A diagnosis of Alzheimer’s disease or a related dementia is not a death sentence. Although it is a progressive incurable disease, it does not mean it is untreatable. Treatment and prevention strategies are being explored by researchers and clinicians who specialize in dementia care.

Alzheimer’s disease was once simply thought to be a part of normal aging. This theory was proven incorrect. Memory loss is never normal in aging. Forgetfulness, or memory lapse, is, as well as ease in multitasking, but memory loss is never normal aging. The trend then, became making the person comfortable while waiting to die.

The incidence of the disease increased and researchers worked to find the cause of the disease and a cure. There is still no known cause and no known cure. Finally, Alzheimer’s was seen as a chronic progressive illness much like diabetes, multiple sclerosis, and Parkinson’s disease. Treatment was sought. Today, while research for the cause and cure continues, there are treatment approaches; pharmacological, nutritional and interpersonal.

Medications for memory impairment are Aricept, Reminyl or Razadine, Exelon, and Memantine. These are not cures, but do often slow the progression of the symptoms while not slowing the disease process in the brain. There are medications too, that when given in small incremental doses, can relieve the patient of irritability, anxiety and feelings of aggression. The underlying mood of the confused memory impaired person is fear. Things, once familiar are now somehow unfamiliar. Things new and unfamiliar are sometimes terrifying. There may be unreal thoughts (delusions) or hallucinations that plague the patient. The goal is not to sedate those with restlessness and irritability, but to relieve them of the anxiety that prevents them from feeling part of family life and feeling competent.

Perhaps the treatment that contributes most personally to the quality of life the person with Alzheimer’s has is how others relate to them. Family members can learn an interpersonal approach called Habilitation, an approach that enhances life, promotes successful involvement in everyday living. Learning what Alzheimer’s does to the brain and how it affects ability enlightens care partners so they can intelligently accommodate to the changes that impede independence and a feeling of well being. Understanding what is happening in the brain and that it is the brain that prevents the person performing particular skills, the care partner learns how to respond by making it easier for the person to continue to do tasks and participate in his own care.
Staying active doing things reduces the risk of restlessness, irritability and the need for pharmacological intervention. Elders don't typically tolerate medications well, and they easily become toxic. Other behavioral approaches that work are preferable to using medication.

Nutrition is known as vital in the delay or perhaps prevention of cognitive decline. Antioxidants are in bright colored fruits and vegetables; these rid the body of wastes that cause disease. Heart healthy foods are brain healthy foods too. Omega III fish oils, certain spices and healthy dietary habits are prevention focused.

Keeping the mind active is essential. The Massachusetts Alzheimer’s Association Maintain Your Brain program is telling people to learn new things, stay active, and get rest and exercise. All new activity makes new brain connections which aid in lowering the risk of rapid decline in Alzheimer’s disease.