Many of us look forward to our retirement and see our later years as a chance to reflect and enjoy the lives we built for ourselves. But for hundreds of thousands of Canadians, this time of reflection becomes a time of loss and confusion. Memories disappear—eventually, people living with Alzheimer’s disease may not be able to remember their own names. Some memory loss is a normal part of aging, but when memory loss and confusion impact your day-to-day life, it might be a sign of Alzheimer’s disease.

What is it?

Alzheimer’s disease is a type of dementia. Dementia is a syndrome or group of symptoms. Dementia itself isn’t a disease—it refers to symptoms that can be caused by many different diseases or changes in your body. Alzheimer’s disease is one of the diseases that cause dementia. Dementia affects how you learn new information, how you remember information, how you think and other symptoms. Alzheimer’s disease is the most common type of dementia, and it accounts for about two-thirds of all dementias. Dementias that look similar to Alzheimer’s disease are called “related dementias.” You can learn more about related dementias in the sidebar “What are related dementias?”

Alzheimer’s disease causes the structure of your brain to change. These changes affect the way your brain works. As a result, it affects the way you think, remember, act and feel. It also affects the way you communicate with others and the way you move your body.
Alzheimer's disease generally starts slowly. In the early stages, you may notice that you have a hard time remembering information you’ve learned recently. As it progresses, you might:
• Feel increasingly confused or disoriented
• Forget events that happened a long time ago or information you learned a long time ago
• Forget words, forget which words to use or have a hard time making sentences that others can understand
• Struggle to follow other people's conversations
• Have a hard time doing everyday tasks
• Have a hard time making decisions, planning or organizing

Alzheimer’s disease can also affect the way you express your emotions, the way you communicate and the way you behave. It can also make it difficult to move parts of your body, even when nothing else is wrong.

Researchers aren’t sure why some people develop Alzheimer’s disease. Some researchers suggest that you develop the disease when risk factors like your age, genes, environment and lifestyle overwhelm your brain’s ability to repair itself.

Who does it affect?

About half a million Canadians live with Alzheimer’s disease or a related dementia. It may be more likely to affect the following groups of people:
• **Seniors**—The risk of developing Alzheimer’s disease or a related dementia increases with age. It affects about 1 in 11 people over the age of 65, but increases to 1 in 3 people over the age of 85.
• **Women**—Women have a greater risk of developing Alzheimer’s disease or a related dementia, partly because women live longer than men.
• **Family members**—A rare form of Alzheimer’s disease tends to run in families. But in general, genes don’t cause Alzheimer’s disease—they’re only one of many factors that influence your risk of developing it.
• **People with Type 2 diabetes**—People living with Type 2 diabetes are more likely to develop Alzheimer’s disease. It’s likely that diabetes causes changes that increase your risk. Type 2 diabetes and Alzheimer’s disease also share similar risk factors, like high blood pressure.
• **People with other health problems**—High blood pressure, high cholesterol and other health problems can increase your risk of developing Alzheimer’s disease and related dementias. Head injuries may also contribute to Alzheimer’s disease.

What can I do about it?

If you suspect that you might have Alzheimer’s disease, or if you suspect that a loved one might have it, it’s best to talk to your doctor. Symptoms like memory and concentration problems can be caused by depression and other health problems. A few examples include thyroid problems,
a lack of certain vitamins, problems with medications, head injuries and substance use. That’s why it’s important to talk to your doctor about the symptoms you’ve noticed. Your doctor can see if there are other problems causing or masking the symptoms and help you find a treatment plan that works for you.

There is no cure for Alzheimer’s disease, but there are treatments that lessen symptoms or slow the progress of the disease. There are also things you can do to help cope with troubling symptoms and improve the quality of your life.

**Medication**—There are several different medications that help reduce the symptoms of Alzheimer’s disease. There is a lot of research on Alzheimer’s disease, and many promising new medications may be available within the next ten years.

**Counselling**—A mental health practitioner can help you cope with your thoughts and feelings. Different types of therapy can also help you cope with the day-to-day challenges of dementia and help you develop strategies like setting up routines and schedules to help keep you on track.

**Support groups**—Support groups, such as groups for people in the early stages, are a great place to meet other people living with Alzheimer’s disease. You can learn more about dementia and share new ways to cope. Alzheimer’s disease can greatly impact your whole family and caregivers, so family or caregiver support groups are also helpful.

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**tips for families and loved ones**

Alzheimer’s disease can have a profound impact on the entire family. Here are some tips for family members and loved ones:

- **Acknowledge your own feelings.** It’s normal to feel angry, scared, or embarrassed. But if you’re having a hard time coping with your feelings, it’s a good idea to talk to your doctor or mental health professional.

- **Learn about what to expect, what treatment options are available and what kind of care your loved one will need.** You can also learn strategies to help your loved one live with dignity, such as how to communicate with your loved one.

- **Reach out for help and advice.** Find out what caregiving resources are available in your community. Consider joining a caregiver’s support group, and avoid isolating yourself from family and friends.

- **Prepare for the future.** Help your loved one take care of their personal, financial and legal matters while they can still make their own decisions.

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**what are related dementias?**

When you talk about Alzheimer’s disease, you might hear people refer to Alzheimer’s disease and related dementias. Related dementias include vascular dementia, Lewy body dementia, frontotemporal lobe dementia and Creutzfeldt-Jakob disease. We call these “related dementias” because their symptoms are similar to the symptoms of Alzheimer’s disease. Alzheimer’s disease and related dementias are also grouped together because they’re all caused by changes in the brain that can’t be stopped.

- **Vascular dementia** is the second-most common type of dementia. It’s caused by problems with blood supply to the brain and is often the result of a stroke.

- **Lewy body dementia** is a type of dementia caused by changes in the nerve cells of the brain.

- **Frontotemporal dementia** is a group of diseases and changes that affect only certain parts of the brain.

- **Creutzfeldt-Jakob disease** changes the structure of brain tissue and causes a very rare type of dementia.

For more information on these related dementias, contact the Alzheimer Society of BC or talk to your doctor.
alzheimer’s disease

where do I go from here?

There are a number of resources available in BC for people living with Alzheimer’s disease and their loved ones:

**Alzheimer Society of BC**  
Visit www.alzheimerbc.org or call the Dementia Helpline at 604-681-8651 (in Greater Vancouver) or 1-800-936-6033 (toll-free in BC) for more information and helpful tip sheets about Alzheimer’s disease and related dementias. The Alzheimer Society offers support groups and education sessions across the province for people living with dementia and their families.

**Dementia Helpline**  
Call 604-681-8651 (in Greater Vancouver) or 1-800-936-6033 (toll-free in BC) for information about Alzheimer’s disease and related dementias. The Helpline is open Monday to Friday from 9am to 4pm.

**BC Partners for Mental Health and Addictions Information**  
Visit www.heretohelp.bc.ca for more information about mental health problems. Here you can also find our Family Toolkit. The Toolkit is full of information, tips and self-tests to help you support a family member with a mental illness.

**Your Local Crisis Line**  
Crisis lines aren’t only for people in crisis. You can call for information on local services or if you just need someone to talk to. If you are in distress, call 310-6789 (do not add 604, 778 or 250 before the number) 24 hours a day to connect to a BC crisis line, without a wait or busy signal. The crisis lines linked in through 310-6789 have received advanced training in mental health issues and services by members of the BC Partners for Mental Health and Addictions Information.

**Resources available in many languages:**  
*For each service below, if English is not your first language, say the name of your preferred language in English to be connected to an interpreter. More than 100 languages are available.

**HealthLink BC**  
Call 811 or visit www.healthlinkbc.ca to access free, non-emergency health information for anyone in your family, including information about Alzheimer’s disease or related dementia. Through 811, you can also speak to a registered nurse about symptoms you’re worried about, or talk with a pharmacist about medication questions.

This fact sheet was written by the Canadian Mental Health Association’s BC Division. The references for this fact sheet come from reputable government or academic sources and research studies. Please contact us if you would like the footnotes for this fact sheet. Fact sheets have been vetted by clinicians where appropriate.