

Women & Alzheimer's

Q&A

**With Dementia
Care Experts**



Serenades

Memory Care Assisted Living

for her

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Women & Alzheimer's: Essential Questions. Expert Answers.

- Q1** Why is Alzheimer's disease more common in women than men?
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Q1

Why is Alzheimer's disease more common in women?

Women experience Alzheimer's disease differently and with greater frequency than men. In fact, two-thirds of clinically diagnosed cases of Alzheimer's disease are women, with the longer female lifespan cited as the primary reason. But are there other differences between the genders that may increase risk of Alzheimer's disease in women? Scientists think there are.

Age is the greatest known risk factor for Alzheimer's disease, but research shows longevity may not be the only reason women are at higher risk. Even among people of the same age, women are more likely to get Alzheimer's disease. Some studies suggest differences in biology, such as menstruation, pregnancies and menopause contribute to higher risk. Other studies suggest risk factors related to education, work and lifestyle. In general, most experts agree we need more research to fully understand why women's risk is higher. The prevailing theories include:

Genetic Risk Factors. Researchers have identified certain genes that react differently to estrogen in women, including apolipoprotein E.

Hormones. Declines in estrogen levels could contribute since women produce less of this hormone after menopause. Conversely, men's brain cells can convert testosterone into estrogen so they don't experience the same drop in estrogen.

Cardiovascular Health. Men who live to older ages tend to have better cardiovascular health, which may provide added protection against Alzheimer's disease.

Immune System. Women's stronger immune systems may mean they produce more amyloid plaques—clumps of protein that build up in the brain and are thought to play a role in Alzheimer's disease.



Q2

Do women have different Alzheimer's symptoms than men?

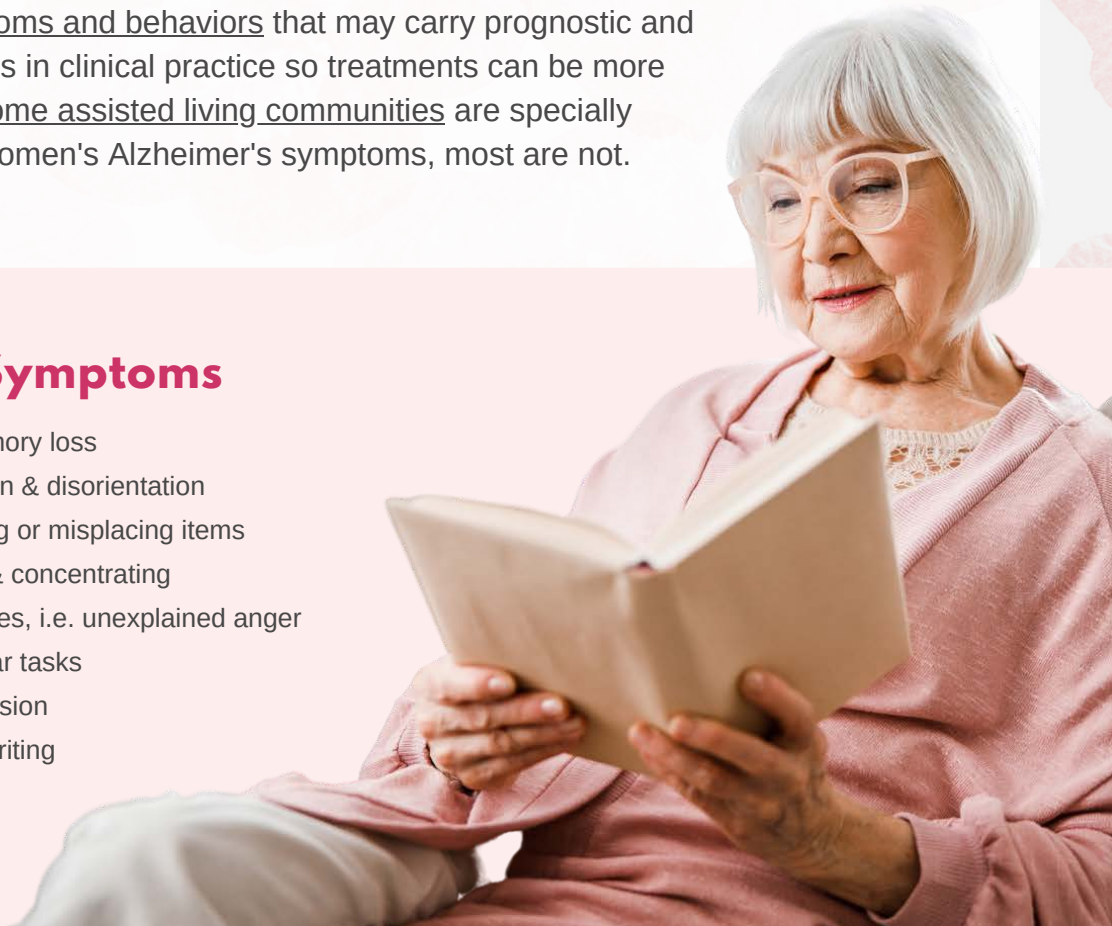
Alzheimer's is a progressive neurodegenerative disease that causes memory loss, cognitive decline and behavioral changes. The early warning signs of Alzheimer's (listed below) are not gender specific and can vary from person to person.

The behavioral and psychological symptoms of dementia (known as BPSD) also vary based on the severity or stages of Alzheimer's disease. While the majority of symptoms are not gender specific, some studies have shown depression and anxiety to be more prevalent in women in the early stages of the disease, indicating a need to develop better early screening and intervention strategies.

As the rate of Alzheimer's increases, it is critical that we expand our understanding of how gender creates risk and resilience against Alzheimer's disease. Experts agree more research is needed to understand the disease pathophysiology and gender-specific symptoms and behaviors that may carry prognostic and therapeutic implications in clinical practice so treatments can be more personalized. While some assisted living communities are specially designed to care for women's Alzheimer's symptoms, most are not.

Alzheimer's Symptoms

- Memory challenges & memory loss
- Cognitive decline, confusion & disorientation
- Repeating questions, losing or misplacing items
- Difficulty paying attention & concentrating
- Mood or personality changes, i.e. unexplained anger
- Difficulty completing familiar tasks
- Anxiety, agitation & aggression
- Problems with reading & writing
- Withdrawal from activities
- Sleep disturbances





Q3


How can a women reduce her risk of developing Alzheimer's disease?

You are more likely to develop Alzheimer's disease if you are a woman, but there are things you can do to reduce your risk. Your genetics are part of what determines whether you'll get Alzheimer's, but your health, diet and lifestyle also play a role.

According to a committee of experts assembled by the National Institute on Aging, increased physical activity, managing high blood pressure and cognitive training are among the most promising interventions for preventing or delaying Alzheimer's disease. There is also evidence that shows diet and nutrition contribute to slow or prevent cognitive decline and dementia. Other strategies recommended by experts include:

 **Take care of your cardiovascular health.** Conditions that harm your heart and blood vessels, like heart disease, high blood pressure, high cholesterol, diabetes and stroke, raise your risk for all types of dementia. Get regular checkups, take medications as prescribed, and follow your doctor's recommendations for lifestyle changes.

 **Protect your head.** Head injuries are a known risk factor for dementia. Always wear your seatbelt in the car and use a helmet when you ride a bike. Eliminate potential trip-and-fall hazards in your home. Consider balance training exercises to reduce your risk of falling.

 **Adopt healthy lifestyle habits.** Cut down on processed foods in favor of a nutritious diet rich in nuts, produce, beans, whole grains, and lean proteins. Do more aerobic exercise like walking or biking, don't smoke and limit alcohol. Both diet and exercise are linked to cardiovascular health, an important risk factor associated with Alzheimer's disease.





Q4


How is Alzheimer's disease diagnosed in women?


The diagnosis of Alzheimer's disease is challenging because symptoms can mimic other medical conditions. A diagnosis is typically made after a physical examination and comprehensive evaluation of the individual's medical history and cognitive function. The evaluation may also include laboratory tests and brain imaging studies.

Below we've outlined the most common methods used to diagnose Alzheimer's disease. Keep in mind, the methods may vary by doctor and by the individual seeking a diagnosis, so please ask your doctor if these tests are right for you or your loved one.

 **Medical History Review.** The initial step in diagnosing Alzheimer's disease is to conduct a medical history review. The doctor will ask the patient about their symptoms, medical history and family history of the disease. This information can help the doctor identify the risk factors and rule out other potential causes of Alzheimer's symptoms and behaviors.

 **Physical Exam.** An essential component of the diagnostic process, doctors will look for signs of neurological problems, such as tremors, weakness, and sensory loss. They may also evaluate the patient's gait, balance and reflexes.

 **Cognitive Function Tests.** Neurological tests are designed to evaluate cognitive function, rule out other possible conditions and detect signs and symptoms of Alzheimer's disease. Tests may include the Mini-Mental State Examination (MMSE), the Ascertain Dementia 8 (AD8), the Montreal Cognitive Assessment (MoCA) and the Mini-Cog, among others, to detect cognitive impairment.

 **Diagnostic Tests.** Brain imaging tools such as magnetic resonance imaging (MRI), positron emission tomography (PET) or computed tomography (CT) scans may also be used to evaluate brain health and detect any structural changes in the brain that may suggest Alzheimer's disease. Blood tests may also be used to rule out other potential causes of memory loss, such as thyroid dysfunction or vitamin deficiencies.

Q5

Can genetic testing determine if you will develop Alzheimer's?

Genetic testing may one day be used as a tool for early screening, but it currently offers limited information for the diagnosis of Alzheimer's disease. Sometimes a doctor may use genetic testing as part of the diagnostic process, but it is not a routine screening.

Alzheimer's disease does not have a single genetic cause, but is influenced by multiple genes in combination with lifestyle and other factors. Still, the relationship between Alzheimer's and genetics are a topic under intense study to better understand and identify new methods to prevent, delay and treat the disease.



APOE4. The apolipoprotein E gene is among the strongest risk factors for Alzheimer's disease in people over the age of 65, and especially in women. It is involved in making a protein that helps carry cholesterol in the blood. Having the e4 form of the APOE gene increases the risk of not only developing Alzheimer's disease, but also developing it at a younger age. Researchers believe as many as 65% of people diagnosed with Alzheimer's disease have one or two copies of the APOE-e4 gene.



MGMT. In 2022, a new study conducted by the Boston University School of Medicine found a gene called O6-Methylguanine-DNA-methyltransferase (MGMT) to be associated with an increased risk of Alzheimer's disease in women. The research showed MGMT contributed to the development of toxic amyloid and tau proteins, two important biomarkers of Alzheimer's disease.

Inheriting a deterministic risk gene like APOE-e4 or MGMT does not guarantee that you will develop Alzheimer's, which is one reason why genetic testing is not a reliable method of diagnosis. Ask your doctor if genetic screening is right for you.

The Alzheimer's Association provides additional guidance related to genetic testing and its implications on your risk factors and health. The National Institute on Aging also publishes a fact sheet on the topic.

Q6

How is Alzheimer's disease treated in women?

Alzheimer's disease is caused by the toxic buildup of amyloid proteins and tau proteins (neurofibrillary tangles) in the brain, which block communication between neurons (brain cells) and cause cognitive decline and other symptoms of Alzheimer's disease. Over time, abnormal levels of protein clump together to form plaques (lesions) that collect between neurons and disrupt cell function. Why the proteins behave differently in women remains unclear, but their discovery has led to the development of new anti-amyloid treatments.

While there's no cure for Alzheimer's disease, there are medications that are believed to slow the progression and alleviate symptoms.



Anti-amyloid Treatments. Monoclonal antibody medications slow the progression of Alzheimer's disease by preventing the buildup of amyloid plaques.



Cholinesterase Inhibitors. Blocks enzymes (acetylcholine) that interfere with nerve cell communications to ease problems with memory, language and thinking.



Glutamate Regulators. Slows the neurotoxicity associated with Alzheimer's disease by regulating glutamate, a chemical messenger in the brain.

Researchers are looking into whether hormone replacement therapy might reduce women's risk for dementia, but studies have had inconsistent and conflicting results.

Antidepressants, anti-anxiety, anticonvulsant and antipsychotic drugs are also used to treat behavioral symptoms, but due to side effects, experts recommend trying other ways to manage problematic behaviors first, including changes to the environment. A move to a memory care community, for example, can make daily life easier for those with Alzheimer's disease, ease symptoms and improve quality of life.





The information provided here is for information purposes only. Be sure to talk to a doctor about which treatments are appropriate for you and your loved one.

How can women with Alzheimer's improve quality of life?

Most women with Alzheimer's disease experience neuropsychiatric symptoms (NPS) at some point during the course of the disease, including depression, anxiety, agitation and aggression. These symptoms and behaviors can lead to poor medical outcomes and make caregiving more difficult for family members. The symptoms can also reduce quality of life significantly for the person with Alzheimer's disease.

There are other options available to families who want to help their loved one maintain quality of life. At [Serenades For Her](#) communities, our intimate, all-female neighborhoods create a robust social environment for women to experience a newfound sense of sisterhood, enduring friendships and mutual support. Activities promote social interaction tailored to female preferences, including art, music, culture, cuisine, games and group exercise. Dining and family rooms are also exclusively all-female to emphasize social interaction. This concept simplifies life for the resident and for her loved ones, providing a greater degree of gender-specific privacy in a safe and secure environment that feels more like home.

At Serenades For Her, services and amenities are designed *exclusively* for women while care is provided *exclusively* by female caregivers who have been specially trained to meet the unique needs of women with Alzheimer's disease.

-  **Décor & Furnishings.** Neighborhoods feature a feminine color palette and décor aimed at evoking a sense of comfort and serenity.
-  **Activities & Programming.** Daily activities support social interaction tailored to female tastes and preferences.
-  **Spa & Amenities.** An onsite salon, nailbar and "Bathtique" spa fulfill a women's desire to be pampered.
-  **Safety & Security.** Controlled access, double-barrier exits assure the safety and personal security of residents while encouraging independence and promoting confidence.



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An innovative new concept in memory care, Serenades For Her caters to a woman's need for the utmost privacy and comfort. All-female neighborhoods feature robust social programming with specialized dementia care to create a sense of sisterhood and mutual support for women. Schedule a visit to learn more.

FIND A COMMUNITY

At Serenades
Memory Care,

Pink

Has New
Purpose



The fundamental idea behind purpose-built memory care is a person-centered approach to caring for those with Alzheimer's disease and dementia. Serenades *For Her* memory care communities tailor care to the unique needs of women with memory challenges by creating a safe environment for women to rediscover a sense of sisterhood, enduring friendship and mutual support along with a greater degree of privacy, comfort and peace of mind. Schedule a tour to learn about Serenades' innovative new memory care program designed exclusively for women.



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