Understanding the Stages of Alzheimer’s Disease

Remember as you read these stages that some symptoms will overlap, some will vary in sequence and all are likely to vary in the rate at which they progress. Some may not occur at all. The onset is subtle. Often, the family is unsure if anything is wrong. There will, however, generally be a continuous and progressive decline, rendering the person totally dependent on others for even the simplest of daily living activities. The duration of Alzheimer’s disease depends on a number of factors including the following: age at onset, individual health status, support systems, and concurrent health problems. The disease may last from a few to 20 years and the ranges provided with each stage are approximate and will vary depending on the issues listed above.

Early Stage: (2 to 4 years leading up to and including diagnosis)

Cognitive changes often present in the early stages of Alzheimer’s disease:

- Begins with short-term memory loss
  - Unable to find the right words
  - Forgets familiar names and telephone numbers
  - Begins to write reminders but loses notes
  - Shows preference for familiar things
    - Wears same clothes
    - Avoids going out
  - Judgment may be impaired early
    - Dresses inappropriately for the weather

Personality changes often present in the early stages of Alzheimer’s disease:

- Less sparkle, spontaneity and ambition
- Appears passive or easily angered and restless
- Indifferent to the ceremonies and courtesies of social life
- Decreased interest in environment and present affairs
- Family may be hurt because person “doesn’t seem to care”

Functional changes often present in the early stages of Alzheimer’s disease:

- Appears vague, uncertain and hesitant in initiating action
- Can function without direction only in familiar surroundings
- Forgetfulness is disruptive to former daily routines

In the early stage, the person may be adept at covering up losses by using family members to fill memory gaps and/or blaming problems on fatigue, stress, grief, overwork and other people.
Middle Stage: (2 to 10 years)

Cognitive changes often present in the middle stages of Alzheimer’s disease:
Greater difficulty with:
- Memory
- Retention of new information
- Recall, calculations
- Decision-making and planning
- Following a story line
- Forgetful, may not…
  - Pay bills
  - Take medications
  - Turn off the stove
- Increased loss of learned behaviors
- Can talk about familiar topics

Personality changes often present in the middle stages of Alzheimer’s disease:
- Increased self-absorption
- Socially withdrawn
- Lack of interest in others

Functional changes often present in the middle stages of Alzheimer’s disease:
- Deterioration of ability to initiate and sequence purposeful activities like bathing or driving
- Sleep disturbance with restlessness at night
- Begins to neglect health and hygiene
- Needs directions to function in familiar surroundings
- Can respond to clear instruction

Late Stage: (1 to 3 years)

Cognitive changes often present in the late stages of Alzheimer’s disease:
- Judgment seriously impaired
- Fails to understand the consequences of eating spoiled food
- Fails to understand the meaning of sensory stimuli
  - The danger of a smoke filled room
  - Dresses inappropriately for the weather
- Becomes disoriented to time and place
- Learned behavior deteriorates
- Invents words and is often unable to express self in speech or writing
- Asks questions over and over
- Confusion is prevalent
- The understanding of other’s words is lost
Personality changes often present in the late stages of Alzheimer’s disease:
- Marked deterioration in warmth
- Following conditions may or may not surface
  - Lethargy or hyperactivity
  - Paranoia
  - Aggression and hostility
  - Delusions
  - Sexual Exposure

Functional changes often present in the late stages of Alzheimer’s disease:
- The “large picture” or global loss occurs
- May need to be told each step of a former routine act
  - Brushing teeth
  - Getting Dressed
- May lose daily skills
  - Buttoning a shirt
  - Using a knife and fork
- May walk with a shuffling gait or become glued to the floor from inability to motor-plan
- Often needs physical assistance with most activities of daily living
  - Dressing
  - Bathing
  - Meal preparation
- Needs protection and supervision

End Stage:

Cognitive changes often present in the end stage of Alzheimer’s disease:
- Unable to:
  - Speak or understand language
  - Write or read
  - Recognize anyone including self in the mirror
- Repeat words or actions

Personality changes often present in the end stages of Alzheimer’s disease:
Total deterioration with the following possible symptoms:
- Confusion
- Delusions
- Hallucinations
- Aggression
- Violent episodes
- Complete withdrawal or apathy
Functional changes often seen in the end stages of Alzheimer’s disease:
Generally progresses to include:
- Inability to feed self, chew or swallow
- Morbid hunger, eating everything in sight while still loosing weight
- Putting everything in mouth
- Compulsively touches everything
- Seizures
- Constant chewing movements and smacking lips
- Difficulty walking but eventually becomes bedridden
- Incontinence of bowel and bladder
- Responsiveness to tactile stimuli only
- Eventually lack of response to pain stimuli and loss of consciousness
- Inability to survive without total care