We now know that the progression of Alzheimer’s disease is a slow and an especially subtle process in the early stage, causing it to often be overlooked. Many people have had symptoms of Alzheimer’s disease for several years before ever being diagnosed. Often they have shared their concerns regarding memory with a number of health care professionals who have reassured them that what they are experiencing is normal aging. As science advances understanding of the full continuum of this disease, it is clear that these concerns can signal early pathologies that must be further explored. This fact sheet identifies assessment considerations and ways to assist individuals and families when early stage Alzheimer’s disease is recognized.

**Assessment:**
- Screening tests more sensitive to early detection such as the AD-8 may be helpful.
- Thorough conversation with individual and a family member/friend in regular and direct contact regarding baseline including medical and psychosocial history. Interviews with individual with memory loss concerns and their significant other should most always occur separately.
- Brain Scan.
- Neuropsychological Testing.
- General physical exam including blood/lab work.

**Symptoms in early stage Alzheimer’s**

Symptoms are mild in the early stage of the disease, thus most individuals are able to continue normal daily routines. There is, however, short term forgetfulness that begins to emerge that can surprise or concern the individual. Most people at this stage are aware that changes are taking place and can include:

- Forgetfulness different than the persons baseline.
- Have more difficulty in situations requiring multi-tasking.
- Numbers can be affected early manifesting in check book errors, missed bills and extended time to complete taxes or financial reports.
- Less confidence in situations such as driving in unfamiliar territory or larger social settings. Often one begins to start double checking one’s own work.
- Can see increased anxiety or depression related to above.

**Addressing reaction to the diagnosis:**
- Reactions in both the person and their family members may range from denial, depression, withdrawal to anger.
- Provide copies of the brain scan report and neuropsychological evaluation for them to review again later on as shock to the diagnosis remits.
- Acknowledge feelings and provide opportunity to talk and ask questions.
- If haven’t been evaluated yet, refer to physicians, often neurologists or geriatricians, who are knowledgeable in dementia.
- Assess for depression.
- Refer to the Alzheimer’s Association for education, resources, individualized ongoing support and support groups.
Why is it important to diagnosis early?

- Allows one to benefit most fully from medications that slow functional decline.

- Provides opportunity to accumulate accurate information about disease and what to expect, which can avert common myths and inaccuracies that might be assumed and more frightful than the reality.

- Allows one the opportunity to process feelings around the diagnosis and to come to a place of acceptance.

- Allows one to take control of their life through making appropriate choices and plans for self and family. This is especially vital in cases where the person with the disease lives alone and has a limited support system.

- Allows them to benefit from the experience and wisdom of others in the same boat.

- Provides them the opportunity to participate in research studies that hold the potential for more significant benefits and contributes to the larger body of knowledge of the disease and potential interventions.

Additional roles for health care professionals:

- Encourage completion of durable power of attorney and advance directives.

- Assess for driving concerns and refer to medical based driving evaluation programs where there is question or uncertainty about driving.

- Inform individuals and families about current and emerging technologies that support independent living.

- Encourage healthy lifestyle that includes exercise for both the person with the disease and the care partner.

- Carefully attend to risk of depression and treat/advocate for treatment.

- Follow up regarding whether family connected with the Alzheimer’s Association or other support services.