

BASIC PERSONALITY CHANGES

By the time a patient is diagnosed with Alzheimer's, more than signs of memory loss are at issue. Mood changes are inevitable. As they worsen, they actually become full-blown personality transformations. The only question is which of the four basic personality types your loved one will come to exhibit.

Cheerful and Childlike

Back in the summer of 2013, when B. got her diagnosis, I was relieved to see that she remained nearly as sunny and affectionate as she'd always been. She knew she had Alzheimer's, yet she managed to be upbeat about it most of the time. If anything, as her memory issues deepened, she seemed sweetly philosophical, which was to say she seemed like herself: not by chance, when I first met her all those years ago, did I call her "Sweetie." I still do.

Among the many blessings of this personality type associated with Alzheimer's—the benign one, you might call it—is self-awareness. Many patients, even early-stage patients, literally can't comprehend that they have the disease. As a result, they get angry and frustrated as their physical and mental capacities diminish. They don't know why these things are happening to them; the mind they need to understand is no longer able to process those thoughts.

A cheerful and childlike patient is, of course, infinitely easier for a caregiver to deal with. She's more agreeable, there's more communication, certainly fewer slammed doors. The downside is that over time, those traits may grow more pronounced. Eventually, your cheerful and childlike loved one may come to behave more like a child than an adult.

Two years later, B. still has that dazzling smile, and her mood is often upbeat. But not as much, and not as often. The dark moods are deeper, the frustrations more profound. Often, now, she has more of the aspects of the other personality types: apathetic, depressed, even frightened. No one said this would be easy—and it's not.

Apathetic

It isn't easy for even a mild-stage Alzheimer's patient to finish a sentence or perform a task that involves more than one or two steps. As she struggles with tasks or thoughts or sentences that now seem complex, so grows the inclination to abandon the effort. That leads to apathy, sometimes of the most profound sort. A patient may feel emotionally paralyzed, and shaking her out of her torpor can be really hard.

Medically, that makes perfect sense, since a patient with Alzheimer's is losing the part of her brain that governs what's called executive function. Antidepressant medicine may help; physical exercise is certainly helpful, as are small household tasks that the loved one can feel some pride in mastering, like organizing kitchen cabinets or vacuuming.

Over time, I've seen B. exhibit classic signs of the apathetic personality type. And just as the experts suggest, it comes out when she's faced with a multi-step task that's now too complex for her. Take cooking, one of her favorite activities. The B. I used to know could whip up difficult dishes from memory, or give a long recipe a passing glance to see what she wanted to take from it. Now she struggles to follow the simplest three-step recipe. By the time she gets to step 3, she forgets what she's done for the first step! She'll either get frustrated or quietly abandon the effort, and go sit on the sofa looking out at the bay, having lost the incentive to do anything at all.

For caregivers, there's often a tendency to deal with apathy by trying to shake the patient out of it—like telling your teenager to get out of bed and face the day. “Come on, hon, you can do it—get back to that kitchen!” That kind of rallying rarely works. I know; I've tried it. Better, much better, to stand close by as she starts one of those multi-step tasks, and gently ease her into that second and third step. It really is like dealing with a child—and just as with a child, you want the result to be a victory for *her*. That's how you'll keep your loved one's self-confidence intact and prevent her from sliding into apathy.

If apathy becomes chronic and unshakeable, a doctor may prescribe antidepressants. Sometimes they can jump-start a patient into better spirits.

Depressed

Depression is an all-too-common response to the realities of Alzheimer's. Patients with even the mildest-stage Alzheimer's can feel overwhelmed and weighed down, first by the signs of memory loss, then by the expectation of what awaits them as the disease takes its course. By the time B. got her diagnosis, she had taken to slamming doors and isolating herself, steeped in the Alzheimer's blues. Sometimes a long walk helped; sometimes she needed a good night's sleep to shake her mood. Often the quickest way to get her smiling again was to have her play with Bishop, our Italian mastiff. I'm telling you: there's nothing like a dog to broom the blues away!

Two years later, I'm sorry to say, B. is depressed more often, more deeply, than I could have predicted. You won't see that in her public appearances: she's still radiating that wonderful smile and coming out with funny one-liners. At home, though, it's harder. Little things upset her, the tears start to flow, and again she starts saying that all she wants is to go home again—back to the little town in western Pennsylvania where she grew up. No matter how many times I tell her the town

isn't what she remembers it being, she clings to that notion and seems to feel that if she just gets herself there, she'll shake these blues.

Antidepressant drugs can help; so can physical exercise and the distractions of socializing with family members, watching movies, and so forth. Unfortunately, though, depression can be hard to budge and often leads to anger. Patients may start lashing out at their loved ones, either with or without the awareness that Alzheimer's is prompting these outbursts.

Paranoid and Frightened

As mild-stage Alzheimer's gives way to the middle stages, depression and anger often lead to irrational fears, even paranoid delusions. A handyman who's come to fix the stove may suddenly seem an intruder; a spouse may seem a stranger. In a way, these delusions are entirely logical. A patient with worsening Alzheimer's is no longer able to figure out who certain people and places are. Those gaps are scary, and so a patient fills them in with her own guesses as to what they are. At one point not too long ago, B. took more antidepressant pills than prescribed and had an unsettling, if brief, bout of imagining shadowy figures in the corner. Fortunately, those fears subsided when she reduced her dosage, and we haven't had any more instances of actual paranoia.

Personality changes of any kind are difficult to accept in a loved one, and often hard to address. As a caregiver, you learn to react with gentleness, to sympathize but not to correct, and, when possible, to take the loved one to a new environment to shake her out of her apathy, depression, or fear. We're lucky enough to be able to take a long, mood-restoring walk on the beach with Bishop (who does a lot to keep B. in good spirits!). For those without a soothing place to walk, try the nearest ice-cream parlor! You remember how good ice cream felt when they took your tonsils out! It's just as soothing now for a loved one with Alzheimer's.