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MADISON NEUROLOGY LLC

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Neurology Care 7 days a Week. Because Your Brain Matters.

Alzheimer's Disease

Patient education guide · Neurodegenerative & Memory · Madison Neurology LLC

What is it?

Alzheimer's disease is the most common cause of dementia — a progressive brain disorder that slowly erodes memory, thinking, and the ability to carry out daily activities. It typically begins with short-term memory loss and gradually affects language, judgment, and behavior over years.

How does it happen?

Alzheimer's is driven by the buildup of amyloid plaques and tau tangles in the brain, which damage and kill nerve cells. Age is the biggest risk factor; family history, the APOE-e4 gene variant, heart and vascular risk factors, head injury, and low physical and cognitive activity also contribute. It is not a normal part of aging.

Common symptoms

- Memory loss that disrupts daily life, especially for recent events
- Repeating questions or misplacing items in unusual places
- Difficulty planning, managing money, or following steps
- Confusion about time or place
- Changes in mood, personality, judgment, or social withdrawal

How is it diagnosed?

Diagnosis combines a detailed history (from patient and family), cognitive testing, blood tests to rule out reversible causes, and brain MRI. Specialized tests — amyloid/tau PET scans or spinal fluid (and now blood-based) biomarkers — can confirm the diagnosis when needed.

How is it treated?

Cholinesterase inhibitors (donepezil, rivastigmine, galantamine) and memantine can modestly improve or stabilize symptoms. Anti-amyloid immunotherapies (lecanemab, donanemab) can slow early disease in selected patients and require careful monitoring. Equally important: exercise, social engagement, treating hearing loss and depression, safety planning, and caregiver support.

What does the future hold?

Alzheimer's is progressive, typically unfolding over 8-12 years, though the pace varies widely. Early diagnosis matters: treatments work best early, and planning (legal, financial, care) is easier while the person can participate. Many families find strong support through national organizations and local programs.

Questions patients commonly ask

Q: Is Alzheimer's hereditary?

A: Family history raises risk, but most cases are not directly inherited. Rare early-onset forms run strongly in families; genetic counseling can clarify personal situations.

Q: Can anything slow it down?

A: Yes — anti-amyloid therapies can slow early-stage decline, and exercise, blood pressure control, sleep, and social/cognitive engagement all help preserve function.

Q: When should we stop driving?

A: Driving should be reassessed early and regularly; many people with mild dementia must retire from driving. Your care team can arrange formal driving evaluations.

National support groups & resources

- **Alzheimer's Association (24/7 Helpline)** — alz.org — 1-800-272-3900
- **American Academy of Neurology — Brain & Life patient resources** — brainandlife.org
- **National Institute on Aging** — nia.nih.gov — 1-800-438-4380

(Organization contact details were current at the time of compilation; please verify online.)

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