Mind Matters Podcast – Understanding Dementia and Alzheimer's Disease

Transcript Summary

Katie: Hi everyone, and welcome to this episode from the Mind Matters channel. This podcast will provide a deeper understanding of Alzheimer's disease and other types of dementia. I am Katie Reilly, joined by my colleagues Christina Sanders and Marisa Romanini. Together, we make up the Acts Memory Services team.

Christina: As we've traveled to our communities, we've seen a growing need for better understanding of Alzheimer's and dementia. Today, we're going to answer some of the most common questions we receive from team members and residents alike.

Marisa: Our goal is really to clear up common misconceptions and share some helpful facts about dementia. A good place to start is to define what dementia is. We often describe dementia as an umbrella term—it's not one specific disease but rather a group of conditions that cause cognitive decline due to changes in the brain. According to the National Institutes of Health, there are over 100 types of dementia, but all of them cause neurons in our brain to die off which means that messages don't always get across the same way any longer.

Katie: That's right. Understanding dementia as an umbrella term helps us recognize that various diseases can lead to cognitive changes, each with different impacts over time.

One of the most frequent questions we get is: **Is dementia a normal part of aging?**

Christina: Thankfully, no. Dementia is not a normal part of aging. As we age, it's normal to have occasional memory lapses—like misplacing keys or forgetting someone's name. Those are all age-related memory loss. But dementia involves more significant memory loss, confusion in familiar places, and difficulty with everyday tasks. It's a more serious decline that impacts daily life, work, and activities.

Marisa: That leads us to mild cognitive impairment, or MCI, which we often get asked about. **How does MCI differ from dementia?**

Katie: Mild cognitive impairment (sometimes called MCI) involves subtle memory changes that are often noticeable by people around an individual, but don't severely affect daily functioning. People might forget appointments, have some word-finding difficulty, or have trouble with complex tasks, but they can still manage their routines and navigate daily life independently. MCI is a stage between normal age-related change and dementia. MCI can remain stable for some, progress to dementia in others, or even improve over time. It is important that if someone is experiencing these changes to really be proactive and talk to a physician, so they have support and oversight with whatever might come down the pike.

Christina: **So how is dementia actually diagnosed?**

Marisa: First, always start with your healthcare provider. They'll evaluate whether memory changes are part of normal aging or something more serious. Diagnosis usually involves cognitive screening tests, brain imaging like MRIs, and a comprehensive medical history. They may do a cognitive screening tool

that is more of a paper and pen type of test, where the physician might ask a series of questions. Depending on how you respond to those questions along with a scoring metric can help determine where you might land on the cognitive continuum or whether it would be considered as a dementia diagnosis. They will ask about your medical history, life history factors and lifestyle. It's a multi-step process that often takes time—there's no single test or quick diagnosis. It's important to understand that it could take time for a true diagnosis to emerge.

Katie: Another question we often hear is: **Is dementia hereditary?**

Christina: Most types of dementia are not hereditary, but there are some forms with strong genetic links, such as early- and late-onset Alzheimer's, frontotemporal dementia, and Lewy body dementia. Even in those cases, genetics don't guarantee you'll develop dementia. Age, lifestyle, and environment also play significant roles.

Marisa: **Speaking of early-onset dementia, what should people know about it?**

Katie: Early-onset dementia occurs before age 65. It sometimes can occur in people in their 40s or 50s or even as young as in their 30s. It often progresses more quickly than later-onset forms. That makes early diagnosis especially critical—not just for treatment options and interventions, but for life planning. A person who is diagnosed at a younger age might need to ask themselves - how do I have to set up my life now? Am I still working? Do I have children, or do I have parents whom I'm taking care of? Or both. What is my life trajectory going to look like with this diagnosis and making sure they are planning for what is ahead too.

Christina: We also hear a lot about research developments in Alzheimer's. **What's the latest research related to Alzheimer's?**

Marisa: There's ongoing research in several areas. One research focus is on treatments that may reduce the buildup of certain proteins in the brain that form plaques in Alzheimer's. Another area is tackling brain inflammation, which we know can worsen cognitive decline. Additionally, evolving research is now exploring how heart health, blood sugar regulation, and overall wellness impact brain health. Some researchers even refer to Alzheimer's as "Type 3 diabetes" due to its potential link with glucose metabolism. They are looking at the blood sugar relationship to how the brain is affected by glucose spikes or unregulated insulin in the body. This research pathway has been emerging over the last five to 10 years, really looking at a holistic body and health approach to how that could potentially impact someone's risk for developing disease in the future.

Katie: **Are there treatments that target these protein buildups?**

Christina: Yes, some treatments are designed to reduce specific proteins associated with the building up of plaques. While these treatments can slow progression, they're not a cure, and they may come with side effects. Other treatments focus on preventing the formation, stopping it from spreading and how it can be broken down safely. It's a step forward, especially for those diagnosed early, but continued research is critical. Not all treatments work for everyone; it is specific and there are side effects to consider.

Marisa: Switching gears a bit, we also get asked about: **How to better communicate with someone living with dementia, especially when there are barriers.**

Katie: Absolutely. The key is to always keep communicating. We don't want to ever exclude someone living with dementia from communication, talk as though they're not there, talk around them or about them in front of them. Always speak slowly, clearly, and use short, simple sentences that are not long, confabulated and confusing. Maintain eye contact and smile to build connection. Avoid asking memory-based questions like, "What did you have for lunch?"—these types of questions can be frustrating if they don't remember which can lead to becoming upset. Give plenty of time for responses and give them extra time to think of the right word. Also not speaking for them unless they ask us to do that or need us to do it. Not saying "Oh, I know what you're trying to say, I know you want coffee in the morning." Maybe they want tea that morning but may need more time and patience to express this. Continuing to engage in conversations about long term memories can access a different part of the brain and allow for wonderful reminiscence and opportunities to connect.

Christina: We also often hear: **How do you handle someone asking the same question repeatedly?**

Marisa: It helps to remember they're not giving you a hard time—they're having a hard time. They are struggling to try to get a point across or trying to understand what is going on around them. Try to identify the need behind the question. It's important to be able to phrase your response and place yourself in the mindset of trying to make them comfortable. I want to try to understand what their need is and what the unmet need might be and how I can meet it for them verses getting frustrated about the repetition. "You've asked me that question ten times now, and I already told you the answer", is often what people default to. First and foremost, understand that they're not doing it on purpose. Try to focus on what the unmet need might be: are they anxious, confused about what's going on around them, are they struggling to remember something? There are ways we can try to work around this: Visual cues, notes, or gentle redirection can help. Example: Maybe they are hyper focused about an appointment, and one could say "Well, that appointment is at 4pm tomorrow. Why don't we go for a walk, it's a beautiful day and I know how you love the outdoors." Focus on something that the person can enjoy and something that might be able to redirect their attention in that moment. It all goes back to the understanding of it's not that they are doing it intentionally, it's that they are having a really hard time at that moment.

Katie: **Can stress cause dementia?**

Christina: The good news is that stress doesn't directly cause dementia. Chronic stress can contribute to risk factors when combined with things like high blood pressure, poor sleep, and an unhealthy lifestyle. Managing stress is an important part of a brain-healthy lifestyle. It's important to have tools to help manage stress, to calm, and really center yourself, making stress management a priority.

Marisa: **What else can we do to reduce our risk of developing dementia?**

Katie: So much! There isn't guaranteed prevention or one single thing we can do to reduce our risk, but there are many lifestyle modifications we can make that can support long-term cognitive health. Keeping your brain challenged and really tiring out your brain, engaging in a workout for your brain is going to build that cognitive reserve. We can do that in many ways: games, puzzles, reading, and music are a few. But what is important is trying things that are new and challenging. For example, if you've always done

crossword puzzles it may not be much of a challenge anymore, so it would be beneficial to try a different game or type of puzzle that is a new challenge for your brain. One study even showed that listening to new genres of music helps to create those new neural connections in our brains. As we learn new skills, and experience new challenges we're creating those new neural connections, which is building cognitive reserve. Other things like socializing, regular exercise (150 minutes per week), and good sleep (7-8 hours) all help. Nutrition plays a role too—the MIND diet, combining Mediterranean and DASH diets, supports brain health with leafy greens, berries, nuts (like walnuts!), fish, and whole grains. A study by UCLA found that consuming walnuts supports brainpower which resulted in higher cognitive test scores. The MIND diet also focuses on hydration, avoiding red meat, processed foods, and fried foods. Beyond cognitive challenges and good nutrition, regular health checkups, labs, managing hearing and vision, and addressing anxiety or depression are also key components of brain health. Social connection is especially powerful as well. Also making sure alcohol consumption isn't excessive and not smoking are ways we can reduce our risk for developing cognitive impairment by making those lifestyle modifications to better our well-being. It might seem overwhelming to hear all this information at once but starting with one or two tips and incorporating them into daily life is a great place to start.

Marisa: One study which followed seniors for a series of years, showed that seniors in retirement communities who stayed socially active delayed cognitive decline by up to five years and saved on potential healthcare costs by up to $300,000. Some unbelievable financial and health benefits! Our Acts communities set our residents up for success with wonderful tools which provide built-in opportunities for fitness, socializing, and healthy dining—great tools for maintaining cognitive health.

Katie: It's never too late to start, no matter what age you are. Even small steps can make a difference—try a new activity, learn something new, or connect with others.

Marisa: Absolutely. Taking proactive steps, even later in life, can still positively impact your brain health.

Christina: And that wraps up our first episode of the Mind Matters podcast. Thank you all for joining us. We hope you found it helpful!

Katie: We look forward to having you with us next time. Remember, staying informed is key to enhancing your cognitive health. See you next time on Mind Matters!