

Dementia

A plain-English guide for you and your family

WHAT IS HAPPENING

Your brain is supposed to keep you sharp, remembering people and places, planning your day, managing money, and staying you — your personality, your judgment, your independence. That is the normal job. Dementia happens when that job breaks down and does not come back. The most common cause is Alzheimer disease, where sticky clumps of a protein called amyloid-beta and tangles of another protein called tau pile up between and inside brain cells, choking the cells until they die. Other causes include blood vessel disease in the brain (like many small strokes you might not even notice), Lewy body dementia (where a protein called alpha-synuclein builds up), frontotemporal dementia (where proteins damage the front of the brain first), and a handful of rarer problems. No matter the cause, the result is the same: memory fades, thinking slows, planning gets hard, and behavior changes. At first the person might repeat questions or forget appointments. Over months to years, they lose the ability to manage money, cook, dress, or recognize loved ones. Eventually they need help with everything — eating, bathing, using the toilet. It is not a normal part of aging, and it is not reversible, but medicines and support can slow some types and help families cope. The earlier you catch it, the more time you have to plan, treat other conditions that make it worse (like depression or thyroid problems), and keep the person safe and dignified as long as possible.

What you might feel

- Memory loss that disrupts daily life
- Trouble planning or solving problems
- Difficulty completing familiar tasks
- Confusion with time or place
- Problems understanding visual images and spatial relationships
- New problems with words in speaking or writing
- Misplacing things and losing the ability to retrace steps
- Decreased or poor judgment
- Withdrawal from work or social activities

- Changes in mood and personality

Call the doctor right away if...

- Rapid decline in memory or thinking over days to weeks (suggests delirium from infection, medication, or stroke rather than typical dementia)
- New weakness, numbness, or trouble speaking on one side of the body (may mean a stroke is happening now and needs emergency imaging)
- Severe confusion with fever, stiff neck, or bad headache (could be meningitis or encephalitis, which need emergency treatment)
- Sudden inability to recognize family, complete loss of awareness, or seizures (points to a serious brain event that needs urgent imaging and care)
- Signs of neglect, weight loss, bruises, or unsafe living conditions (the person may not be able to care for themselves safely and needs immediate help and protection)

What the care team will do

- Check and trend vital signs every 4 to 8 hours, looking especially for fever above 100.4°F (38°C) or blood pressure changes
- Assess mental status using a structured tool like the Mini-Cog or MMSE (Mini-Mental State Exam) and document exact score to track change over shifts
- Screen for and remove physical restraints, bed alarms that increase agitation, and urinary catheters unless absolutely required
- Create a calm, well-lit environment with clocks, calendars, family photos, and the same caregivers each shift to support orientation
- Check medication list every shift for anticholinergic drugs (diphenhydramine, hydroxyzine), benzodiazepines (lorazepam, diazepam), and opioids, and question any new orders
- Perform fall-risk assessment and keep bed low, rails down on exit side, non-slip socks on, and path to bathroom clear and lit at night
- Monitor food and fluid intake at each meal, offer favorite foods, sit with patient during meals, and use hand-over-hand assist if needed
- Assess pain using a behavioral scale like PAINAD if patient cannot report pain verbally, looking for grimacing, guarding, or agitation during care

Medicines you may be given — and why

Donepezil (Aricept)

In Alzheimer disease, brain cells that use acetylcholine (a messenger chemical that carries signals between nerve cells) die off. The acetylcholine that is still made gets quickly broken down by an enzyme called acetylcholinesterase. Donepezil blocks that enzyme, so the acetylcholine hangs around longer. This helps the remaining healthy nerve cells talk to each other a bit better. Think of it like plugging small leaks in a bucket so the water you have lasts longer.

Rivastigmine (Exelon)

Like donepezil, rivastigmine blocks the enzyme acetylcholinesterase so that acetylcholine (the messenger chemical) stays active longer in the brain. Rivastigmine also blocks a second enzyme called butyrylcholinesterase, which may give a slightly broader boost. It is used in Alzheimer disease and also in dementia with Lewy bodies (a type where clumps of a protein called alpha-synuclein build up inside nerve cells).

Galantamine (Razadyne)

Galantamine works two ways. First, it blocks acetylcholinesterase so acetylcholine lasts longer (just like donepezil and rivastigmine). Second, it also tweaks nicotinic receptors (landing pads on nerve cells that acetylcholine sticks to) to make them more sensitive. This double action may help nerve cells talk to each other more effectively. It is used in mild to moderate Alzheimer disease.

Memantine (Namenda)

In moderate to severe Alzheimer disease, damaged nerve cells leak too much glutamate (a messenger chemical). Too much glutamate overstimulates receptors called NMDA receptors on nerve cells, which burns them out even faster (like leaving a light bulb on too bright for too long). Memantine gently blocks these NMDA receptors just enough to stop the harmful overstimulation but still lets normal, useful signals through. This may protect nerve cells from further damage and slightly improve memory and daily function.

Lecanemab (Leqembi)

Lecanemab is a laboratory-made antibody (a protein that grabs onto a specific target) that attaches to amyloid-beta proteins in the brain. Amyloid-beta clumps together to form sticky plaques between nerve cells in Alzheimer disease. Lecanemab binds to early, smaller clumps of amyloid (called protofibrils, the clumps before they harden into big plaques) and flags them so immune cells can clear them away. Removing these clumps may slow the damage to nerve cells. It is given by IV infusion every two weeks. It is only for people with mild cognitive

impairment or mild dementia due to Alzheimer disease who have confirmed amyloid in the brain (proven by a PET scan or a test of the fluid around the spinal cord).

Donanemab (Kisunla)

Donanemab is another antibody that targets amyloid plaques in the brain. It specifically binds to a form of amyloid-beta that has already been modified by the brain (called pyroglutamate amyloid-beta), which is a major building block of the sticky plaques found in Alzheimer disease. Once donanemab attaches to these plaques, immune cells come in and clear them away. Removing plaques may slow nerve cell damage. It is given by IV infusion every four weeks. It is approved for people with mild cognitive impairment or mild dementia due to Alzheimer disease with confirmed amyloid and tau buildup in the brain.

Where this information comes from

- American Academy of Neurology (AAN) 2018 practice guideline
- Alzheimer's Association clinical diagnostic criteria
- National Institute on Aging
- Cochrane systematic reviews on dementia

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