

Identifying early symptoms of Alzheimer's disease

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PET scan of a human brain with Alzheimer's disease. Credit: public domain

When a 60-year-old tells her nurse she's been forgetting things—a dinner night with friends, a neighbor's name, or to call for a grandchild's birthday, for instance—the nurse may respond several different ways:

The nurse might show concern and order follow-up tests, minimize the worry as normal aging, discount it as a depressive moment, or more.

Moments like this present an important opportunity for health care providers to intervene at a time when these patients may be experiencing the early symptoms of cognitive decline. A researcher from the Penn State College of Nursing is leading research she hopes will lead to ways that clinicians can detect cognitive disorders, like Alzheimer's, earlier in patients.

Assistant Professor Nikki Hill is working to identify the underlying symptoms that indicate changes in people's brains associated with a future decline from Alzheimer's disease. She hopes her team's findings will help advance how [health care providers](#) determine the kinds of interventions to improve cognitive outcomes from the earliest reports of decline.

"All of us have [memory lapses](#)," said Hill, who is on the tenure-track faculty. "But for people who are going to have cognitive decline or Alzheimer's Disease, at some point these [memory](#) problems are not normal age-related changes. We're trying to pull apart what these symptoms are and when might they be due to underlying decline rather than something like [depressive symptoms](#) or anxiety."

Hill is in the third year of a four-year study funded by the National Institute on Aging. Her research uses data from two national studies and two regional studies, from New York and Chicago, that collectively sampled more than 20,000 people.

Her research team includes Jacqueline Mogle, assistant research professor in the College of Health and Human Development, and Martin Sliwinski, director for the college's Center for Healthy Aging.

Hill said her study is the first to comprehensively study these relationships over long periods of time.

Her findings so far show that reporting a decline in memory tends to precede an increase in depressive symptoms over time.

"We should care if someone is worried about memory, even if our cognitive tests show normal performance," Hill said. "This could predispose people to develop depressive symptoms and increase their risk for cognitive decline. We need to figure out who is more likely to be predisposed to these depressive symptoms when their memory worsens."

Hill said the way [older adults](#) perceive their memory can have other effects. For instance, it may influence depressive and anxiety symptoms in the future, and these stressors may influence their participation in activities, such as withdrawing from social circles.

"Being engaged in meaningful activities as you age—physical, social, cognitively stimulating—is certainly related to healthier aging and better outcomes," Hill said. "We're also finding these perceptions of memory problems are, for some, influencing the extent to which these adults are participating in things that are beneficial."

The brief [cognitive tests](#) that clinicians use, such as asking a patient to rate his or her memory on a scale of 1 to 5, may not be enough when the patient also reports [memory problems](#) or concerns. These tests may find serious problems but not the subtle ones that are important, too. Further, just because the test does not pick up on a problem, it does not mean the clinician should discount the patient's worry, she said.

"We know across multiple studies that when people report a decline over time in their memory, it tends to be a better indicator of someone who's experiencing an early decline compared to asking other questions," Hill

said. "These reports of problems are meaningful. For some individuals, it makes them more likely to develop depressive symptoms, withdraw from activities, many things that are important for cognitive health."

Hill said clinicians might ask how an older patients' memory is and whether their memory is influencing their daily activities. There could be follow-up questions and a screening for depression or other health problems.

"This is not a one-sized approach," Hill said. "The ways we should respond should be based on many factors that consider each individual's needs."

Provided by Pennsylvania State University

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