

A LINE ON LIFE

4/11/99

Anxiety About Alzheimer's Disease¹

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I always have difficulty learning the names of my new students each semester. However, recently I have noticed that I have trouble remembering names of people whom I have known for years, if not decades. Do I have the beginning of Alzheimer's disease?

In the United States, about 3 million adults – about 11% of adults over 65 – suffer from **Alzheimer's disease** or some other type of **dementia (senility)**.

Norm Abeles², past-president of the American Psychological Association (APA), is also the director of Michigan State University's psychology clinic. There he has done research on the physical and mental losses that accompany aging. He is one of a growing group of **geropsychologists** – psychologists who specialize in the process of aging.

In very early stages, Alzheimer's disease is very difficult to diagnose. The only 100%-sure confirmation for Alzheimer's is by autopsy. (I don't think anybody wants to wait for that.) However, in larger, more specialized centers like Abeles', diagnostic accuracy can be as high as 90%.

Beyond losing keys or forgetting names, they look for other patterns to make their diagnoses. Alzheimer's victims find it very difficult to learn new things. There is a rapid rate of forgetting, so even previously used memory cues aren't effective any more. If the person was previously functioning at a high level, the diagnosis is more difficult.

An example is given by Michael Hazlewood, director of geropsychology at the VA Medical Center in Little Rock, Arkansas. The wife of an 82-year-old banker told Hazlewood that her husband's behavior was different. *"She said he didn't shave as frequently, didn't seem as cheerful, stayed in the house more and forgot things."*

In a lengthy interview, they ruled out depression as a cause. They gave the husband many tests to find signs of dementia. Occupational therapists tested his abilities to perform various life tasks. After his medical history was taken, blood work, MRI, CAT scans and a complete neurological exam were done. The banker was functioning within the normal range.

However, Hazlewood later had confirmation of Alzheimer's disease in the banker.

"The man's wife called to tell me her husband couldn't remember how to build a fire, something he'd done every year at the first cold snap. And we saw the pathology clearly for the first time.... Dementia isn't a test score; it's a type of behavior."

Depression has to be ruled out, because it can cause the same symptoms. When no brain disease is indicated, depression is a likely cause of memory problems. Hazlewood emphasizes this.

"I frequently hear older adults complain about their memories. They'll say, 'I'm worried my mind's going. I can't focus on anything.' So you first search elsewhere for an explanation. I first look for depression, which may count lack of concentration and memory problems among its symptoms."

Depression with anxiety disrupts thoughts. With reduced attention, information is hard to remember. Depressed people have severe memory losses. However, Abeles notes, *"You can treat them with medication or psychotherapy or both, and it all goes away."*

As we get older, the normal slips in thinking are accompanied by impairment of vision and hearing. These combined problems make us more *anxious*. In turn, this anxiety intensifies memory problems. The negative effects of these changes can be reduced by simple **education**. Once we understand the normal changes that accompany aging, it helps us to manage our anxiety better.

There are typically more problems in the late 50s or early 60s with remembering the right words. This is more likely to occur with nouns. Although we may not be able to recall the word, it is easily recognized when said by someone else. In addition, reaction time gradually slows. Thus learning rates are slower, even though the ability is still there.

Rather than mourning our lost abilities, it is more effective to make the most of what remains.

High achievers are more sensitive to these losses. Their concern for mental losses seems to be a focus for all their concerns about aging – general physical degeneration and lessening of control. Geropsychologist Victor Molinari believes they may need grief counseling to deal with their losses.

"First you get people to recognize the losses that trouble them most: a loss of physical ability, perhaps, or the loss of esteem that comes from holding a job. Some grieve the loss of their role as parents or the loss of prestige when Western society counts them out as productive members."

Molinari wants patients to focus on positive aspects of aging like wisdom or having time to enjoy the beauty around them.

"You emphasize the value of substituting golf for football, or hiking for marathon running. And you do this in groups, so people can be models for

each other in expressing their grief and can brainstorm together on replacement activities."

Besides counseling, memory exercises can be helpful, because memory changes can also be caused by disuse. Geropsychologist K. Warner Schaie (Penn State) gives older people simple training exercises, like figuring out how often the bus runs from reading a schedule. These exercises, with some booster sessions, have been shown to help memory.

Although the functioning of oldsters may become marginal, they can still fulfill their daily tasks. This is Schaie's goal. *"The issue isn't making old people young again, but it's extending their independent years."*

1 Adapted from Marjorie Centofanti's "Fear of Alzheimer's undermines health of elderly patients," [*APA Monitor*](#), June, 1998, pages 1, 33.

2 Abeles has published a booklet, *What the Practitioner Should Know About Working with Older Adults*. It or a consumer version is available by calling the APA at **1-800-374-3120**.