

Transcript Details

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<https://reachmd.com/programs/alzheimers-disease-towards-earlier-detection/patients-we-never-forget-dr-douglas-scharres-case-story/8351/>

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The Patients We Never Forget: Dr. Douglas Scharre's Case Story

Opening Announcer:

You're listening to ReachMD. Uncover the truth about Alzheimer's in this special series, Alzheimer's Disease: Towards Earlier Detection.

Dr. Matt Birnholz:

Welcome to the ReachMD series Alzheimer's Disease: Towards Earlier Detection. I'm Dr. Matt Birnholz. On this episode, we catch up with Dr. Douglas Scharre, Professor of Clinical Neurology and Psychiatry with the Center for Cognitive and Memory Disorder at The Ohio State University Wexner Medical Center. Dr. Scharre shares a memorable case that influenced the way he approaches patient care today.

Dr. Douglas Scharre:

One of the cases I remember quite clearly was a dentist who came to see me for some early cognitive issues, and he was still a practicing dentist getting up in age, probably in his early 60s, maybe 62, 63, and he came in because, being a smart fellow, he was noticing some cognitive issues. And, in particular, what really prompted him to come to see me was that he was writing a paper, as he had intended to do in the past. He was writing a paper about some dental issue and had discovered after

he had written it that he had already written this before. He had taken the same idea he had had before. He had already written a paper on it, and had forgotten that he had written this up before and had written the same paper again. And it, basically, was so shocking to him, as it would be to any of us that engage in academics and publications, etc., that, “how could I have forgotten that I wrote this paper before?”

And so, he immediately came in to be seen “to see if something was going on with my brain,” and sure enough, we did some early testing. He was given some cognitive tests which showed that yes, there was some decline, more than what would be expected by his age and education status. We decided to do other tests and we had an FDG PET scan at the time. This was before we had other amyloid PET scans available, and we looked at his MRI scan, did some blood tests, and the result was that there didn’t seem to be any other conditions based on blood tests. Mood was good, medications were fine and everything pointed to a pattern on cognitive tests that would suggest early Alzheimer’s disease.

And so we started him very early on medications. These are the cholinesterase inhibitors and NMDA antagonists and, in addition, we encouraged him, because he liked to go for walks, particularly with his wife and his dog, to increase that. He continued to do mental exercise, socialize with his wife, and we’ve treated him for many, many years now.

At this point, he is now down to still living with his wife. He has got to a point where maybe the mini-mental state score is in the single digits now. He needs help with all activities of daily living. He really doesn’t recognize me much anymore other than that he acknowledges that I am a doctor, but I don’t think that he actually recognizes me. He is still recognizing his wife, but I think that we have, with early detection, with early treatments, with encouraging mental, physical activity, with his socialization, I think all of these things are extremely important and all add a little bit to help slow down the course, and perhaps, lead to better quality of life.

Dr. Matt Birnholz:

That was Dr. Douglas Scharre from The Ohio State University Wexner Medical Center. For access to continuing episodes of Alzheimer’s Disease: Towards Earlier Detection, visit our series page at ReachMD.com. Thanks for joining us.

Closing Announcer:

You’ve listening to ReachMD. Uncover the truth about Alzheimer’s in this special series, Alzheimer’s Disease: Towards Earlier Detection. To revisit any part of this discussion and to access other episodes visit ReachMD.com/timehidesalzheimers. Thank you for listening.