friends  
**Early Alzheimer’s disease:** Withdraw from usual interests and activities, sit in front of the TV for hours, sleep far more than usual

**Normal change:** Make an occasional wrong turn  
**Early Alzheimer’s disease:** Get lost in familiar places, don’t remember how you got there or how to get home

**Normal change:** Feel occasionally sad  
**Early Alzheimer’s disease:** Experience rapid mood swings, from tears to rage, for no discernible reason
What else can cause Alzheimer’s symptoms?

While significant cognitive and memory loss are NOT symptoms of normal aging, these symptoms do not always indicate Alzheimer’s disease. Other conditions can mimic early Alzheimer’s symptoms, such as:

**Central nervous system and other degenerative disorders**, including head injuries, brain tumors, stroke, epilepsy, Pick’s Disease, Parkinson’s disease, Huntington’s disease.

**Metabolic ailments**, such as hypothyroidism, hypoglycemia, malnutrition, vitamin deficiencies, dehydration, kidney or liver failure.

**Substance-induced conditions**, such as drug interactions, medication side-effects, alcohol and drug abuse.

**Psychological factors**, such as dementia syndrome, depression, emotional trauma, chronic stress, psychosis, chronic sleep deprivation, delirium.

**Infections**, such as meningitis, encephalitis, and syphilis.

### Diagnosing Alzheimer’s disease

Since there is no single definitive medical test for identifying Alzheimer’s disease, to make a diagnosis from your symptoms, a doctor will look for:

**Significant memory problems** in immediate recall, short-term, or long-term memory.

**Significant thinking deficits** in at least one of four areas: expressing or comprehending language; identifying familiar objects through the senses; poor coordination, gait, or muscle function; and the executive functions of planning, ordering, and making judgments.

**Decline severe enough** to interfere with relationships and/or work performance.

**Symptoms that appear gradually** and become steadily worse over time.

**Other causes to be ruled out** to ensure memory and cognitive symptoms are not the result of another medical condition or disease, such as mild cognitive impairment.

### Alzheimer’s disease vs. mild cognitive impairment (MCI)

Considered by some to be an intermediate stage between normal aging and the onset of
Alzheimer’s disease, mild cognitive impairment (MCI) is characterized by persistent forgetfulness, but lacks many of the more debilitating symptoms of Alzheimer’s disease. According to some estimates, about 15 percent of people between ages 70 and 90 experience some degree of mild cognitive impairment.

Symptoms of MCI include:

- Frequently losing or misplacing things
- Frequently forgetting conversations, appointments, or events
- Difficulty remembering the names of new acquaintances
- Difficulty following the flow of a conversation

While MCI often precedes the early stages of Alzheimer’s, some patients plateau at a relatively mild stage of decline and are able to live independently with little help from others. As yet, we still don’t understand exactly why MCI progresses so differently in different people. However, it seems that the greater the degree of memory impairment experienced, the greater the risk of developing Alzheimer’s down the line.

Coping with an Alzheimer’s diagnosis

An Alzheimer’s or diagnosis can be a frightening experience for both you and your loved ones. While there is currently no cure, there are treatments available for Alzheimer’s symptoms and lifestyle changes you can make to slow the progression of the disease and delay the onset of more debilitating symptoms. Early diagnosis can prolong independence and help you to live life fully for much longer.

If you’ve been diagnosed with Alzheimer’s, you may feel anger, be scared about what the future will bring, uncertain about how your memory will change—or all of these emotions at once. These feelings are all normal.

Give yourself some time to adjust. As with any major change in life, don’t expect that you will smoothly snap into this new transition. You may feel alright for a while, and then suddenly feel stressed and overwhelmed again. Take time to adjust to this new transition.

Reach out for support. Living with Alzheimer’s is not easy, but there is help for this journey. The more you reach out to others and get support, the more you’ll be able to cope with Alzheimer’s symptoms while continuing to enrich and find meaning in your life.

Make your wishes known. While it’s not easy to think about, getting your finances in order and figuring out how you want your healthcare handled gives you power over your future. Talk with your loved ones and let them know what is important to you and who you want to make decisions for you when you’re no longer able.
Steps you can take to slow the advancement of Alzheimer’s symptoms

Even with a diagnosis of Alzheimer’s disease, there is a great deal that you can do to slow its progress. The same healthy lifestyle changes and mental stimulation techniques that are used to prevent Alzheimer’s and other forms of dementia can also be effective in slowing the progression of the disease.

1. **Get moving.** Regular exercise stimulates the brain’s ability to maintain old connections, make new ones, and slow deterioration in those who have already started to develop cognitive problems.

2. **Social engagement.** The more you connect face-to-face with others, the stronger you’ll be able to keep your memory and cognition.

3. **Healthy diet.** Eating a brain-healthy diet can help reduce inflammation, protect neurons, and promote better communication between brain cells.

4. **Mental stimulation.** By continuing to learn new things and challenge your brain, you can strengthen your cognitive skills and stay mentally active longer.

5. **Quality sleep.** Getting quality sleep can flush out brain toxins and avoid the build-up of damaging plaques.

6. **Stress management.** Unchecked stress takes a heavy toll on the brain, shrinking a key memory area, hampering nerve cell growth, and worsening Alzheimer’s symptoms.

If a loved one has been diagnosed with Alzheimer’s disease

If someone close to you has been diagnosed with Alzheimer’s, you’ll also be dealing with a host of difficult emotions. You may be grieving for your loved one, especially if significant memory loss is already present. As new behaviors and moods develop, you may feel like you no longer know this person. You may also feel overwhelmed with the needs of your loved one, or even resentful that other family members aren’t helping enough.

**Learn as much as you can.** Understanding what to expect will help you plan for care and transitions. Knowledge will help you both honor a loved one’s strengths and capabilities throughout each stage, and make sure you have the strength and resources to carry on. Despite its many challenges, caregiving for a loved one can also be a deeply rewarding experience.

**Don’t take on the caregiving journey alone.** No matter how dedicated you are, at some
point you will need some help in caregiving. You have your own health and other obligations to consider. Having support in caregiving is key, whether it be from other family, in-home help, respite care, or making the decision to move your loved one to a nursing home.

Helping a loved one cope with symptoms of early Alzheimer’s

**Short-term memory loss** – Encourage the person with early stage Alzheimer’s to use a notebook or smartphone to create a to-do list each morning and carry it with him or her. Keep items your loved one uses daily in easy to remember places, such keys on a hook by the door, address book by the phone. Don’t ask questions that challenge short-term memory, such as “Do you remember what we did last night?” The answer will likely be “no,” which may be humiliating for the person with Alzheimer’s.

**Language problems** – Your loved one may have difficulty recalling words. Getting anxious will only inhibit recall, so be patient with the person. Supply the word, or gently tell your loved one that you can come back to it later. Even if your loved one has trouble maintaining a conversation, it’s important to encourage social interaction.

**Understanding** – Your loved one may repeat the same question over and over or otherwise fail to understand what you’re saying. Speak slowly so the person has more time to process what’s being said. Find a different way to say the same thing if it wasn’t understood. Try a simpler statement with fewer words. Remember, the patient responds to your facial expression, tone of voice, and body language as much as the words you choose.

**Depression** – Symptoms of depression such as withdrawal, agitation, feelings of worthlessness, and changes in sleeping patterns are common among early stage Alzheimer’s patients. Depression is treatable. Making the person feel safe and supported and creating a calm environment can help ease agitation and boost your loved one’s outlook. Provide opportunities for your loved one to open up and talk about his or her fears and other emotions.

Stages of Alzheimer’s disease: 3-stage model

Understanding the different stages of Alzheimer’s disease can help you to track the progression of symptoms and plan appropriate care for you or a loved one. However, it is important to remember that each individual with Alzheimer’s progresses differently and there are steps you can take to slow the onset of symptoms. Cognitive, physical, and functional phases often overlap, the time in each stage varies from patient to patient, and not everyone experiences all Alzheimer’s symptoms.

In the three-stage Alzheimer’s disease model:
Stage 1 - Mild/Early (lasts 2-4 yrs)

Frequent recent memory loss, particularly of recent conversations and events. Repeated questions, some problems expressing and understanding language. Mild coordination problems: writing and using objects becomes difficult. Depression and apathy can occur, accompanied by mood swings. Need reminders for daily activities, and may have difficulty driving.

Stage 2 - Moderate/Middle (lasts 2-10 yrs)

Can no longer cover up problems. Pervasive and persistent memory loss, including forgetfulness about personal history and inability to recognize friends and family. Rambling speech, unusual reasoning, and confusion about current events, time, and place. More likely to become lost in familiar settings, experience sleep disturbances, and changes in mood and behavior, which can be aggravated by stress and change. May experience delusions, aggression, and uninhibited behavior. Mobility and coordination is affected by slowness, rigidity, and tremors. Need structure, reminders, and assistance with the activities of daily living.

Stage 3 - Severe/Late (lasts 1-3+ yrs)

Confused about past and present. Loss of ability to remember, communicate, or process information. Generally incapacitated with severe to total loss of verbal skills. Unable to care for self. Falls possible and immobility likely. Problems with swallowing, incontinence, and illness. Extreme problems with mood, behavior, hallucinations, and delirium. In this stage, the person needs around the clock care.

Stages of Alzheimer’s disease: 7-stage model

In addition to the three stages of Alzheimer’s, your doctor may also use a diagnostic framework with five, six, or seven levels. Progression through these stages usually lasts from 8 to 10 years, but again, differs from person to person and can stretch out for as long as 20 years.

Sample seven stage model of Alzheimer’s disease

Stage 1. No Impairment. Memory and cognitive abilities appear normal.

Stage 2. Minimal Impairment/Normal Forgetfulness. Memory lapses and changes in thinking are rarely detected by friends, family, or medical personnel.
Stage 3. Early Confusional/Mild Cognitive Impairment. While subtle difficulties begin to impact function, the person may try to cover up problems. Difficulty with retrieving words, planning, organization, misplacing objects, and forgetting recent learning, which can affect life at home and work. Depression and other changes in mood can also occur. Duration: 2 to 7 years.

Stage 4. Late Confusional/Mild Alzheimer’s disease. Problems handling finances result from mathematical challenges. Recent events and conversations are increasingly forgotten, although most people in this stage still know themselves and their family. Problems carrying out sequential tasks, including cooking, driving, ordering food at restaurants, and shopping. Often withdraw from social situations, become defensive, and deny problems. Accurate diagnosis of Alzheimer’s disease is possible at this stage. Lasts roughly 2 years.

Stage 5. Early Dementia/Moderate Alzheimer’s disease. Decline is more severe and requires assistance. No longer able to manage independently or recall personal history details and contact information. Frequently disoriented regarding place or time. People in this stage experience a severe decline in numerical abilities and judgement skills, which can leave them vulnerable to scams and safety problems. Basic daily living tasks like eating and dressing require increased supervision. Duration: average of 1.5 years.

Stage 6. Middle Dementia/Moderately Severe Alzheimer’s disease. Total lack of awareness of present events and inability to accurately remember the past. People in this stage progressively lose the ability to take care of daily living activities like dressing, toileting, and eating but are still able to respond to nonverbal stimuli, and communicate pleasure and pain via behavior. Agitation and hallucinations often show up in the late afternoon or evening. Dramatic personality changes such as wandering or suspicion of family members are common. Many can’t remember close family members, but know they are familiar. Lasts approximately 2.5 years.

Stage 7. Late or Severe Dementia and Failure to Thrive. In this final stage, speech becomes severely limited, as well as the ability to walk or sit. Total support around the clock is needed for all functions of daily living and care. Duration is impacted by quality of care and average length is 1 to 2.5 years.

Where to turn for help

Alzheimer’s Associations – A worldwide directory of Alzheimer’s associations that offer information, advice, and support. (Alzheimer’s Disease International)
Recommended reading

Alzheimer’s Disease - A guide to coping, treatment, and caregiving. (Harvard Medical School Special Health Report)

Alzheimer’s Disease and Related Dementias - Series of articles covering different aspects of dementia including signs, symptoms, and caregiving. (Institute on Aging)

10 Ways to Love Your Brain - Tips for reducing your risk of cognitive decline. (Alzheimer’s Association)

I Have Alzheimer’s Disease - What you need to know to live your best life. (Alzheimer’s Association)

Authors: Lawrence Robinson and Jeanne Segal, Ph.D. Last updated: November 2018.