

Constantino, Mike

12-032

From: John Kniery [JKniery@foleyandassociates.com]
Sent: Wednesday, August 22, 2012 5:05 PM
To: Avery, Courtney; Constantino, Mike
Cc: Randi Schlossberg-Schullo; Joan Carl; Ourth, Joe
Subject: HFSRB Project Number 12-032 50 bed ADRD Addition to Alden Estates of Shorewood
Attachments: supplement to address ITD.pdf

Ms. Avery & Mr. Constantino: Please accept the attached as additional information addressing the issues raised by the Health Facilities and Services Review Board in its Intent-to-Deny decision on the above referenced project. Upon your staff review, should you have any questions or concerns, please do not hesitate to contact me. Thank you for your consideration on this matter.

John P. Kniery

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Foley & Associates, Inc.
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AUG 23 2012

HEALTH FACILITIES &
SERVICES REVIEW BOARD



ALDEN COURTS OF SHOREWOOD, INC.
4200 WEST PETERSON AVENUE
CHICAGO, ILLINOIS 60646
(773) 286-3883

HAND DELIVERED

August 22, 2012

Ms. Courtney Avery, Administrator
Illinois Health Facilities and Services Review Board
Illinois Department of Public Health
525 West Jefferson Street, Second Floor
Springfield, Illinois 62761

Re: Alden Courts of Shorewood
Project No.: 12-032 (the "Project")
Supplemental Information

Dear Ms. Avery:

At its July 23, 2012 meeting, the Review Board considered the Project referenced above to add 50 beds to our existing facility dedicated to dementia care. After consideration, the Project received a 4-4 vote. Board discussion seemed to focus primarily on three issues which we would like to further address. Please accept this correspondence as supplemental information to address Board comments voiced in the consideration of the Project's initial consideration.

I. Availability of Funding.

At the July Board meeting the issue of financing availability arose for several projects, including this Project. With this supplemental filing we wish to provide further evidence of availability financing and to detail the HUD loan process.

Alden is confident in its ability to obtain financing for this Project. Alden anticipates that it will finance the Project from available cash and through a HUD Insured Loan program. As such, Alden needs to make application through Cambridge Realty Capital Limited of Illinois. To provide some comfort level with this method of financing for Alden, appended as **EXHIBIT I** are two letters from Cambridge regarding their experience in working with Alden and HUD. Also, appended as **EXHIBIT II** is a letter from HUD regarding the process and Alden's ability to obtain financing.

As the HUD and Cambridge letter show, it is a requirement that the CON first be obtained before it will consider an application. Consequently, we cannot start in obtaining financing until the project has received its (CON) permit, although we are confident in obtaining



Project No. 12-032

August 22, 2012

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HUD financing. The letters also illustrate that Alden has \$250 Million in HUD insured loans and that we have a great track record in working with HUD since the 1970's as all of our projects have been started with this program subsequent to receiving the required Certificate of Need. Finally, it should be noted that the original Alden Estates of Shorewood project was financed through HUD and the entire process took well over a year to receive under the HUD old MAP Program.

II. IDPH Citations.

Although the SAR made no negative finding on the issues, it did comment on the number of IDPH citations received by related entities. The Board also asked questions about this issue. As part of our permit application we had listed 8 facilities with Type "A" violations from IDPH received in the last three years. We first acknowledge that we take any citation seriously and strike to remedy any problems quickly. With this supplemental filing we seek to provide context for that number.

Alden has been providing long term care and Rehabilitation services to the elderly and disabled for more than 40 years. Collectively, Alden provides this care through almost 5,000 (4,895) licensed beds in its Illinois and Wisconsin facilities. Please note that 31 of its facilities are in Illinois. Alden is an established provider of long term care services, committed to maintaining, evaluating and improving the quality of the services it delivers. Alden routinely reviews policies and processes to continually improve its delivery of care. Long term care services, however, are complex and are regulated, inspected and certified by a number of agencies at the local, state and federal level. At times allegations of non-compliance occur. Allegations of non-compliance with state regulations are taken very seriously, and the facility not only submits the required plan of correction, but does a thorough review of the situation, reassessing policies, procedures and processes.

Even though several Alden facilities have received allegations of non-compliance in receiving "A" level violations, in only three facilities have there been a final finding of an "A" violation. In this regard we appeared to have over reported in our Application as we listed all facilities that had received the allegation of a Type A violation as part of a survey; where-in-fact only 3 of our 31 Illinois facilities have actually received a final "A" violation in the last three year period. Reporting only adjudicated violations appears more consistent with the way these violations have historically been disclosed as part of the CON process.

III. Referral Letters and Projected Utilization.

The State Agency Report made a positive finding relative to projected need. The question however, arose as to whether the full number of referrals will be realized.



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August 22, 2012

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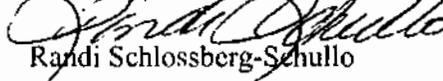
Alzheimer's represents 60%-80% of dementia in today's elderly (refer to **EXHIBIT III**). However, Alzheimer's is only one type of dementia. There are several types of related diseases with a dementia component. The proposed unit is specializing and limiting admission to only dementia residents for most kinds of dementia.

According to the Alzheimer's Association's Illinois Alzheimer's Statistics, in CY 2010, 210,000 persons in Illinois age 65 and over have Alzheimer's disease. Statewide there are 1,609,873 persons over 65 years of age. Thus, 13% of the State's over 65 age cohort has Alzheimer's. More specifically, for the age cohort of 75 and older the Alzheimer's Association cites 198,000 persons with ADRD. Statewide there are 759,738 persons equating to 27% of this age cohort with Alzheimer's dementia. According to the market study provided in the CON application, there are 46,752 persons in this more specific age cohort of 75 plus. Therefore, within the market area there are some 12,155 persons with Alzheimer's dementia. The physicians making referrals to this project have only identified 396 of these individuals or 3.3%. The Alzheimer's Association has found that nearly one third of those with dementia seek care outside of the home. Therefore, some 4,000 people (4,011) are seeking dementia care in the 30-minute market area. Please refer to **EXHIBIT IV** for a chart illustrating the demographics and prevalence of ADRD in the State, Planning Areas, and 30-minute market contour.

Conclusion.

As these appeared to be the main points of discussion, we trust that this satisfactorily addresses your Board's concerns. As always, your consideration on this matter is appreciated. Should you or any of your staff or Board have questions or concerns on these or any other issue, please do not hesitate to contact me.

Sincerely,


Randi Schlossberg-Schullo

Enclosures

C: Michael Constantino, HFSRB
Joe Ourth, Attorney-at-Law
John Kniery



August 21, 2012

CAMBRIDGE
Realty Capital Ltd. of Illinois

Ms. Courtney Avery
Administrator
Health Facilities and Services Review Board
525 West Jefferson Street, Second Floor
Springfield, IL 62761

RE: HUD Section 232 Mortgage Insurance for Nursing Homes and Assisted Living Facilities

Dear Ms. Avery:

Cambridge Realty Capital Ltd of Illinois is a Chicago based HUD approved Lender authorized to make mortgage loans pursuant to Section 232 of the National Housing Act incident to either (i) the new construction (ii) refinance or (iii) purchase of skilled nursing homes and assisted living projects. Cambridge Realty Capital Ltd. of Illinois was formed in 1985 and has since inception completed over \$1,200,000,000 in healthcare facility financing utilizing the programs of HUD.

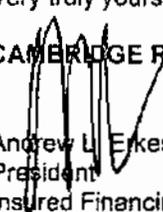
Procedurally, to navigate the HUD application process; HUD protocols require that a complete Application be submitted to HUD. The Application is submitted by Cambridge Realty Capital Ltd of Illinois to HUD. Upon determination by HUD that the Application is complete to HUD standards; HUD will then review the Application and decide in their sole discretion whether or not to issue a Commitment for Mortgage Insurance. If a Commitment for Mortgage Insurance is approved and issued, an interest rate can be locked and closing can occur. Please be advised that for an Application to be deemed "complete", in new construction projects; HUD requires that proof of CON Approval be provided.

Please be advised that mortgage financing from HUD provides fixed rate, non-recourse, fully amortizing, low cost financing at terms and conditions more favorable than which can be obtained from traditional sources such as Banks or Insurance Companies.

Please feel free to contact the Undersigned, if you have any questions.

Very truly yours,

CAMBRIDGE REALTY CAPITAL LTD. OF ILLINOIS


Andrew L. Erkes
President
Insured Financing
Healthcare/Multifamily Housing

ALE/ks

PKimLetter to Courtney Avery Re HUD Mortgage Process 8 21 12

EXHIBIT I



CAMBRIDGE
Realty Capital Ltd. of Illinois

August 10, 2012

To Whom It May Concern,

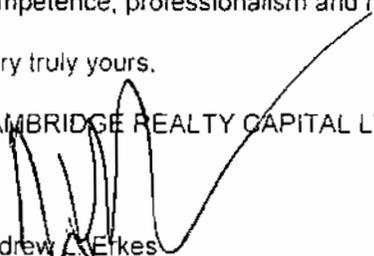
Please be advised that Cambridge Realty Capital Ltd. of Illinois has had a 25 year history of providing first mortgage financing to Floyd Schlossberg, Joan Carl and The Alden Group, Ltd. Currently, we own approximately \$250,000,000 of first mortgages backed by Alden owned healthcare facilities. Payments are always on time and the Alden Accounts have always been handled in a most satisfactory manner.

The majority of the loans we currently hold were originally construction loans that funded the ground up new construction of healthcare facilities in the Chicago land area. In addition to owning and operating healthcare facilities, Alden develops its own new construction projects as well, handling all development activities including Construction, Architect and Interior Design in house. The Alden Group has demonstrated extensive competence in the development of their ground up new construction project as all projects financed by us were brought in on time and within budget.

We provide the highest endorsement of Mr. Schlossberg, Ms. Carl and the Alden Group as our business relationship over the many years has always been handled with the utmost competence, professionalism and honesty.

Very truly yours,

CAMBRIDGE REALTY CAPITAL LTD. OF ILLINOIS


Andrew A. Erkes
President
Insured Financing
Healthcare/Multifamily Housing

ALE/ks

PK\krm\Letter to whom it may concern 8 10 12



U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
Chicago Regional Office, Region V
Office of Insured Health Care Facilities
77 W. Jackson Blvd.
Chicago, Illinois 60604-3507

August 20, 2012

**Ms. Courtney Avery, Administrator
Health Facilities and Services Review Board
525 West Jefferson Street
Second Floor
Springfield, IL 62761**

Dear Ms. Avery:

SUBJECT: Alden Courts of Shorewood. Section 232 Mortgage Insurance

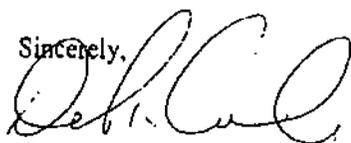
This letter is to confirm the Department of Housing and Urban Development, (HUD) through the Office of Healthcare Programs supports the application of Alden Courts of Shorewood. Alden Courts, as described, is a 50-bed Skilled Nursing Facility located at 700 West Black Road in Shorewood, Illinois. HUD, through the Office of Health Care Programs (OHP), and FHA, insures mortgages under Section 232 on new construction of Skilled Nursing Facilities. HUD's mission is to support community development and increase access to affordable housing free from discrimination. The subject project appears to be in line with this mission but all final decisions regarding underwriting and issuance of a Firm Commitment are the decision of the loan committee which is comprised of Senior OHP Managers and Staff who review each application.

The HUD 232 Mortgage insurance program assists healthcare facilities by providing non-recourse FHA Mortgage Insurance allowing private lender financing to support new and the refinancing of facilities. This project as proposed is a candidate for a FHA insured mortgage with up to a 40 year term and amortization. The subject project will be reviewed once a formal application has been received and the Certificate of Need (CON) has been received from the State of Illinois. FHA has eliminated the pre-application option for Section 232 insurance. Thus, for the applicant for Section 232 insurance, their first step with FHA is to submit a firm application. The firm application includes payment of FHA's application fee equal to 0.3% of the loan amount and providing evidence of the Borrower's ability to meet the financial requirements of closing the loan (i.e. sufficient equity to close.)

EXHIBIT II

I hope that this information is helpful. We look forward to receiving an application for Alden Courts. Should you have any additional questions, please feel free to contact me at (312) 913-8070.

Sincerely,

A handwritten signature in black ink, appearing to read 'D. Cole', written over the word 'Sincerely,'.

David K. Cole
Senior Account Executive
Office of Insured Health Care Programs
Chicago HUD Regional Office

Search

24/7 Helpline: 1.800.272.3900

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In My Area | Alzheimer's & Dementia | Life with ALZ | Research | Professionals | We Can Help | Join the Cause

alzheimer's association® Types of Dementia

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Dementia is a general term for loss of memory and other mental abilities severe enough to interfere with daily life. It is caused by physical changes in the brain.

Alzheimer's disease is the most common type of dementia, accounting for 60 to 80 percent of cases. Other causes of dementia are discussed in this section.

Get our weekly e-newsletter

Stay up-to-date on the latest advances in Alzheimer's treatments, care and research.

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Type of Dementia

Characteristics

Alzheimer's disease

Most common type of dementia; accounts for an estimated 60 to 80 percent of cases.

Symptoms: Difficulty remembering names and recent events is often an early clinical symptom; apathy and depression are also often early symptoms. Later symptoms include impaired judgment, disorientation, confusion, behavior changes and difficulty speaking, swallowing and walking.

New criteria and guidelines for diagnosing Alzheimer's were published in 2011 recommending that Alzheimer's disease be considered a disease with three stages, beginning well before the development of symptoms.

Brain changes: Hallmark abnormalities are deposits of the protein fragment beta-amyloid (plaques) and twisted strands of the protein tau (tangles) as well as evidence of nerve cell damage and death in the brain.

EXHIBIT III

Learn more about [Alzheimer's disease](#).

Vascular dementia

Previously known as multi-infarct or post-stroke dementia, vascular dementia is the second most common cause of dementia after Alzheimer's disease.

Symptoms: Impaired judgment or ability to plan steps needed to complete a task is more likely to be the initial symptom, as opposed to the memory loss often associated with the initial symptoms of Alzheimer's. Occurs because of brain injuries such as microscopic bleeding and blood vessel blockage. The location of the brain injury determines how the individual's thinking and physical functioning are affected.

Brain changes: Brain imaging can often detect blood vessel problems implicated in vascular dementia. In the past, evidence for vascular dementia was used to exclude a diagnosis of Alzheimer's disease (and vice versa). That practice is no longer considered consistent with pathologic evidence, which shows that the brain changes of several types of dementia can be present simultaneously. When any two or more types of dementia are present at the same time, the individual is considered to have "mixed dementia" (see entry below).

Learn more about [vascular dementia](#).

Dementia with Lewy bodies (DLB)

Symptoms: People with dementia with Lewy bodies often have memory loss and thinking problems common in Alzheimer's, but are more likely than people with Alzheimer's to have initial or early symptoms such as sleep disturbances, well-formed visual hallucinations, and muscle rigidity or other parkinsonian movement features.

Brain changes: Lewy bodies are abnormal aggregations (or clumps) of the protein alpha-synuclein. When they develop in a part of the brain called the cortex, dementia can result. Alpha-synuclein also aggregates in the brains of people with Parkinson's disease, but the aggregates may appear in a pattern that is different from dementia with Lewy bodies.

The brain changes of dementia with Lewy bodies alone can cause dementia, or they can be present at the same time as the brain changes of Alzheimer's disease and/or vascular dementia, with each abnormality contributing to the development of dementia. When this happens, the individual is said to have "mixed dementia."

Learn more about [dementia with Lewy bodies](#).

Mixed dementia

In mixed dementia abnormalities linked to more than one type of dementia occur simultaneously in the brain. Recent studies suggest that mixed dementia is more common than previously thought.

Brain changes: Characterized by the hallmark abnormalities of more than one type of dementia—most commonly, Alzheimer's and vascular dementia, but also other types, such as dementia with Lewy bodies.

Learn more about [mixed dementia](#).

Parkinson's disease

As Parkinson's disease progresses, it often results in a progressive dementia similar to dementia with Lewy bodies or Alzheimer's.

Symptoms: Problems with movement are a common symptom early in the disease. If dementia develops, symptoms are often similar to dementia with Lewy bodies.

Brain changes: Alpha-synuclein clumps are likely to begin in an area deep in the brain called the substantia nigra. These clumps are thought to cause degeneration of the nerve cells that produce dopamine.

Learn more about [Parkinson's disease](#).

Frontotemporal dementia

Includes dementias such as behavioral variant FTD (bvFTD), primary progressive aphasia, Pick's disease and progressive supranuclear palsy.

Symptoms: Typical symptoms include changes in personality and behavior and difficulty with language. Nerve cells in the front and side regions of the brain are especially affected.

Brain changes: No distinguishing microscopic abnormality is linked to all cases. People with FTD generally develop symptoms at a younger age (at about age 60) and survive for fewer years than those with Alzheimer's.

Learn more about [frontotemporal dementia](#).

Creutzfeldt-Jakob disease

CJD is the most common human form of a group of rare, fatal brain disorders affecting people and certain other mammals. Variant CJD ("mad cow disease") occurs in cattle, and has been transmitted to people under certain circumstances.

Symptoms: Rapidly fatal disorder that impairs memory and coordination and causes behavior changes.

Brain changes: Results from misfolded prion protein that causes a "domino effect" in which prion protein throughout the brain misfolds and thus malfunctions.

Learn more about [Creutzfeldt-Jakob disease](#).

Normal pressure hydrocephalus

Symptoms: Symptoms include difficulty walking, memory loss and inability to control urination.

Brain changes: Caused by the buildup of fluid in the brain. Can sometimes be corrected with surgical installation of a shunt in the brain to drain excess fluid.

Learn more about [normal pressure hydrocephalus](#).

Huntington's Disease

Huntington's disease is a progressive brain disorder caused by a single defective gene on chromosome 4.

Symptoms: Include abnormal involuntary movements, a severe decline in thinking and reasoning skills, and irritability, depression and other mood changes.

Brain changes: The gene defect causes abnormalities in a brain protein that, over time, lead to worsening symptoms.

Learn more about [Huntington's disease](#).

Wernicke-Korsakoff Syndrome

Korsakoff syndrome is a chronic memory disorder caused by severe deficiency of thiamine (vitamin B-1). The most common cause is alcohol misuse.

Symptoms: Memory problems may be strikingly severe while other thinking and social skills seem relatively unaffected.

Brain changes: Thiamine helps brain cells produce energy from sugar. When thiamine levels fall too low, brain cells cannot generate enough energy to function properly.

Learn more about [Wernicke-Korsakoff syndrome](#).

| Prevalence of Alzheimer's Disease In Market Contour of Shorewood, Illinois | | | |
|---|----------------|--------------------|------------------|
| PSA/Pop Group | 65-74 | 75+ | Total |
| DuPage (7-C)* | 50,300 | 53,400 | 103,700 |
| Kane(8)* | 22,000 | 19,600 | 41,600 |
| Kendall (9)* | 4,400 | 4,100 | 8,500 |
| Will (9)* | 31,200 | 26,300 | 57,500 |
| 30-Minute TT Contour** | | 46,752 | |
| Illinois*** | 850,135 | 759,738 | 1,609,873 |
| Alzheimer's (CY2010)**** | 10,000 | 198,000 | 208,000 |
| % of Alz. to IL Pop | 1% | 26% | 13% |
| Prevalence(2010) | 65-74 | 75+ | Total |
| DuPage (7-C) | 591.7 | 13,916.9 | 14,508.57 |
| Kane(8) | 258.8 | 5,108.1 | 5,366.86 |
| Kendall (9) | 51.8 | 1,068.5 | 1,120.28 |
| Will (9) | 367.0 | 6,854.2 | 7,221.21 |
| | | 12,184.3 | |
| | 1,269.2 | 26,947.7 | 28,216.92 |
| Facility Placement | | | |
| 1/3 Seek Care outside of the home** | 422.6 | 8,973.6 4,057.4 | 9,396.23 |
| Source: *PSA population taken from the 10.13.11 Inventory of Health Care Facilities and Services and Need Determinations; ** 30-Min. market travel time Contour population provided in CON's Market Analysis ***Illinois Demographic Data as found in CON App. ****Alzheimer's Statistics taken from 2012 Alz. Dis. Facts & Figures report at Alz.org/facts. | | | |

EXHIBIT IV



alzheimer's association

Illinois

ALZHEIMER'S STATISTICS

In the United States, an estimated 5.3 million people are living with Alzheimer's disease, and 10 million have developed the disease over the second half of their lives. By 2050, 16 million Americans will have Alzheimer's, and 20 million will develop the disease every 11 seconds. In 2010, 14.9 million family members and friends provided 77 billion hours of unpaid care to those with Alzheimer's and other dementias, a value of \$20.4 billion.

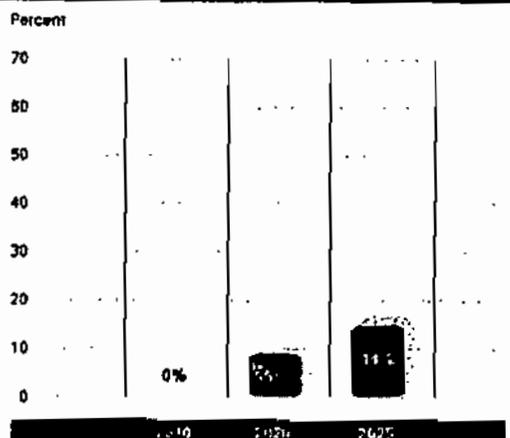
Number of People Aged 65 and Older with Alzheimer's by Age

| Year | 65-74 | 75-84 | 85+ | Total | % change from 2000 |
|------|--------|---------|---------|---------|--------------------|
| 2000 | 12,000 | 110,000 | 89,000 | 210,000 | |
| 2010 | 10,000 | 98,000 | 100,000 | 210,000 | 0% |
| 2020 | 13,000 | 97,000 | 110,000 | 220,000 | 5% |
| 2025 | 14,000 | 110,000 | 110,000 | 240,000 | 14% |

Number of Alzheimer's and Dementia Caregivers, Hours of Unpaid Care, and Economic Value of Care

| Year | Number of Caregivers | Total Hours of Unpaid Care | Total Value of Unpaid Care |
|------|----------------------|----------------------------|----------------------------|
| 2008 | 349,614 | 301,788,819 | \$3,349,833,685 |
| 2009 | 386,207 | 439,812,201 | \$5,057,840,312 |
| 2010 | 579,505 | 659,939,981 | \$7,873,083,975 |

Percentage Change in Number with Alzheimer's Disease Compared to 2000



Cognitive Impairment in Nursing Home Residents, 2008

Total Nursing Home Residents **170,454**



Level of Cognitive Impairment

- severe/moderate
- mild/very mild
- none

Number of Deaths Due to Alzheimer's Disease in 2007

2,734

ILLINOIS DEPARTMENT OF PUBLIC HEALTH



Alzheimer's Disease

About 4.5 million Americans have Alzheimer's disease (AD); an estimated 721,300 of them live in Illinois. Unless a cure or prevention for the disease is found, this number is expected to increase as the population ages. While the disease can occur in people in their 30s and 40s, it is most prevalent among older individuals: about one in 10 persons 65 years of age and older and almost half of those 85 years of age and older develop AD. More than 70 percent of those suffering from AD live at home, where the majority of their care (75 percent) is provided by family and friends. The direct and indirect financial toll of Alzheimer's disease in the United States is estimated to be least \$100 billion a year; Illinois' share of these costs amounts to more than \$5.2 billion annually.

What is Alzheimer's disease?

Alzheimer's disease is an incurable, progressive degenerative disease of the brain. It is the most common form of dementia. AD, though, is not just memory loss. It is also a decline in the ability to think and understand. Consequent changes in personality are accompanied by an inability to function. The type, severity, sequence and progression of the mental changes vary widely among individuals. While it most frequently affects older individuals, Alzheimer's disease is not a part of normal aging.

What are the symptoms/warning signs of Alzheimer's disease?

Symptoms/warning signs of AD may include the following:

- memory loss or unexplained confusion that interferes with daily activities
- difficulty in performing familiar tasks and chores
- problems speaking, understanding, reading or writing
- forgetting words or substituting inappropriate words
- disorientation to time and place (e.g., getting lost in familiar surroundings)
- poor or decreased judgment (e.g., wearing a winter coat on a hot summer day)
- problems with abstract thinking (e.g., difficulty balancing a checkbook)
- misplacing things in inappropriate places (e.g., putting the iron in the freezer)
- changes in mood or behavior (e.g., rapid mood swings for no apparent reason or cursing)
- drastic changes in personality (e.g., suspiciousness)
- lack of interest and involvement in usual activities

If several of these symptoms/warning signs are present, the person should be

evaluated by a physician. Frequently, the early symptoms of AD, which include forgetfulness and loss of concentration, are mistakenly dismissed as normal signs of aging.

Do women have a greater risk of developing Alzheimer's disease?

Age is the most important known risk factor for Alzheimer's disease. This means the longer people live, the more likely they are to develop the disease. Since women have longer life spans than men, they have a higher lifetime risk of developing Alzheimer's disease.

Why is an early diagnosis important?

It is important to determine the actual cause of the cognitive (mental process including memory and judgment) symptoms. The symptoms may not be caused by AD. Many causes, such as depression, drug interaction, thyroid problems and vitamin deficiencies, are reversible if detected early and treated appropriately.

An early diagnosis of AD can increase the chance of potential benefits from approved medications. It also allows the person with AD to participate in health care, financial and legal decisions.

Is there any treatment for Alzheimer's disease?

There is currently no cure for AD. For some people in the early to middle stages of the disease, new medications may provide limited cognitive symptom relief. However, behavioral symptom management without the use of medications is recommended because there is an increased risk of worsening the dementia and other adverse effects. Interventions include family education and counseling, modification of the environment and planned activities.

A person with Alzheimer's should be under a doctor's care and may see a neurologist, psychiatrist, family doctor, internist, or geriatrician (a specialist who treats older adults). The doctor can treat the person's physical and behavioral problems and answer the many questions that the person or the family may have.

What is the prognosis for someone with Alzheimer's disease?

AD is a progressive disease. A person with Alzheimer's disease ~~lives an average of eight years and as many as 20 years or more from the onset of symptoms.~~ The most common cause of death for persons with AD is infection.

Is research on Alzheimer's disease being done?

Current research is investigating the cause, diagnosis, treatment and prevention of the disease as well as looking for ways to improve care. Unless a cure or prevention is found, an estimated 14 million Americans will be stricken with AD by 2050. Since 1985, the Alzheimer's Disease Research Fund, which is supported by contributions made by Illinois taxpayers through their annual income tax returns, has supported 136 research projects.