

HEALTH BULLETIN

Understanding Alzheimer's Disease



Private Health
Management

Alzheimer's Disease at a Glance

- + Leading cause of dementia worldwide, responsible for up to 80% of cases.
- + In the U.S., 7+ million people are living with Alzheimer's—a number expected to double in the coming decades.¹
- + Impacts memory, decision-making, and daily activities.
- + Places heavy emotional and financial burdens on families and caregivers.

Advances in early detection and treatment are transforming Alzheimer's care. In May 2025, the FDA approved the first blood-based test to help identify Alzheimer's-related pathology, a turning point for earlier, less invasive diagnosis. At Private Health Management (PHM), our researchers and clinicians stay at the forefront of these advances, guiding patients and families in choosing treatments, diagnostics, and lifestyle strategies that best support brain health.

What is Dementia?

- + The loss of cognitive functioning – thinking, remembering, and reasoning.
- + Caused by the damage or loss of nerve cells and connections in the brain. Depending on the brain area affected, varying symptoms may present.
- + Not a specific disease with a single cause. Dementia represents several disorders, and several factors can contribute to its onset.

Most Common Types of Dementia

Alzheimer's Disease

Lewy Body Dementia

Frontotemporal Dementia

Recognizing the Symptoms

Alzheimer's often begins subtly, typically around age 65. Early signs include:

- + Frequent forgetfulness, especially of recent events
- + Difficulty finding words or following conversations
- + Getting lost in familiar areas
- + Trouble with routine tasks (e.g., paying bills, planning meals)

As the disease progresses:

- + Confusion, mood, or personality changes
- + Misplaced items and poor decision-making may emerge

Behavioral Changes

- + Aggression
- + Apathy
- + Declining interest in socializing
- + Irritability
- + More time awake during sleep hours
- + Poor sleep quality
- + Restlessness

Cognitive Changes

- + Declining memory
- + Declining motivation
- + Difficulty multitasking
- + Inability to recall instances of memory loss
- + Language impairments
- + Poor judgement
- + Vision impairments

These symptoms are often mistaken for normal aging, making early medical evaluation critical for better long-term outcomes.

PET Scans & MRI

- + Reveal hallmark brain changes (amyloid plaques, brain shrinkage)
- + Often used to confirm diagnosis

Cerebrospinal Fluid Analysis (CSF)

- + Measures amyloid beta and tau protein levels
- + Requires lumbar puncture (spinal tap)

Blood-Based Biomarker Testing

- + New FDA-cleared Lumipulse® G pTau 217/β-Amyloid 1-42 test²
- + Simple blood draw to help identify Alzheimer's pathology
- + Less invasive and more accessible than imaging or CSF testing

Clinical Evaluation

- + Cognitive assessments for memory, thinking, and problem solving
- + Functional assessments to evaluate how one manages activities of daily life (cooking, paying bills, taking medications, etc.)

Early detection means more treatment options, access to clinical trials, and better long-term planning.

Treatment Advances

There are currently **no treatments that can prevent or cure Alzheimer's disease**. However, there are treatments available that can improve quality of life. The avenues of treatment include medications, clinical trials, and nonmedication therapies.

Medications

While there is no cure for Alzheimer's yet, treatments can help slow progression or manage symptoms:

Anti-amyloid therapies target amyloid plaques (sticky clumps of protein that build up in the brain in Alzheimer's disease). Treatments include:

- + Kisunla™(donanemab-azbt) 2024
- + Leqembi™(lecanemab-irmb) 2023³
- + Leqembi™ IQLIK™(lecanemab-irmb) 2025

Common side effects include infusion reactions and headaches. In addition, these therapies carry potential risks such as brain swelling or bleeding known as amyloid-related imaging abnormalities (ARIA). Since these changes may not cause symptoms, routine MRI brain imaging are required to monitor safety during treatment.

Other approved medications:

- + **Cholinesterase inhibitors** (donepezil, rivastigmine and galantamine) are beneficial for early-to-middle stage disease.
- + **NMDA receptor antagonists** (memantine) are beneficial for late-stage disease (in combination with Cholinesterase inhibitors).

These treatments work best when started early, making timely diagnosis essential.

Clinical Trials

The Alzheimer's drug development pipeline hosts 192 trials and 158 novel drugs. Clinical trials may provide treatment options that aim to minimize symptoms and slow disease progression. PHM stays at the forefront of the latest clinical trials and can advise on the merits of these trials. For Alzheimer's Disease clinical trials, interventions may include:

- + Therapeutic and symptom interventions
- + Gene and cell therapies
- + Repurposed drugs
- + Biomarkers

Non-Medication Therapies

Supportive and lifestyle-based strategies can help preserve brain function and quality of life:⁴

- + **Physical therapy and occupational therapy**
Coping skills and strategies to maintain functional independence.
- + **Healthy diet and adequate sleep**
Supports brain health and overall well-being; softer or liquid foods may be needed in late stages.
- + **Cognitive and social stimulation**
Activities that keep the mind engaged are especially valuable in early and middle stages.
- + **Exercise**
Improves blood flow to the brain, boosts mood, and supports general fitness.



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4. **Livingston, Gill, et al.** "Dementia prevention, intervention, and care: 2020 report of the Lancet Commission." *The lancet* 396.10248 (2020): 413-446.

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