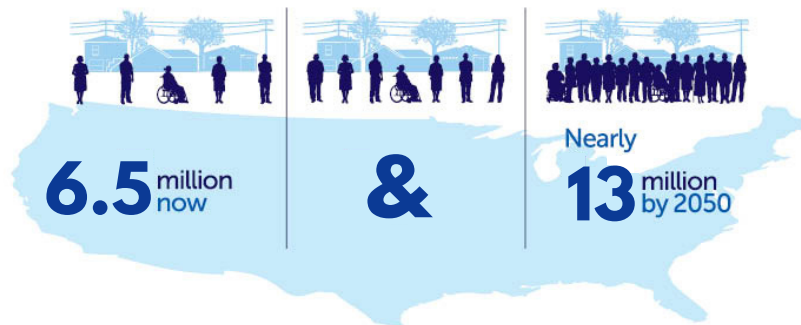


MCCFAD NEWS

MICHIGAN CENTER FOR CONTEXTUAL FACTORS IN ALZHEIMERS DISEASE

ALZHEIMER'S DISEASE IN THE UNITED STATES

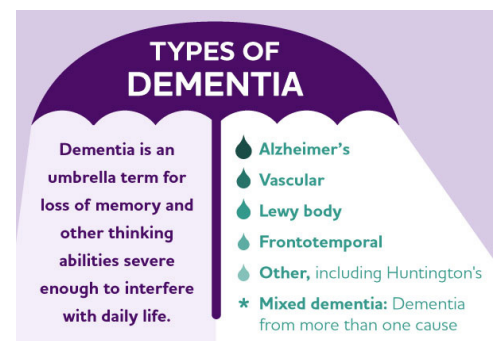


The Early Stage of Alzheimer's Disease

Alzheimer's disease begins with changes in the brain that go unnoticed years before diagnosis. The average person with Alzheimer's lives anywhere from 4-8 years once diagnosed, but some can live as long as 20 years. Alzheimer's disease generally progresses slowly in three stages: early, middle and late. Persons in the early stage may still function independently. They are often able to drive, work and participate in social activities. They may be aware of memory loss such as forgetting words or everyday objects. Family and friends may notice symptoms, and visiting a doctor to identify the cause of symptoms would be appropriate at this time. Importantly, putting legal and financial plans in place while the person with Alzheimer's is able to participate in decision-making is possible during the early stage. Knowing why there is memory loss that interferes with daily function leads to effective treatment and helps families to better understand how to care for that person.

Know the 10 signs of Alzheimer's disease:

- Memory loss that disrupts daily life
- Challenges in planning or solving problems
- Difficulty completing a familiar task
- Confusion with time or place
- Trouble understanding visual images and spatial relationships
- New problems with words in speaking or writing
- Misplacing things and losing the ability to retrace steps
- Decreased or poor judgment
- Withdrawal from work or social activities
- Changes in mood or personality



Resource: <https://www.alz.org/alzheimers-dementia/stages>

Treatments and Interventions for Early Stage Alzheimer's Disease

Currently, there are three different types of clinical interventions known to treat mild to moderate Alzheimer's disease; Donepezil Aricept®, Rivastigmine Exelon®, Galantamine Razadyne®. Each of these interventions are meant to treat cognitive symptoms of the disease such as memory and thinking. Of course, if anyone is interested in these interventions, it is best to consult with a primary care physician about these options. Along with treating cognitive symptoms of the disease, it is also important to treat the behavioral and psychological symptoms of Alzheimer's such as sleep disturbances, agitation, hallucinations, and delusions. According to the Alzheimer's Association, it is best to manage behavioral and psychological symptoms first with non-drug interventions. For example, acknowledging the symptoms of the disease instead of perceiving it in a negative way is an important first step, as well as changing the environment in which the person with Alzheimer's lives to maximize comfort and ease of mind for the person. Some may experience more severe behavioral and psychological symptoms and will require drug interventions.

Again, it will be best to consult with a primary care physician to evaluate the situation, consider if referral to a specialist is necessary, and/or prescribe medication as appropriate. To learn more about treatments and interventions, visit the pages below:

Alzheimer's Association:

<https://www.alz.org/alzheimers-dementia/treatments/treatments-for-behavior>

<https://www.alz.org/alzheimers-dementia/treatments/medications-for-memory>

Metabolic Syndromes and Alzheimer's Disease: The link that we can break

Metabolic disorders take place when your body's ability to process certain chemicals is abnormal. The most common metabolic disorders are diabetes (high blood sugar), obesity, hypertension (high blood pressure), and dyslipidemia (high cholesterol or triglyceride levels). These health conditions, and more importantly, their poor management through the lifespan are known to increase the risk of developing Alzheimer's disease and related dementias (vascular dementia and frontotemporal dementia) later in life. It is estimated that at least 40% of the dementia cases worldwide can be prevented just by our lifestyle behaviors. Thus, reducing the probability of developing any of these metabolic disorders at any age has the effect of reducing the risk of developing Alzheimer's disease and related dementias. To prevent these metabolic disorders, we need to have a healthy diet, exercise and have good sleep habits (~6-8hrs/day). When someone is diagnosed with a metabolic disorder, they should follow the treatment that recommended by their primary physician. It is never too late to reduce your risk of Alzheimer's disease and related dementias!

Healthy Levels	
Blood Total Cholesterol	Less than 200 mg/dL
Blood LDL Cholesterol	Less than 100 mg/dL
Blood HDL Cholesterol	More than 60 mg/dL
Blood Triglycerides	Less than 150 mg/dL
Blood sugar (in fasting)	Less than 100 mg/dL
Blood Pressure	Less than 120 (systolic) and Less than 80 (diastolic)
Body Mass Index (BMI)	Between 18.5 and 24.9

Mental Health Exercise

Brain Food

O	A	A	K	L	I	M	M	I	K	S	S	E	O
L	E	V	I	M	N	D	O	L	L	C	A	G	W
W	E	R	O	A	S	A	I	I	M	N	O	S	H
R	S	O	N	C	G	G	O	E	N	S	E	A	O
L	E	E	I	K	A	E	G	G	U	L	A	A	L
M	W	O	S	N	A	D	E	G	T	C	F	R	E
A	K	H	L	K	E	S	O	S	S	O	R	S	G
N	O	R	E	G	A	N	O	N	L	I	N	G	R
K	K	O	U	N	F	O	A	L	G	A	M	S	A
I	O	N	N	E	U	A	O	I	E	V	H	O	I
S	A	O	K	A	C	I	N	B	I	A	E	G	N
U	F	I	S	H	E	D	K	I	W	G	V	G	S
G	O	S	O	L	I	V	E	O	I	L	S	E	A
K	C	G	G	F	A	A	G	A	R	L	I	C	N

- WHOLE GRAINS
- OREGANO
- OLIVE OIL
- AVOCADO
- BEANS
- EGGS
- SKIM MILK
- GARLIC
- NUTS
- FISH

Answer Key:

O	A	A	K	L	I	M	M	I	K	S	S	E	O
L	E	V	I	M	N	D	O	L	L	C	A	G	W
W	E	R	O	A	S	A	I	I	M	N	O	S	H
R	S	O	N	C	G	G	O	E	N	S	E	A	O
L	E	E	I	K	A	E	G	G	U	L	A	A	L
M	W	O	S	N	A	D	E	G	T	C	F	R	E
A	K	H	L	K	E	S	O	S	S	O	R	S	G
N	O	R	E	G	A	N	O	N	L	I	N	G	R
K	K	O	U	N	F	O	A	L	G	A	M	S	A
I	O	N	N	E	U	A	O	I	E	V	H	O	I
S	A	O	K	A	C	I	N	B	I	A	E	G	N
U	F	I	S	H	E	D	K	I	W	G	V	G	S
G	O	S	O	L	I	V	E	O	I	L	S	E	A
K	C	G	G	F	A	A	G	A	R	L	I	C	N

Join our research
Volunteer Directory to
join the fight against
Alzheimer's and related
dementias

Scan the QR Code to get
started:





Community Partner Spotlight

Dr. Wassim Younes



Dr. Wassim Younes practices Internal Medicine with Beaumont Hospital. He has a 19-year private practice in Dearborn and speaks four languages: Arabic, English, French, and Spanish. Dr. Younes was born in Machghara, Lebanon. He is married to his wife Rima and together they have five children.

After graduating college with a degree in pharmacy, Dr. Younes decided to go into medicine because he, "... admired and valued the physician-patient trust and relationship and partnership in preserving health issues."

Dr. Younes' passion for medicine stems from his desire to address high priority community health needs and raise awareness about wellness. He also likes to facilitate a network for young, aspiring physicians.

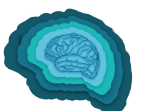
Dr. Younes states that one of the challenges in the community is breaking down barriers, "it is a task to remove them". Some of the main barriers he identifies include stigma and to face the new reality of having to care for a newly diagnosed family member with Alzheimer's. Dr. Younes finds that, "many caregivers tend to cope initially by denial and by hiding that their loved one is actually changing and losing their memory." The best way to cope is through, "community education, which is critical for breaking barriers. Educating both the caregivers and the health professionals in this community is important. Also accurately identifying and diagnosing Alzheimer's in its earliest stages has long terms benefits for the family."

Dr. Younes has partnered with MCCFAD on several projects including Episode 2 of A Family's Journey with Alzheimer's, the video developed to help families diagnose Alzheimer's and he has opened his office doors for a support group to help caregivers who are facing challenges with Alzheimer's disease.

Roosevelt Park Ministries

Roosevelt Park Ministries started in 1996 in Grand Rapids, Michigan, as a non-profit organization dedicated to serving the needs of area residents. Their services include English as a Second Language (ESL), Computer Literacy, Financial Literacy, Income Tax Preparation, an annual coat drive and family worker services. Over the years, the ESL program has remained one of the largest programs at Roosevelt Park Ministries. When MCCFAD approached Roosevelt Park Ministries, it made sense organization to partner with the MSU Latino Medical Student Association to develop a program that helps English language learners understand medical vocabulary.

Over the course of a year, MCCFAD has provided a medical vocabulary program paired with Alzheimer's education for Roosevelt Park Ministries students. It has become a highly desired workshop for many community members. Through this workshop, we have been able to empower students to use their ESL skills in a setting that often lacks enough support for those whose first language is not English. We are thankful to Roosevelt Park Ministries for their partnership and we look forward to continuing this much needed workshop in this community.



MCCFAD Corner

Meet the Researchers

Dr. Cindy Tsotosoros

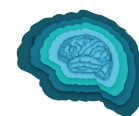


Dr. Cindy Tsotosoros is an Assistant Professor of Human Development and Family Studies at the University of Rhode Island. Dr. Tsotosoros received her Masters of Science in Gerontology from the University of Southern California and her Ph.D. in Cognitive and Developmental Psychology from Oklahoma State University. After working at many continuing care retirement communities, Dr. Tsotosoros has seen how different levels of cognitive impairment have many consequences for an individual and their family. Dr. Tsotosoros's research project with MCCFAD will investigate the impact of adverse childhood experiences and aging on brain health in Latina women. She plans to recruit 100 Latina Women, 50 younger and 50 older adults. Dr. Tsotosoros is excited about conducting her research with MCCFAD in hopes of contributing to a better quality of life for older adults.

Dr. Hala Darwish



Dr. Hala Darwish is an Associate Professor of Neuroscience Nursing at the University of Michigan in the School of Nursing. Dr. Darwish received her undergraduate nursing degree and teaching diploma in special education from the American University of Beirut. Dr. Darwish then earned her Masters of Science in Nursing and Ph.D. in Bio-behavioral Nursing with a Neuroscience concentration at the University of Michigan. Dr. Darwish's research focuses on factors that lead to impairment or enhancement of cognitive function. Her project with MCCFAD will investigate cognitive and affective interventions for Mild Cognitive Impairment among foreign-born Arab Americans. Around 16% of adults with Mild Cognitive Impairment develop Alzheimer's Disease approximately 2.5 years after diagnosis. She plans to use a randomized control trial with culturally valid and rigorous cognitive assessment tests in English/Arabic with the hope of improving the cognitive performance and overall quality of life for this population.



Living with Dementia: A True Story

A dementia diagnosis is difficult and challenging for families. Sharing stories opens doors and paves the way for others to talk about their journey. We are pleased to share the story below, a brave testimony from a daughter about her mother's early stages of dementia.

My mother was born in Lebanon and came to the United States at the age of 40. She raised ten children, who were her pride and joy. She worked at various restaurants for years, helped raise her grandchildren and loved having the family over for dinner. When her son passed away 27 years ago, she was never the same. It was difficult to get her to smile again.

My mother had a urinary tract infection in August 2020 and was admitted to the hospital for a few days due to her symptoms. After this incident, her memory and behavior changed. She couldn't recall certain things and started showing unusual traits. She didn't want to be left alone, kept repeating things over and over, and wouldn't sleep at night. After seeing a neurologist, he diagnosed her with early dementia and Sundowners Syndrome.

After my mom was diagnosed with a urinary tract infection in August 2020 and early dementia in September 2020, the family endured many hardships. My mom started showing aggressive behavior along with being rude and somewhat mean. She wouldn't sleep at night and would scream for someone to help her throughout the night, despite being fine. My siblings and I had to take turns being with her during the day and at night. We hired caregivers to help us out, but my mother was very rude to each one of them. She only wanted her children. We gave her no choice, as this was putting a heavy burden on each one of our lives. We currently have two caregivers who take the night shift four days a week.

As for now, my siblings and I don't have any plans for the future. We tried to ease the situation by having family and friends over, getting her a stationary pedal to get her moving, and giving her activities to do. However, she didn't readily accept any of these. She became very stubborn and impatient. We would love for my mother to be more active in her own home instead of sitting on the couch for hours and staring out the window, welcoming people over instead of pushing them away, and being the loving mother she once was. However, with this grave disease we do not see this happening.

Being the daughter of an early dementia patient, I hope for and am seeking more care and support options. It has been a difficult journey the last two years. Perhaps investing in a nice facility that would help patients with Alzheimer's would be something to consider.

[If you or your family are in need of support, call the Alzheimer's Association 24/7 Helpline (800.272. 3900), available around the clock, 365 days a year. Through this free service, specialists and master's-level clinicians offer confidential support and information to people living with dementia, caregivers, families and the public. Also, consider joining a support group. MCCFAD, in collaboration with the Alzheimer's Association offers two options: contact Donna Jawad (donjawad@umich.edu) in metro Detroit or Ana Ramos (amramos@alz.org) in Grand Rapids.]

If you have a story you would like to share: email
Donna Jawad at donjawad@umich.edu or Ana Ramos at amramos@alz.org
Michigan Center for Contextual Factors in Alzheimer's Disease (MCCFAD) -- @MCCFAD_isr.umich.edu
Institute for Social Research 426 Thompson St. Ann Arbor, Michigan 48106-2321 E-mail: mccfad_isr@umich.edu
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