

# Differentiations between Alzheimer's and Dementia

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## Introduction

Alzheimer's disease may be a progressive nervous disorder during which the brain shrinks (atrophy) and brain cells die. Alzheimer's disease is the leading cause of dementia - an ongoing decline in social, behavioral, and thinking skills that affects a person's ability to function independently. Approximately 5.8 million people in the United States, age 65 and older, are living with Alzheimer's disease. 80% of them are 75 years old or older. Of the around 50 million people with dementia worldwide, an estimated 60 to 70 percent have Alzheimer's disease. One of the first signs of illness is forgetting recent events or conversations. As the disease progresses, a person with Alzheimer's disease will develop severe memory impairment and lose the ability to perform everyday tasks.

## Description

Medications can temporarily improve or slow the progression of symptoms. Sometimes these treatments can help people with Alzheimer's disease to maximize their function and maintain their independence over a period of your time. Various programs and services help people with Alzheimer's disease and their caregivers. There is no treatment that will cure Alzheimer's disease or change the disease process in the brain. In the later stages of the disease, complications from severe loss of brain function, such as dehydration, malnutrition, or infection, lead to death. Memory loss is that the main symptom of Alzheimer's disease. The first signs are difficulty remembering recent events or conversations. As the disease progresses, memory problems worsen and other symptoms develop. A person with Alzheimer's disease may initially remember of difficulty remembering things and organizing thoughts. A loved one or friend is more likely to note symptoms worsening [1-4].

## Dementia

Dementia is caused by many conditions other than AD, with the second most common cause being vascular dementia. In this case, the brain is slowly destroyed by pumping blood through the arteries at higher pressure, which damages the arterial walls. In many cases, vascular dementia follows the onset of a stroke or series of strokes. Risk factors for vascular dementia include high blood pressure, diabetes, high cholesterol, and atrial fibrillation, all of which also increase the risk of stroke.

## Alzheimer's dementia

AD is a condition in which cognitive abilities are slowly but irreversibly depleted. Over time, the affected person will no longer be able to do even the simplest things and will need full care. It is the sixth leading cause of death in the United States, and death occurs on average about eight years after symptoms appear. To diagnose AD, two or three areas of cognition must be obviously abnormal, like memory, language, disorganization, and disorientation. These

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people's brains have distinctive plaques of a protein called amyloid beta and clumps of a neurofibrillary protein called tau. A new method of imaging the living brain through PET scanning with an amyloid-binding tracer is helping to identify these abnormalities in the brain and diagnose AD more accurately. However, it is only slightly more accurate than the traditional clinical diagnostic method and is reserved for patients with atypical AD [5].

## Difference between Alzheimer's and Dementia

Different diseases require different remedies. Patients with some types of dementia in addition to AD may need antidepressants and various types of support and medication. On the other hand, people with AD can be given drugs to improve cognitive performance. More importantly, AD is partially preventable. By keeping an eye on the seven major risk factors for AD, in addition to genetics and age, at least a third of AD can potentially be prevented.

The seven avoidable risk factors include: Diabetes (High blood sugar), Hypertension (High blood pressure), Obesity (Excessive body weight), Inactivity, Depression, Smoking, Poor education [6].

## Conclusion

The Exercise promotes better blood flow and also helps increase the connections between brain cells. Mental exercise, such as learning a new game or language, playing chess, or reading new books, also helps the brain improve its performance and can delay the onset of age-related dementia. And eating a healthy diet is key to overall good health. So the last tip would be to follow a healthy diet, get enough exercise regularly, and also exercise your brain in a comfortable way. It's important to do all you can to enrich your life in order to stay healthy, rather than just focusing on one area.

## Conflict of Interests

None.

## References

1. Abadie, M., and Valérie Camos. "False memory at short and long term" *J Exp Psychol* (2018)
2. Aminoff, E.M. and David Clewett. "Individual differences in shifting decision criterion: A recognition memory study." *Mem Cogn* 40 (2012):1016-1030.
3. Ardila, A. "Normal aging increases cognitive heterogeneity: Analysis of dispersion in WAIS-III scores across age". *Arch Clin Neuropsychol* 22:1003-1011.
4. Ardila, A., Feggy Ostrosky-Solis., Rosselli Malta and Gómez Cruzado. "Age-related cognitive decline during normal aging: The complex effect of education." *Arch Clin Neuropsychol* 15 (2007): 495-513.
5. Bartoli, E., Anselmo Tettamanti and Caporizzo. "The disembodiment effect of negation: Negating action-related sentences attenuates their interference on congruent upper limb movements." *J Neurophysiol* 109 (2013): 1782-1792.
6. Beltrán, D. "Sentential negation modulates inhibition in a stop-signal task. Evidence from behavioral and ERP data." *Neuropsychologia* 112 (2018): 10-18.

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