



FACING DEMENTIA HEAD ON

➔ Move over Alzheimer's: The Perrygos have too much to do BY KELLY CASEY

In 2004, John and Carolyn Perrygo moved into their dream home. With a mountain view and three acres in Hagerstown, Maryland, their home has been the perfect antidote to hectic years commuting to D.C. for civilian careers with the U.S. Army and Navy. But by no means are the Perrygos watching life pass them by: Since retiring, they've finished exploring all 50 U.S. states and all of Canada.

An unexpected bump in the road of life, however, came along in 2010. John was 66 at the time and Carolyn started

to notice subtle changes in his behavior. She kept a journal and within months had a long list of concerns: John had trouble finding his way around. He had no memory of a vascular screening at their local hospital. He misplaced his wedding ring and lost other personal items. He left the outside doors unlocked. He left the coffee pot on.

John noticed changes too. "I'd walk into a room and forget why I was there," he says. "On some days, it was, and is, a struggle remembering where to put away the dishes."



John and Carolyn Perrygo encourage others to be open and proactive about any sign of memory issues. John says, "I'm telling the world, 'Hey, I've got this memory problem and if you're smart, you, too, will have this addressed.'"

Bracing for the Future

Carolyn suggested they take their concerns to their doctor. After doing research, their doctor suggested they go to University of Virginia Health System. Since then, they've made many 3-hour treks to UVA Memory and Aging Care Clinic. Here, John was diagnosed with mild cognitive impairment and later a brain scan revealed he's likely in the early stages of Alzheimer's disease. The diagnosis was, Carolyn shares, "a punch in the gut," especially for a man who once oversaw housing for Navy sailors and their families worldwide. But she quickly adds that they are grateful to be better prepared for what's ahead.

"We knew when we built our dream home that both of us had to be healthy in order to stay here. So we've decided to sell and downsize to a location that meets our future needs," Carolyn says. Other changes include a diet rich in healthy "brain foods" such as berries, avocado and olive oil.

'Life Goes On'

What hasn't changed is John's sense of humor and the couple's active lifestyle. "Life goes on and you don't sit there and go, 'Woe is me' when you have things to do," John says. Carolyn adds, "We have some road trips ahead of us for sure. We enjoy going to the theater and concerts and socializing with friends and family. I don't know that we've slowed down at all and we don't intend to."

The Perrygos credit the expertise they found at UVA for helping them remain active. Since August, John, now 70, has been taking a once-daily pill. Because he's participating in a UVA-run clinical trial, he and Carolyn don't know if he's taking a placebo or experimental medication. But it seems to be helping: "Last spring, John had a slide that was pretty fast and scared both of us," Carolyn says. "Not only did the slide stop but he reversed back to where he was."

She adds, "It's been a huge blessing to have UVA in our life."

Many Faces of Mental Decline

When someone's mental function begins to fail, it's often the first sign of Alzheimer's disease. But a number of other conditions can lead to dementia and it's important to rule them out, notes Erin Foff, MD, PhD, a neurologist with UVA Memory and Aging Care Clinic.

Encouragingly, some causes are reversible if caught in the early stages. And even when a condition has no cure, treatments can give someone a few extra years before needing round-the-clock nursing care.

DEPRESSION can often look like dementia and is highly treatable.

METABOLIC AND ENDOCRINE DISTURBANCES and even an infection are rare but treatable conditions.

NORMAL PRESSURE HYDROCEPHALUS is also rare but may be partially or completely reversible if caught very early and treated. An imaging scan can help uncover this condition.(related to Parkinson's) has no cure but responds well to FDA-approved medications for Alzheimer's, Foff says.

VASCULAR DISEASE is another common cause of cognitive decline. "Hypertension, high cholesterol, diabetes and some genetic risk can cause a buildup of plaque in vessels of the brain in the same way that it causes buildup of plaque in vessels of the heart," Foff says. "People are often more motivated to get better control of their blood pressure, sugar and cholesterol levels if they know we can help them preserve their cognitive ability."

FRONTOTEMPORAL DEMENTIA usually strikes in someone's 50s, causing behavioral changes and/or language dysfunction. Behavioral therapy can help minimize symptoms and UVA is testing an experimental medication in a clinical trial. This form of dementia can be caused by the same genetic mutations that cause ALS (Lou Gehrig's disease). "This condition very often gets diagnosed late, only after it has destroyed someone's life," Foff says. "I have seen patients lose their job, their benefits and end up divorced before it is recognized that they are suffering from a neurodegenerative disorder." (Learn more about a family facing this disease at uvahealth.com/blog.)

"When you see a decline in your own or someone else's mental ability, it's so important not to assume it's normal aging," Foff says. "If we don't treat these conditions early, some cognitive impairments can be irreversible."

REMEMBER TO TALK TO YOUR DOCTOR

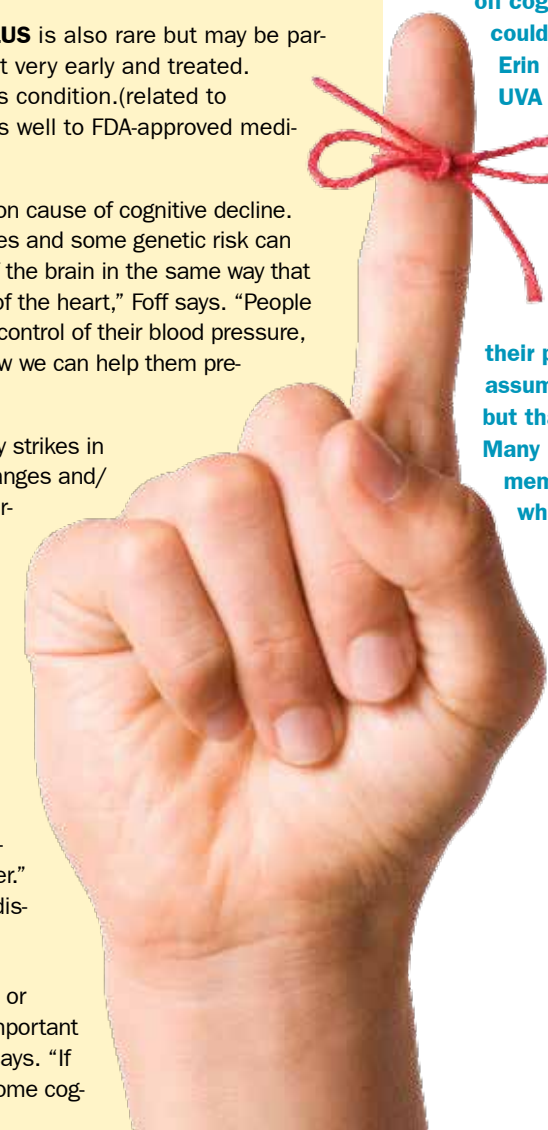
✔ Mammogram

✔ Colonoscopy

You're old enough to have had these important screenings. If you've reached your 60s, you may want to consider another important screening: one that tests how well your mind is functioning.

As we age, our minds naturally lose flexibility. It's not unusual to forget where we parked the car or struggle to remember someone's name. But many people brush off cognitive decline as normal when it could be the first hint of a disorder, says Erin Foff, MD, PhD, a neurologist with UVA Health System Memory and Aging Care Clinic.

"It may one day become routine to test cognitive abilities at age 65 during a regular medical checkup," Foff says. Until then, she encourages anyone with concerns about memory loss to talk to their primary care provider. "Many people assume it's because they're getting older but that's not always the case," Foff says. Many primary care offices can offer simple memory tests to differentiate between what's normal and what's not.



CALL

Have a Memory Disorder or Dementia?

Several global clinical trials evaluating investigational treatments are enrolling participants at UVA. To learn more, contact trial coordinator Colleen Webber at cmn6x@virginia.edu or 434-243-5898.

WEBSITE

Is it Alzheimer's?

It's hard to know without a thorough evaluation. To make an appointment at UVA Memory and Aging Care Clinic, go to uvahealth.com/appointment or call 434-982-0803.