

# Alzheimer and Depression: How Do We Treat Patients?

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**Abstract**— Alzheimer's disease is a disease that affects the brain and develops in which a person loses his memory and his ability to focus and learn. And Alzheimer's may develop to cause changes in the patient's personality, becoming more nervous, hallucinations, or temporary states of insanity. There is still no cure for this dangerous disease, but research in this area is progressing from year to year. Research has shown that caring for the patient and standing by him leads to the best results with available medications. Dementia is the language of the mind's loss or weakness, and medically, the absence or weakness of mental functions in the field of knowledge, thinking, initiative and response. These functions and mental abilities decline gradually or quickly, which leads to a total change in the personality and an increase in the ego's concentration in it.

**Keywords**— Alzheimer – Medicine – Dementia – Weakness - Concentration

## I. INTRODUCTION

The concept of dementia has changed: the incidence of dementia has increased and the incidence of dementia has increased due to the increase in the average lifespan of the population and the spread of civilization, which has resulted in the disintegration and weakness of family ties, and the loss of the necessary attention to the elderly and to the increase in the number of elderly people in society due to the progress of medicine. It is noticeable that the percentage of dementia in civilized peoples increased more than in less civilized peoples due to the lack or absence of the human

relationship that was better available in the previous traditional societies, which were more cohesive and sympathetic to the elderly, and were more understanding of their health, psychological and social problems. The onset of dementia is gradual with the appearance of symptoms of physical weakness, lack of activity and lack of mental focus, and poor memory of nearby events, and the patient suffers from lack of interest in his surroundings, indifference and coldness of emotion, then symptoms of gradual deterioration begin, organic functions disorder (anal and urinary sphincters disorder) and mental functions, severe delirium appears and vitality is severely impaired. The

patient loses connection with the environment and the environment, deteriorates and becomes bedridden to death.

## II. TYPES OF DEMENTIA

**Dementia in childhood:** This type of dementia occurs in childhood as a result of a child having one of the following diseases:

acute familial idiocy, cerebral lipids, sub-acute encephalitis, schilder disease, a lesion characterized by demyelination of the central nervous system, or Wilsons disease, an infection characterized by streptococcal hepatitis with cirrhosis, and Degeneration of the striatum, or schizophrenic syndrome in childhood.

The child shows signs of mental retardation and symptoms of dementia such as lack of speech or disorder, aphasia, poor memory, some delirium, mental hallucinations, lack of discrimination and poor awareness. The child also suffers from some severe physical diseases that lead to death at an early age (under the age of fifteen).

### **Presenil dementia**

This type of dementia occurs in the middle age of 40-50 years due to the injury of the nervous system with neuro-syphilis, myxoedema, or various brain tumors. This type of dementia was revealed by Gowers in 1908 and gave it this name, and he said that it is caused by early central nervous system damage and a lack of healthy neurons in the brain, which leads to the appearance of symptoms of senile dementia at an early age before reaching old age, and this type of dementia progresses slowly Gradually, its treatment is very difficult. It requires early detection of the disease for

drug or surgical treatment of the cause. It also requires special medical care, and intense attention to it from a nutritional and environmental point of view to reduce the speed of disease progression towards complete dementia and general paralysis.



### **Senile dementia**

This type of dementia affects the elderly and the elderly (over the age of sixty), and heredity and the psychological, health and social condition of the elderly patient have a great deal in its occurrence. The patient shows organic changes such as general weakness, lack of ability of the senses, infection with some other physical diseases such as high blood pressure and arteriosclerosis, and changes in psychological aspects such as memory disorder, forgetting near accidents, lack of interest in the environment and others and affection (selfishness), emotional disturbance, depression, increased anxiety and instability, Some delusions, delirium and symptoms of mania and agitation also appear. These physical and mental changes endanger the life of the patient, and the severity of them leads him to a state of general paralysis, so he becomes bedridden and in a state of complete coma that leads to death.

Clinically, there are four forms of dementia: the simple deterioration type, the delirious-confused type, the depressed-agitated type, and the paranoid type.

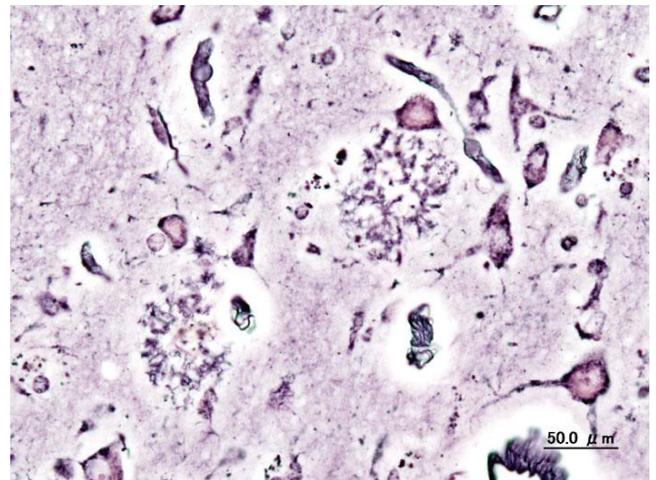
#### **Arterio-sclerotic dementia**

This type of dementia occurs due to cerebral arteriosclerosis and chronic arterial hypertension. It affects more men than women, and occurs in the fifth or sixth decade of life. Symptoms of headache, dizziness, and memory disturbance of nearby accidents appear, as well as symptoms of emotional disturbance and coldness, depression and some persecutory delirium, then symptoms of mental confusion, night confusion, instability, speech disorder and muscle disorders, which leads to general paralysis and death, and in this type of dementia the personality and judgment remain. Things are healthy until an advanced stage and then the patient loses them in the last stages.

General paralysis: Or Bayle disease, which is a chronic inflammatory, degenerative disease caused by the syphilis that affects the brain, the meninges and their vessels, or other causes that are still unknown. The course of this type of dementia lasts from one to five years after the onset of the disease and ends with death if it is not treated. . Dementia appears in this disease 5 to 20 years after infection and affects men more than women.

The onset or pathological incubation period: Symptoms begin gradually and in a mild manner, with sudden aphasia or hemiparesis in one of the body's organs, temporary loss of consciousness, or epileptic seizures.

The role of integration: the physical and psychological symptoms become clear in it, and symptoms of dementia and dementia gradually appear, such as memory loss, trial disorder, symptoms of severe depression, and sometimes a feeling of grandiosity and severe mania, and it ends with dementia or complete dementia, and the patient becomes bedridden, and urine and stool are disturbed, and he dies within 3 to 5 years.



This type of dementia is treated by treating the syphilis or other diseases that cause it, if known, because this disease ends with death if it is not treated early, especially since the syphilis now, which is the main cause of this type, has a good and effective treatment as it is known.

Old age dementia - Alzheimer's (Alzheimer), which eliminated former US President Ronald Reagan - is one of the most common and worrisome diseases as people age, especially in the absence of any curative drug to eliminate it, and control the process of destruction it causes to memory. The American Alzheimer's Association estimates that there are nearly four million Americans infected with the disease, with the possibility of an increase in the number, as this association expects, that the number will reach 14

million infected in America in the middle of this century, in the event that no treatment is found for it, and that As reported by the Associated Press.

### III. DEMENTIA CAUSES AND SYMPTOMS

It has not yet been possible to identify a specific cause that can lead to this disease, but as a result of continuous research for 15 years. It was possible to identify a group of factors that could eventually lead to Alzheimer's disease. What is certain for scientists is that once the disease appears, it has been preceded by a long process of death and decomposition that extends for years to the brain cells responsible for preserving and retrieving information.

#### Age

There is no doubt that advancing age is the most encouraging factor for the emergence of the disease, as the majority of patients develop it after the age of sixty-five. The chance of the disease doubles every five years following this age, until it reaches 50% at the age of 85.

#### Symptoms

This type of early dementia affects women more than men, and it accounts for 8% among the types of dementia, and it either affects young people before the age of forty or the elderly after the age of fifty.

#### Clinically speaking, this disease has three stages:

The first stage: the patient suffers from weak memory of nearby incidents and then loses them, as well as losing his vital activity and guiding to knowledge of time, place and destinations, and his movement and activity becomes intense and without aim, then instability and aggressive

motor impulse occur, after which delirium and hallucinations appear, and the fabrication of stories and fairy tales.

The second stage: In this stage, the difficulty of pronouncing words appears and reading and writing errors abound, then speech becomes intermittent sounds. His hands while walking, and finally falls into a coma and sometimes seizures, and this stage ends with dementia and severe dementia.

The third stage: In this stage, deep dementia and severe dementia appear, and the patient becomes demented and completely separated from his surroundings, loses consciousness and turns into a kind of plant life, so he becomes bedridden and his body suffers from sores and some organic diseases and ends with death.

#### Genetic causes

It has been observed that the chance of developing the disease becomes two or three times in people who have one of their parents or grandparents with this disease compared to normal people. Recently, scientists were able to identify a gene believed to cause disease, but it could not be identified in all cases, and the spread of this generation does not exceed a few hundred families around the world. That is why scientists still strongly believe that this disease arises from a complex interaction between genetic and non-genetic causes.

#### Alarm

The prognosis for this disease is very bad because there is no effective qualitative treatment for it. It begins with

symptoms of poor memory and loss of vital activity of the body and ends with severe dementia, vegetation and death.

#### **Vascular diseases**

What is meant are diseases that affect the blood vessels in the brain or change this sensitive organ.

#### **IV. THE DUTY OF THE FAMILY TOWARDS THE DEMENTIA PATIENT**

Symptoms of Alzheimer's disease usually begin with a decrease in memory with an inability to carry out daily functions, then a disorder in judgment of things, and sometimes disorientation, as well as some changes in speech and personality, and these changes vary in speed from one person to another and often take years.

Here are some tips that you should always keep in mind when dealing with a dementia patient:

When you talk to a dementia patient, you should speak calmly and in a clear voice, using simple words and short sentences

Try to have the patient have a continuous daily routine that starts from the morning and ends in the evening and does not vary from day to day, which helps in calming the patient.

Take care of yourself, you who help a dementia patient, you must get enough rest and sleep in order to do your job well. Others, family members, friends, and neighbors should be involved in caring for the sick person. Do not force yourself to be lonely because of this patient.

When the disease is diagnosed by the doctor, it is important for the family to meet and decide the patient's situation in

terms of legality and in terms of his financial affairs, and whether he has a will or may he need to make a bequest on some things before his condition worsens

Caring for a dementia patient, especially in the advanced stages when there are physical and emotional disabilities and changes in his personality, is one of the hard and tiring things for anyone, even if he is in good health.

Whatever this person is, after the passage of time, he will feel tired, tired and bored and may fall short in caring for this patient. It may resemble the pain of caring for a tired child from a physical and emotional point of view. Therefore, there are points we like to show and help in patient care, including: organizing time is important so that there is time for your comfort and time for patient care, you must take care of yourself and have hobbies that you practice or go out of the house, you must rest when the patient rests and sleep when he sleeps in order to To be active in other working hours, you must get used to and accept the diagnosis and know that this disease develops from year to year so that there is no grumbling with the passage of days, but you must take a positive view and count the reward from God in caring for this patient, especially if you know that he is not You can do anything to stop the progression of the disease.

Do not isolate yourself from people so that you are afraid that people will see your dementia patient, but you should welcome visitors within certain limits. You should not be ashamed to ask for help and do not expect others to come to you and help you on their own. You should seek help from your brothers, colleagues, children and friends and tell them

that my father, mother or relative has dementia and I need to go to an appointment or take a rest and I hope that he is taken care of in this hours. Try to be funny when dealing with a dementia patient, even if he has lost a lot of his mental strength and memory, and a little fun and light joking may make you happy and make the patient happy at the same time.

The duty of the family towards the dementia patient

Every member of the family, both small and large, should take care of the patient and not leave the job to one person.

It is preferable at the beginning of the diagnosis that each member of the family knows the meaning of the word Alzheimer's or dementia and that it will progress every year and that the patient may lose his powers of mentality gradually, such as memory and judgment They must be alerted to things and sometimes talk and disorientation.

They should also be alerted that the mental state of the patient changes, including depression or agitation at times.

It is recommended that the patient visit the patient and meet his children and close friends, but we do not recommend frequently visiting people he does not know well and does not have a strong relationship with them behavior and alerting them to the patient's condition.

It is preferable that visits by relatives be short so as not to tire the patient mentally.

How to communicate with a dementia patient (Alzheimer)

Alzheimer's disease affects the communication area of the brain. At first, the patient faces difficulties in completing the sentence, finding the appropriate word, and sometimes difficulty understanding the words that are spoken to him.

He may repeat the question several times or make a mistake in using some words. You will notice that the patient's fluency and ability to communicate changes from one period to another. Some days it is good and some days it deteriorates. This is a lot that happens in the early years of Alzheimer's disease. It is preferable to use simple sign language such as smiling, shaking the head and eye contact, as this makes it easier for the patient to understand what is meant. When a dementia patient speaks or tells a story, even if it is repeated dozens of times, it is preferable to listen to him, listen and smile to him, as this helps his psychological improvement.

The use of gentle words with the person with dementia such as (Go ahead, Aslam, long life, etc.) and stay away from dry words that hurt his feelings, especially in the early years when the patient is aware of his problem, because hurting his feelings may cause him internal depression. Try to keep the noise and disturbances away from the dementia patient's room, especially the radio and television. Do not talk about the patient with others in his presence, thinking that he does not understand, as the patient may sense and understand some words. Alzheimer's patient, when his memory becomes weak, may repeat the question many times even if it has been answered. In such a case, it is preferable to answer it once or twice and then try to change the subject so that the patient does not get tired of repeating the question. When the patient says something or tells an untrue story that he makes up or incorrect information, do not try to correct him and argue with him about the correctness of the topic. It is enough to smile and then change the topic to end the

situation. One of the patients mentioned that he had a father with dementia and that she used to ask him when her mother would come even though her mother died 20 years ago and that he found that the best answer was to tell me about your mother what she was saying and what she was doing. Note that this makes the patient happy and she starts talking about her mother instead of saying He argues with her mother's death. If the patient gets angry and says very bad words such as cursing and cursing, in this case all you have to do is not to take the matter personally. Rather, you should smile at him and tell him I know that you are angry and calm down and like that until the patient calms down or prefers to change the subject or bring Food so that the patient forgets this story and begins without everything.

Diagnosing dementia in the early stages is very difficult for the family and for the patient if he still has awareness, so it is always preferable not to confront the patient with his diagnosis, such as saying you have dementia or Alzheimer's disease, but you should always simplify the matter with simple information such as saying you have a slight problem with memory and that the doctor said You have a memory weakness without confronting it with the truth of the diagnosis, because this does not change the course of things, but may increase the psychological crisis of the patient.

### **Memory loss**

Everyone knows that memory is the first thing affected by Alzheimer's disease. In the beginning, the problem is simple, which is forgetting some modern things, such as

forgetting some people who met them or what he did on that day or the day before, but with time the problem develops and increases, especially remembering modern things while retaining the old memory that the patient does not lose except in the advanced stages of the disease. You will notice that memory varies from day to day and from week to week, especially at the beginning of Alzheimer's. We recommend a regular daily routine so that there is a regular daily schedule for the patient from morning beginning with breakfast, what he does after breakfast, then noon prayer, then lunch, and what he does from afternoon to sunset and after. The presence of this daily schedule helps to scare the memory problem.

Use words to help the patient. When someone comes to greet him, you prefer to tell him: This is the son of so-and-so who came to greet you, or this is our neighbor so-and-so who came to greet you. Use writing and signs to write in a clear handwriting on the things that belong to the patient, such as the phone, watch, alarm clock, places to keep important papers, and so on. Bring large, bright clocks at night and place them in several places in the rooms so that the patient's disorientation is reduced and the time continues. You can put a wall or wall panel containing the calendar in a large font so that the patient knows what day and what month is, and so on, the times of prayers. It is preferable to have dim lights at night when the patient needs to go to the toilet.

Stay away from the many distractions that annoy the patient, such as mobile phones, television, radio, etc. One patient

said he noticed that the best way to treat the irritation of an Alzheimer's patient was to bring a snack that the patient liked and give it to him.

Alzheimer's patient with poor memory often tries to hide some things and then forgets them by himself, whether things belong to him or to the family, and this causes some embarrassment at home and this problem is known. To put things here. Try to observe the patient and find out his favorite places in which he hides things. The patient often hides the keys and then asks the family and does not sleep at night until he finds them. Therefore, it is preferable to give him large, colored keys so that they are easy to find, and those in the house or servants should be warned not to throw the waste in the garbage. Before making sure that it does not contain important things belonging to the patient.

When there is a hospital appointment or an appointment for guests to attend, it is preferable not to tell the Alzheimer's patient that we will go tomorrow or the day after tomorrow and that guests will come tomorrow or the day after tomorrow because this worries the patient and thinks about the subject a lot and it is better not to tell him until the time comes.

### **Loss of a dementia patient**

One of the dangerous things that must be paid attention to for those caring for an Alzheimer's patient (dementia) is that the patient may leave his home and then get lost and cannot return and may go to dangerous places such as streets and highways, which exposes them to run over. If your patient goes out a lot, it is preferable that you put his name, address, and phone number with him in his pocket in the form of a

card or in his wallet. We also advise informing neighbors and those in the neighborhood about the patient's condition and thus help you to bring him home, and we do not recommend imprisoning the patient at home, especially in the early stages. Especially the man who goes out to his colleagues, but these things must be taken into account.

If there is a difficulty in controlling the patient, a lock can be placed on the door of the house so that the patient cannot reach him, and you can also put a bell or a strong sound so that those in the house alert that the door has been opened

One of the important points that many families neglect is that the vacuum affects the patient's psyche, even if the patient is demented. It is better to give something that occupies his time, any manual work he likes to do, whether tying, carrying or dismantling tools. Every manual work that the patient does, even if it is not It has any benefit that will help raise his spirits and improve his self to a large degree, so try to find manual work that makes the patient happy and spends his spare time, whether working in the garden of the house or working to disassemble things or taking care of some animals such as caring for camels and others, all of this helps in improving the patient's psychology.

### **Depression**

Some Alzheimer's patients may develop depression, especially in the early stages of the disease. You should pay attention to this and tell the doctor about it, because depression is one of the things that can be treated with medication. Signs of depression include loneliness, lack of focus, a feeling of tightness in the chest, lack of facial

expressions, lack of appetite, lack of sleep at night and a lot of sleep during the day.

To reduce your chances of depression:

The patient should be encouraged to exercise, and given the opportunity to speak and listen to him even if his words are repeated, and the advice we mentioned previously should be adhered to not to declare the diagnosis in front of him, and reading helps if he can read or watch TV.

Sometimes it may be one of the things that makes the patient happy to ride in a car with one of his children or one of his relatives so that he takes him on a tour of the neighborhood or places he likes to visit and then return home, as this is like medicine for the patient.

#### V. ALZHEIMER'S DISEASE TREATMENT

There is no cure for Alzheimer's disease, and currently available medications slow it down, relieve its signs and symptoms, and help prevent some of its symptoms from getting worse for a limited time and for patients in its early and middle stages. Previously, I tried treatment by injecting the patient's nucleic acids to relieve brain atrophy, and I also tried treatment with drugs that raise the patient's temperature (immuno-thermal shock), but to no avail. It is of great benefit, and psychological care for the patient is very important to increase the patient's relationship with his surroundings and occupy most of his time, and draw his attention and focus to the surroundings and the environment around him, and good monitoring of his situation is very important so that he does not harm himself or those around him and endanger his life. Finally, medical care for inflammatory sores, good nutrition, and treatment of organic

diseases that affect him is very important in maintaining the patient's activity, improving his condition as much as possible and delaying his entry into the stage of coma and vegetation.

#### VI. CONCLUSION

There is no way to prevent or delay the onset of Alzheimer's disease at the present time. Scientists hope to develop a vaccine against it, and hope to find a way to reduce its risk.

There are several promising approaches, but they are considered preliminary

It includes the following:

Healthy aging: Improving cardiovascular health, eating cholesterol-free foods, and taking medications rich in omega-3 fatty acids, can help prevent.

NSAIDs: Several studies have shown that taking NSAIDs can reduce the risk of developing Alzheimer's disease, as inflammation appears to play an important role in the disease's progression. Clinical trials need to be completed before these drugs can be decided on as preventive doses.

Antioxidants: Several studies are looking at the effectiveness of antioxidants such as vitamin C, vitamin E, selenium, and alpha lipoic acid.

Lipoic acid, in slowing Alzheimer's disease. However, research published by the New England Journal of Medicine showed that taking vitamin E does not help.

Selegiline: Scientists are studying the possibility of using selegiline (Eldepryl), a drug used to treat Parkinson's disease, in preventing the development of Alzheimer's disease.

Statins: This group of drugs lowers the level of cholesterol in the blood, and recent studies have shown that they can reduce the risk of Alzheimer's disease as well. More studies are now being conducted to determine the role of statins in preventing this disease.

Estrogen: Previous studies suggested that estrogen may provide a protective effect against Alzheimer's disease, but most recent studies failed to confirm the positive effect of estrogen on women with Alzheimer's. Studies are still underway to see if taking estrogen can prevent the disease in women with a genetic predisposition, or at least delay its occurrence.

Mind sports: Some researchers believe that constant mental exercise and continuous learning can promote the growth of new connections between neurons, which leads to delaying the onset of dementia, and others believe that an advanced educational level may help a person cover the condition for a certain period.

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