Alzheimer’s & Dementia

What caregivers should know about diagnosis, treatments and daily support

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Dementia is not one disease

- Dementia describes changes in thinking that interfere with daily life.
- Alzheimer’s is the most common cause.
- Other causes include vascular and Lewy body dementias.

DEMENTIA = umbrella term

ALZHEIMER’S = a disease

When should a family ask for help?

- Repeated questions or missed appointments
- Difficulty managing medications, money or familiar tasks
- Getting lost or new changes in judgment

EARLY CHECKS MATTER

Why early diagnosis matters

- Find treatable contributors and review medications.
- Plan support, finances and personal preferences early.
- Determine whether disease-modifying treatment is an option.

MORE TIME

MORE CHOICES

What happens during evaluation?

- Clinical history and memory testing
- Blood tests and brain imaging when appropriate
- Amyloid confirmation before anti-amyloid treatment

ASK: WHAT IS CAUSING THE CHANGE?

Everyday medicines: symptom support

- Donepezil, rivastigmine and galantamine may help symptoms.
- Memantine is often used in moderate to severe Alzheimer’s.
- Benefits vary; review side effects and interactions.

SYMPTOM TREATMENT

≠ CURE

Newer infusions target amyloid

- Leqembi (lecanemab) is given every 2 weeks initially.
- Kisunla (donanemab) is given every 4 weeks.
- They may modestly slow decline in selected early Alzheimer’s patients.

EARLY ALZHEIMER’S

NOT ALL DEMENTIAS

Who may qualify for an infusion?

- Mild cognitive impairment or mild dementia due to Alzheimer’s
- Confirmed amyloid pathology
- Specialist review of MRI, medical history and bleeding risk

SPECIALIST DECISION

MRI monitoring protects patients

- ARIA means amyloid-related imaging abnormalities.
- Possible brain swelling or small bleeds can occur.
- Scheduled MRIs are required; new symptoms need urgent evaluation.

HEADACHE

CONFUSION

VISION CHANGE

What caregivers should watch for

- New headache, dizziness, confusion or visual changes
- New weakness, seizure or trouble speaking: emergency care
- Report changes promptly to the infusion team

KNOW THE WARNING SIGNS

Medication safety at home

- Keep an updated medication and supplement list.
- Ask a pharmacist to check sedating and anticholinergic drugs.
- Use a safe administration system and avoid double doses.

ONE LIST

ONE PLAN

Practical caregiver communication

- Use short choices instead of open-ended questions.
- Give time to respond; offer reassurance.
- Focus on comfort, dignity and familiar activities.

CONNECT FIRST

CORRECT LESS

Caregiver wellness is part of care

- Schedule breaks and ask for specific help.
- Consider adult day programs and respite services.
- Watch your own sleep, mood and health.

SUPPORT THE SUPPORTER

Five questions for the next visit

- What type and stage of dementia is this?
- Which medicines or infusions fit this person’s goals?
- What symptoms, scans and follow-up should we plan?

BRING QUESTIONS

AND A MED LIST

Take-home message

- Seek assessment early when changes affect daily life.
- Treatments can help, but benefits and risks differ.
- Caregivers deserve information, safety and support.

EARLY ACTION

COMPASSIONATE CARE

Common side effects: oral medicines

- Donepezil, rivastigmine, galantamine: nausea, diarrhea, poor appetite or weight loss.
- These medicines can also cause slow heart rate, dizziness or fainting.
- Memantine: dizziness, headache, constipation or confusion.
- Never stop, restart or change a dose without discussing it with the prescriber.

Caregiver tip: track symptoms after a medicine is started or changed.

Leqembi and Kisunla: possible side effects

- ARIA: swelling or bleeding seen on MRI; often no symptoms, but can be serious.
- Possible symptoms: headache, confusion, dizziness, visual changes, nausea or trouble walking.
- Infusion reactions may include chills, fever, rash, nausea or blood-pressure changes.
- New weakness, seizure, severe headache or trouble speaking: seek emergency care.

Tell emergency clinicians the patient receives an anti-amyloid medicine.

MRI schedule: Leqembi (lecanemab)

- Brain MRI before the first treatment (baseline).
- For the IV infusion schedule: MRI before infusion 3, 5, 7 and 14.
- MRI should be reviewed before the next scheduled treatment.
- Additional MRI may be needed if symptoms suggest ARIA.

Based on current US Leqembi prescribing information; schedules can change.

MRI schedule: Kisunla (donanemab)

- Brain MRI before the first treatment (baseline).
- Repeat MRI before infusion 2, 3, 4 and 7.
- Infusions are generally every 4 weeks; dose increases during the first treatments.
- New neurologic symptoms require prompt evaluation and sometimes an additional MRI.

Based on current US Kisunla prescribing information.

Will Medicare cover these treatments?

- Medicare Part B may cover qualifying anti-amyloid treatments for early Alzheimer's.
- Eligibility includes confirmed amyloid and mild cognitive impairment or mild Alzheimer's dementia.
- The treating clinical team must participate in a qualifying registry under CMS rules.
- With Original Medicare, Part B deductible and typically 20% coinsurance may apply.

Medicare Advantage and supplemental coverage can change out-of-pocket costs.

Private insurance: what to ask before treatment

- Is the medicine on the medical benefit, and is prior authorization required?
- Are amyloid confirmation, APOE testing, MRI scans and infusion services covered?
- Which neurologist, imaging center and infusion facility are in network?
- What are the deductible, coinsurance, out-of-pocket maximum and appeal options?

Coverage varies by plan; ask for written benefit verification.

Caregiver resources: help is available

- Alzheimer’s Association: 24/7 Helpline 800-272-3900 | alz.org
- Alzheimer’s Association: caregiver groups, education and local care navigation.
- Eldercare Locator: 800-677-1116 | eldercare.acl.gov
- Ask about respite care, adult day programs, Area Agencies on Aging and benefits counseling.

Keep these contacts on the refrigerator or in the caregiver’s phone.

Questions to bring to the next appointment

- What stage of Alzheimer’s disease is this, and what is our goal of treatment?
- Which benefits and side effects are most important for this person?
- Who schedules MRIs, and whom do we call after hours?
- What will Medicare or insurance pay, and what will we owe?

Bring a complete medication list and a family member who can take notes.

Sources and additional reading

- FDA prescribing information: Leqembi and Kisunla (latest US labels).
- CMS: Medicare coverage for anti-amyloid monoclonal antibodies.
- Medicare.gov: Part B outpatient prescription drug coverage.
- Alzheimer’s Association: alz.org/help-support/caregiving.