

Module 3 Lesson 4

Transcript

I'm going to talk to you about Alzheimer's disease today. It's a super sensitive topic and my goal is really for you to feel more comfortable in your understanding of it so that some of the fear or stigma or taboo is taken away. You may see clients in your practice who are at the beginning stages of Alzheimer's or who have a family history of the disease and want to do everything in their power to lower their risk.

In this lesson, we're going to cover the basics of what Alzheimer's disease is and what the latest research is saying, signs and symptoms of the disease and how you can help your clients with symptoms and management.

So just to start off with a quick definition, Alzheimer's is the most common form of dementia. It's a common term for memory loss and other cognitive losses serious enough to interfere with daily life. So dementia is the umbrella term and there are hundreds of types of dementia, but 60% to 80% of dementia cases are categorized as Alzheimer's. There are also stages of Alzheimer's disease, so there isn't one universal protocol that is prescribed when managing, treating or handling it. We still have so much to learn here but this is fairly new and fascinating.

Alzheimer's disease is now called stage three diabetes. That's a term that is newly starting to take hold. This is because it's well understood from pretty recent research but very conclusive research that Alzheimer's is a form of diabetes that selectively targets the brain. I mean, this is why nutrition is just so cool to learn about.

All of the biomarkers and molecular characteristics of type one and type two diabetes are present but they only target the neck up. Basically, insulin resistance and insulin like growth factor dysfunctions in the brain in a similar way to what happens to the body and people with type one and type two diabetes.

Alzheimer's is characterized by amyloid deposits similar to the plaque on your teeth and tangled neuro fibers which are visible on an MRI and which worsen and progress. There was a little bit of a side note, but I just want you to know that about Alzheimer's.

So when I put on my critical thinking hat, it's really helpful to understand that if Alzheimer's disease is a type or form of diabetes, it's not a result of typical aging like we discussed in another lesson. It's not a general dementia or forgetfulness thing. It has its own disease profile.

Just like most type two diabetes happens in people later in life, around 60, Alzheimer's dementia also hits elderly at a much higher rate, but early onset Alzheimer's in younger people is also a thing. About 5% of people who do develop Alzheimer's do so in their 40s or 50s. 200,000 to 300,000 younger people a year are hit in the states. Everyone who's elderly though, we know, doesn't get type two or type three diabetes. It just doesn't happen because you're getting older, like skin wrinkling.

You probably know someone who suffers or has suffered from Alzheimer's disease and so you may already know that there are stages of this disease. There are seven stages of them and they worsen over time, but Alzheimer's disease is usually categorized as mild, moderate and severe.

The first sign of Alzheimer's disease is the inability to remember new information over time. Symptoms vary in people with Alzheimer's disease and everyone does not present the exact same way, but the 10 most common symptoms are in a handout attached to this lesson so you can familiarize yourself. Take a peak at that because remember, you're going to be quizzed on all this information and I want you to be prepared.

With this disease, a person goes through the stages but does not go backwards, so people don't just get better. They only decline, which is one of the reasons it makes it such a devastating disease and the rate of decline is really hard to predict. There's no treatment. Yes, there's very preliminary research from small studies that suggest reversal may be in our future, but as of now, interventions are focused on slowing the progression and improving quality of life.

Since there's not a cure yet, Alzheimer's disease is mostly managed with medications that work to regulate neurotransmitters in the brain. That mostly means working on behaviors and agitation, and there's also behavioral interventions that make the person more comfortable and also easier to care for.

The Dash diet, which is similar to the ADA guidelines with a strong focus on lowering sodium and the Mediterranean diet are both recommended for Alzheimer's disease. And it makes sense, with all of the lessons we're talking about in this module, because think about it. The good fatty acids, those Omega threes, and loads of antioxidants I talked about in another lesson, in these diets are great for brain health. Something we talk a lot about with the nutritious life philosophy of eating empowered, putting the most nutrient dense foods into your body.

Also of interest, there's a diet you might come across called the mind diet, which is basically what I just said, a combo of the Mediterranean diet and the Dash diet, but it focuses on including 10

specific foods to prevent and manage Alzheimer's. They're listed in the handout as well, so definitely check that out.

The NL food philosophy is right on target with all of this. I often tell people what's good for the heart is usually good for the skin is usually good for the brain and so on. Sometimes clients want something so specific to their condition or disease, but really, if they focus on all of the things that you may have been already teaching them, they're going to reap so many additional benefits.

I'll also point out that in that small study I referenced that showed potential for reversing Alzheimer's, changing diet was one of the interventions in the trial. The diet protocol included a focus on fresh foods, eliminating processed foods and getting in curcumin, fish oil and vitamin D. So while not a conclusive method, it does not hurt to follow this advice as well. And again, a lot of that advice may have been something you would already be including when giving people dietary advice based on our NL philosophy or the advice in the mind diet.

I'm going to argue, based on my experience with Alzheimer's disease and dementia in general, that food can also be a great pleasure to people who suffer. So don't forget about that and focus too hardcore on getting in that one specific food like salmon. Lots of times these people will so look forward to lunch that they ask repeatedly and repeatedly when is lunch, when is lunch? Is lunch soon? That's their pleasure and then they can have a really strong preference and aversion to certain foods, so a fresh slice of tomato might not have any appeal and there isn't much encouraging or reminding you can do to get that lycopene into them. You really have to be sensitive there and remember that pleasure is important too.

I find it especially important with this population to get creative with getting the good stuff in. Just like I don't really like to trick kids into eating vegetables, there is no reason you can't hide some and just make it part of a food, like getting some zucchini in a quick bread or adding more tomatoes into a soup. This is really useful in this population as well, especially if they might just want to be eating cookies all the time. Get some healthy nutrients into those cookies.

Okay. Time to summarize a few main points from this lesson. Alzheimer's is the most common form of dementia. Alzheimer's disease is now called stage three diabetes because research shows it's brought on by insulin resistance and insulin like growth factor dysfunctions in the brain. Signs and symptoms include memory loss, confusion with time or place, poor judgment, withdrawal from work or social activities and changes in mood and personality. Though research is progressing, there's no cure for Alzheimer's disease. However, decline can be slowed through lifestyle changes in diet, which is why you're all so important. The Mediterranean diet, Dash diet and mind diet are all recommended for this population.

If you're working with a client diagnosed with Alzheimer's, focus on making dietary changes that emphasize fresh vegetables and fruit, fatty fish, nuts, high quality olive oil, everything we talked about earlier. It's also important to identify who makes up this person's support system and absolutely get those people involved. You can really play a role here. Things like handling the grocery shopping and meal prep can really make a very big difference to someone's struggling with memory. And if you have a client who has a history of Alzheimer's disease in their family, that's why that intake is so important. Now is a really good time to make these lifestyle changes and it may act as a form of their motivation to make other changes in their diet to help lower the risk of developing the disease in the future.

Thank you so much for joining me with this lesson and I cannot wait to see you in the next one.