

[Home](#) [Alzheimer's Daily News](#) [The Alzheimer's Store](#) [Alzheimer's Library](#) [Wandering](#)[Alzheimer's Daily News](#) > [Resources](#) > [Frequently Asked Questions](#)

B

What are the stages of AD?

Stages

[Articles](#)[Frequently Asked Questions](#)[Activities Page](#)[The Complete Guide to
Alzheimer's-Proofing Your
Home](#)[Links and Resources](#)[Support for Caregivers](#)[Ask the Experts](#)

Subscribe to
The Alzheimer's Daily
News

Enter your e-mail address in
the box to join.

Experts refer to several theories breaking down the stages of Alzheimer's disease. Some are based on 3, 5, 7 or even as many as 15 stages. To simplify matters we concentrate on only two of these theories:

THE THREE STAGE THEORY

Early Stages - Something Is Wrong

The early stages of AD might be described by saying that Alzheimer's is clearly present, but remains in the background, not truly affecting or hindering everyday life. Symptoms may include forgetfulness, misplacing items, or even occasional episodes of getting lost or failing to recognize people or places. Though relatively minor in its impact on life, the disease is there, enough to convince the person, family and friends that something is wrong.

Summing it up, the disease is in the background, but present, nonetheless.

The Middle Stages - The Battle

The middle stages of AD is best described as when the disease has now progressed to a point where the patient is clearly battling it. They are aware that they are having problems and doing everything that they can to survive. Life is a constant battle involving frustration, mishaps, and episodes of upset. The question one may now be asking is who is winning - the person with AD or the disease?

The End Stages - the Disease Has Won

The end or late stages of AD are those periods when, during the course of the disease, it becomes apparent that the disease has won and the patient can do nothing else but give in or succumb to the overwhelming damage that has occurred to their brain. Now the person is in the background and the disease is in the foreground.

THE SEVEN STAGE THEORY OF ALZHEIMER'S DISEASE

In 1982 Dr. Barry Reisberg published what was to become the best and most widely accepted description of the stages of Alzheimer's disease. Even today, nine years later, when experts refer to a person being in stage 5 or stage 6, they are referring to Dr. Reisberg's scale of seven stages.

Stage 1

No cognitive decline. No subjective complaints of memory deficit. No memory deficit evident on clinical interviews.

Stage 2

Very mild cognitive decline (forgetfulness). Subjective complaints of memory deficit most frequently in the following area:

1. forgetting where one has placed familiar objects;
2. forgetting names one formerly knew well.

No objective evidence of memory deficit on clinical interview. No objective deficits employment or social situations. Appropriate concern regarding symptoms.

Stage 3

Mild cognitive decline (early confusional). Earliest clear-cut deficits. Manifestations more than one of the following areas:

1. patient may have gotten lost when traveling to an unfamiliar location;
2. co-workers become aware of patient's relatively low performance;
3. word and name finding deficit becomes evident to intimates;
4. patient may read a passage of a book and retain relatively little material;
5. patient may demonstrate decreased facility in remembering names upon introduction to new people;
6. patient may have lost or misplaced an object of value;
7. concentration deficit may be evident on clinical testing.

Objective evidence of memory deficit obtained only with an intensive interview. Deficit begins to become manifest in patient. Mild to moderate anxiety accompanies symptoms.

Stage 4

Moderate cognitive decline (Late Confusional). Clear-cut deficit on careful clinical interview. Deficit manifest in following areas:

1. decreased knowledge of current and recent events;
2. may exhibit some deficit in memory of one's personal history;
3. concentration deficit elicited on serial subtractions;
4. decreased ability to travel, handle finances, etc.

Frequently no deficit in the following areas:

1. orientation to time and person;
2. recognition of familiar persons and faces;
3. ability to travel to familiar locations.

Inability to perform complex tasks. Denial is dominant defense mechanism. Flatter of affect and withdrawal from challenging situations occur.

Stage 5

Moderately severe cognitive decline (Early Dementia). Patient can no longer survive without some assistance. Patient is unable during interview to recall a major relevant aspect of their current lives, e.g., an address or telephone number of many years, names of close family members (such as grandchildren), the name of the high school

or college from which they graduated. Frequently some disorientation to time (date, day of week, season, etc.) or to place. An educated person may have difficulty counting back from 40 by 4s or from 20 by 2s. Persons at this stage retain knowledge of many major facts regarding themselves and others. They invariably know their names and generally know their spouse's and children's names. They require no assistance with toileting and eating, but may have some difficulty choosing the proper clothing to wear.

Stage 6

Severe cognitive decline (Middle Dementia). May occasionally forget the name of spouse upon whom they are entirely dependent for survival. Will be largely unaware of all recent events and experiences in their lives. Retain some knowledge of their past lives but this is very sketchy. Generally unaware of their surroundings, the year, the season, etc. May have difficulty counting from 10, both backward and sometimes forward. Will require some assistance with activities of daily living, e.g., may become incontinent, will require travel assistance but occasionally will display ability to find locations. Diurnal rhythm frequently disturbed. Almost always recall their own name. Frequently continue to be able to distinguish familiar from unfamiliar persons in the environment. Personality and emotional changes occur.

These are quite variable and include:

1. delusional behavior, e.g., patients may accuse their spouse of being an impostor, may talk to imaginary figures in the environment, or to their own reflection in the mirror;
2. obsessive symptoms, e.g., person may continually repeat simple cleaning activities;
3. anxiety, agitation, and even previously nonexistent violent behavior may occur;
4. cognitive abulia, i.e., loss of willpower because an individual cannot carry a thought long enough to determine a purposeful course of action.

Stage 7

Very severe cognitive decline (Late Dementia). All verbal abilities are lost. Frequently there is no speech at all - only grunting. Incontinent of urine, requires assistance with toileting and feeding. Lose basic psychomotor skills, e.g., ability to walk, sitting and head control. The brain appears to no longer be able to tell the body what to do. Generalized and cortical neurologic signs and symptoms are frequently present.

(Adapted from Reisberg, B., Ferris, S.H., Leon, J.J. & Crook, T. The global deterioration scale for the assessment of primary degenerative dementia. American Journal of Psychiatry, 1982.)