



The Johns Hopkins Memory & Alzheimer's Treatment Center
and Alzheimer's Disease Research Center presents

Journey to Hope

A free virtual conference for caregivers

Thank you for virtually joining us on Saturday, November 13, 2021
to learn about the research and treatment of memory loss, and
coping tips to manage during challenging times.

You had the opportunity to “Ask the Expert” your questions about
memory-related disorders. Here are the **unanswered** Questions &
Answers from the conference.

1. What is Cerebral Amyloid Angiopathy and is it a necessary precursor to Alzheimer's disease?

This refers to build up of Amyloid protein in the walls of blood vessels in the brain. It is seen in many people with Alzheimer's disease in autopsy studies of the brain. It is not a necessary precursor to the Alzheimer's pathology we see in other parts of the brain.

2. Are there behavior differences between amyloid angiopathy and Alzheimer's disease? What are Amyloid spells?

We are not aware of behavior differences between these two conditions. I don't know what Amyloid spells are. Have not heard that term before.

3. Did a study at Rush University find that combining Gemfibrosil and retinoic acid showed positive results in treating Alzheimer's?

This was not a treatment study, rather an observational study suggesting these chemicals may decrease risk of Alzheimer's. It is not definitive and hence cannot lead to treatment recommendations.

4. How is memory loss affected for Lewy body dementia?

It appears to be affected similarly as with Alzheimer's disease. It's an early symptom.

5. Dementia and hip fractures - is recovery possible following a hip fracture?

Yes, recovery is definitely possible following a hip fracture. Likelihood of recovery depends on a lot of factors including the state of the patient before the fracture, the severity of the fracture and immediate course for example if surgery is needed, pain management etc., and finally the intensity of rehabilitation. People with dementia who are not otherwise frail before a hip fracture, who have a relatively uncomplicated course to fix it, and who receive aggressive rehabilitation, with which they can engage, do very well.

6. How do you know when it's time to take the car keys?

The best determinant of one's ability to drive safely is to have a driving assessment. These evaluations are usually conducted by a certified occupational therapist through a community hospital in collaboration with that jurisdiction's local Department of Motor Vehicles. Usually a physician/provider's note is required, but it depends on the state. Performance on this assessment will determine if/when the person needs to stop driving and the results are reported back to the DMV and the provider who wrote the order.

7. My mother and husband have both been diagnosed with Alzheimer's. How can I future-proof our home for their care?

The most important thing to keep in mind when caring for someone with dementia at home is safety. The best places to begin interventions are in the kitchen, bathrooms, stairs, and door locks. There are many resources available to guide with details of how to improve safety measure in the home. A good place to start is the Alzheimer's Association, www.alz.org.

8. What strategies can be used for helping a person with dementia to accept personal care when redirecting and drugs don't work?

If something isn't working, stop! When it gets to the point where you are not making any headway, stop, breathe, and step away. You may both need a break. Challenging behaviors are often the result of an unmet need. Perhaps the person needs to feel as though they are in control for the moment. Try calming the environment – play soft, relaxing music; dim the lights, watch an old tv show or movie that may be comforting. Personal care is important, but not generally life threatening. Try again at another time. Also consider discussing a change in medications with your doctor that can be administered 45 – 60 minutes before personal care.

