

Alzheimer and memory

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By Joel Ceausu
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Memory and aging concern us all, but when is it a problem? It depends on your situation, said neurologist Dr. Yan Deschaintre at Santa Cabrini Hospital's last summer luncheon conference. "With the aging of the population, memory disorders appear to become more frequent," said Deschaintre, adding how the spread of Alzheimer's disease among the population is increasing.

Alzheimer's is the most common form of dementia, accounting for about 64 percent of more than 500,000 cases in Canada according to the Alzheimer's Society. In 2008, there were 103,700 new cases of dementia, and experts say that by 2038, yearly numbers will rise to 257,800. Within a generation, the number of Canadians with dementia will more than double to 1.1 million people.

If problems regard episodic memory, it may just be the normal signs of aging: forgetting how you broke your arm as a child, or where you put your keys this morning. If semantic memory is affected, that is, not knowing what a comb is, it's a sign that something else may be at play.

Alzheimer's is not a psychological condition, but a progressive disease causing the eventual death of brain cells, resulting in memory problems, mood swings, and the inability to walk, talk or even lift one's head at the final stages. "It's like the patient has come full circle," says Deschaintre. "From baby to old age, back to baby again." At this point, he says death usually comes as a result of infection. "Direct causes are unknown, but genetics do play a part," he says.

"Whatever the case," he said, "referral to a doctor is usually the first step to get a clear picture of the problem." He says that while there is no cure for Alzheimer's, there are medications that can slow its progression, "and an active brain, general good health (including good circulation and vascular health), to maintain circulation in the brain) and social interaction go a long way." Smokers with high-fat diets and little intellectual stimulation are at risk, he says, adding, "Watching TV is not stimulation."

Currently he said, any claims about vitamins promising prevention or cure are untenable. "There are many studies out there but nothing definitive." However, he says, "taking a reasonable dose of vitamins has no real downside except for giving your money to the vitamin company, so there is no real strong argument against it."

Some of the more promising drugs and treatments may only slow the progression, improving memory for a



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Petraglia says "What's most important is to retain what you have."

short term. It's at that point, where neurology can partner with psychology to give many patients what they see as a better quality of life, says Ahuntsic-based psychologist Jonathan Petraglia.

Many quality of life issues are largely psychological, he says. "An M.D. can prescribe a drug to help the memory of an 85-year-old. That's fine, but what about the very accessible concept of imminent death? That also has a major affect on that the person's life and should be dealt with."

Petraglia agrees that different types of memory lapses may require different interventions. "Memory loss from a psychological perspective is a missed appointment, but when confusing a timeline or forgetting what keys are for, this is alarming and when we would refer for testing."

Also a McGill instructor working on his PhD, and a researcher in psychotherapy at the Jewish General Hospital, Petraglia insists one of the most alarming things is the rate of depression among caregivers. "Typically they will spend the first two years alright helping the patient, who can usually take their meds and function well. But the patient will then deteriorate and the burden becomes heavier for the caregiver." Inevitably, the patient's and caregiver's ancillary needs will be pushed aside, be they diabetes, high blood pressure, osteoporosis, or even depression. As their isolation increases, so does their risk factor, says Petraglia, who does a lot of work with Italian seniors and second-generation Italian Montrealers.

What's more, he's discovered in the Italian community "a stigma that caregiver's, usually a spouse, and usually the wife, have to keep going. They don't ask for help and won't even talk about it." Petraglia says language barriers also have an effect on treatments for patients and their caregiver."

He was subject to his own eye-opening experience one afternoon in

an Italian bar in Montreal. "I was speaking in Italian to some of the patrons and mentioned that I was a psychologist," he recalls. "Suddenly the old men started telling me about their problems," he said, adding that the elderly men began freely and casually discussing their issues, medications they've heard about, and the challenges they and their families were facing. "Around an espresso machine in their native tongue, even dialect, was the right environment for it. They felt comfortable. It was unexpected and fascinating," says Petraglia, whose research examines the most effective psychotherapy treatment models and how people use coping measures and defence mechanisms.

"It further shows that there is no cookie-cutter model for helping people."

Dr. Deschaintre says there is "no real evidence that Alzheimer's disease or dementia in general affects certain ethnic groups more than others as a rule." Rather, it's the cultural aspect. "Different cultures may affect reporting or the onset. Those where the elderly live with other generations together have a later onset, perhaps because they are more active mentally, probably in better physical health and receive more support and stimulation for an ailing mind, without the isolation."

One thing is certain though, when dealing with aging persons suffering a dementia or any mental deterioration, says Petraglia. "It's very important to retain what you have," and this includes both mental faculties and the daily physical activities. "If a person is mobile then it's important for them to continue visiting the park, or church or waking up early to clean the driveway." Often, a well-meaning child concerned for their ailing parents assumes that these tasks are too hard for them. "But they need to be busy," he says. "It's how they cope with aging, isolation, change. Often it is all they have."

Moving elderly parents out of their neighbourhoods, is often more helpful to the kids than the parents he says, as many patients deteriorate further when removed from familiar surroundings. "For example, leaving an east-end triplex in a condensed neighbourhood to a suburb — be it Laval or the West Island — where long walks to a store or new neighbourhoods are foreign and even scary. As immigrants, new or old, neighbourhood, community and familiarity mean so much," says Petraglia. "Especially now. Think about that."

For information, visit: www.alzheimer.ca; www.alz.org/brain_italian; www.alzheimermontreal.ca or www.alzheimerquebec.ca