

I'm not robot  reCAPTCHA

Continue

Aantx fact sheet

Ramsey Solutions gives hope to everyone in every walk of life. Total statistics More than 5 million people took part in the University of Financial Peace More than 14 million radio and digital listeners every week on The Dave Ramsey Show More than 600 radio affiliates to The Dave Ramsey Show More than two million EveryDollar users online budgeting tool More than 25 years Dave aired More than 11 million books sold together More than 15 books written by Dave Ramsey of 7 of them debuts including Financial World, More Than Enough, Total Money Makeover, EntreLeadership, Complete Money Guide, Legacy Journey and Smart Money Smart Kids More than 8 million total combined circulation Dave Says and EntreLeadership Dave Ramsey, syndicated columns in more than 500 publications worldwide Over 1 million participants of live events Over 4 million high school students in more than 16,000 educational institutions in all 50 states participate in our Foundations High School Program Over 25,000 Families Foundations in Personal Finance: Homeschool Edition More than 800 members of the Ramsey Solutions team outage 1992: Self-published Financial Peace 1992: Started the Dave Ramsey Show 1994: Began Teaching Financial Peace University 1997: Financial Peace Becomes a Bestseller 1999: More Than Enough published and debuted bestseller 2002: Column Dave says launched in newspaper editions 2003: Total Money Makeover published and debuted as 2011 bestseller : EntreLead published and debuted as a bestseller in 2011 : Ramsey Press published Quitter and debuted as bestseller 2013: Ramsey Press published Start and debuted as bestseller 2013: Ramsey Press Legacy Journey publication and becomes 2013 bestseller: launched legacy journey class 2013: The Dave Ramsey Show launched 24-hour online streaming video channel 2014: Smart Money Smart Kids debuted as 2014 bestseller : Company rebranded as Ramsey Solutions 2015: Smart Money Smart Kids class launched 2015 : Launched Smart Money Tour live event 2015: Total money makeup exceeds 5 million copies, Sold 2015: Launched SmartDollar 2015: Launched EveryDollar 2016: Retire Inspired debuts as 2016 bestseller: EveryDollar surpasses 1 million 2017 users: Business Boutique debuts as bestselling book 2017: EveryDollar surpasses two million 2017 users : Dave Ramsey Show celebrates 25 years on air En Español Download and share Chagas disease is a parasitic infection caused by the parasite's tripanosomy. It mainly affects people living in rural areas of Latin America. There are estimated to be about 300,000 people in the U.S. with Chagas disease. What is Chagas disease? Chagas disease is a parasitic infection caused by the parasite Trypanosom cruci. This parasite is found in faeces blood-sucking triatomin. Transmission occurs from insects to humans. Infection occurs when feces of an infected bug enter an open wound or mucous membrane, such as the nose or eyes. Infection can also be transmitted: Congenital transmission (from mother to child) Blood transfusions Organ transplantation Consumption of contaminated water - Usually occurs in outbreaks or endemic regions After infection, people experience mild symptoms, which leads to them not being infected. In rare cases, those infected may experience life-threatening illnesses within days to weeks of their infection. Infection can persist for years, and some move to develop serious heart or gastrointestinal problems years or decades after infection. Chagas Phase disease Chagas has two phases: Acute/early phase: last weeks to 2-3 months. Chronic/late phase: can last from years to decades In the early phase, people may experience mild symptoms such as fever, body aches, fatigue and swelling around the place where the parasite entered the body. Most people do not develop medical problems after infection, but in rare cases the early phase of the disease can be fatal. During the late phase, about a third develop serious heart or gastrointestinal problems. Deaths from heart disease are common in the chronic phase and can occur suddenly. People with immune disorders such as HIV/AIDS or organ transplant patients are at higher risk of developing severe diseases. Benzidazole treatment options are the first treatment approved in the U.S. to treat Chagas disease. Benzidazole for use in children aged 2 to 12 years with Chagas disease. The most common adverse reactions in patients taking benzidazole were stomach pain, rash, weight loss, headache, nausea, vomiting, abnormal counting of white blood cells, urticaria (hives), itching (itching) and decreased appetite. Benzidazole is not recommended for pregnant women as it can harm the fetus. For more information about Chagas disease, visit CDC Chagas Disease in www.cdc.gov/parasites/chagas. For more information on minority health, go to www.fda.gov/healthequity. Learning more about Chagas disease Alzheimer's disease is an irreversible, progressive brain disorder that slowly destroys memory and thinking skills, and, ultimately, the ability to perform the simplest tasks. In most people with Alzheimer's disease, symptoms first appear in their mid-60s. Estimates vary, but experts suggest that more than 5.5 million Americans, most aged 65 and over, may have dementia caused by Alzheimer's disease. Alzheimer's disease currently ranks sixth leading cause of death in States, but recent estimates indicate that the disorder may rank third, immediately behind heart disease and cancer, as a cause of death for the elderly. Alzheimer's disease is the most common cause among older adults. Dementia is a loss of cognitive function—thinking, remembering, and reasoning—and behavioral abilities to such an extent that it interferes with human daily life and activities. Dementia fluctuates in severity from a mild stage, when it is just beginning to affect a person's functioning, to the most severe stage when a person should depend entirely on others for the basic activities of daily life. The causes of dementia may vary depending on the types of brain changes that may take place. Other dementias include Lewy body dementia, frontotemporal disorders and vascular dementia. People often use mixed dementia—a combination of two or more types of dementia. For example, some people have both Alzheimer's disease and vascular dementia. Alzheimer's disease is named after Dr. Aloise alzheimer's. In 1906, Dr. Alzheimer's noticed changes in the brain tissue of a woman who died of an unusual mental illness. Her symptoms included memory loss, language problems and unpredictable behavior. After her death, he examined her brain and discovered many abnormal lumps (now called amyloid plaques) and tangled bundles of fibers (now called neurofibrillation, or tau, tangles). These plaques and tangles in the brain are still considered some of the main features of Alzheimer's disease. Another feature is the loss of connections between nerve cells (neurons) in the brain. Neurons transmit messages between different areas of the brain, and from the brain to the muscles and organs in the body. How does Alzheimer's affect the brain? Scientists continue to unravel the complex brain changes involved in the onset and progression of Alzheimer's disease. It seems likely that changes in the brain could begin decades or more before memory and other cognitive problems emerge. During this preclinical stage of Alzheimer's disease, people seem to be symptom-free, but toxic changes occur in the brain. Abnormal deposits of proteins form amyloid plaques and tau tangles throughout the brain. Once healthy neurons stop functioning, lose connections with other neurons and die. Many other complex brain changes are thought to play a role in Alzheimer's disease, too. The damage initially appears to occur in the hippocampal and cortical entorhinal brain, the parts of the brain needed in the formation of memories. As more neurons die, additional parts of the brain suffer and begin to shrink. By the final stage of Alzheimer's disease, damage is widespread and brain tissue has shrunk significantly. Signs and symptoms of Alzheimer's disease Memory problems are usually one of the first signs of cognitive impairment associated with Alzheimer's disease. Some people with memory problems have a condition called mild cognitive impairment (MCI). At MCI, people have more memory problems than for their age, but their symptoms do not with their daily lives. Movement difficulties and snich problems have also been linked to MCI. Older people with MCI have a greater risk of developing Alzheimer's disease, but not all of them do. Some may even return to normal cognition. The first symptoms of Alzheimer's disease range from person to person. For many, declining aspects of memoryless cognition, such as word search, vision/spatial problems, as well as impaired reasoning or judgment, can signal very early stages of Alzheimer's disease. Researchers are studying biomarkers (biological signs of the disease found in images of brain, cerebrospinal fluid and blood) to identify early changes in the brains of people with MCI and in cognitively normal people who may have a greater risk for Alzheimer's disease. Studies show that such early detection is possible, but more research is needed before these techniques can be routinely used to diagnose Alzheimer's disease in daily medical practice. Stages of Alzheimer's Disease As Alzheimer's Disease Progresses, People Experience Greater Memory Loss and Other Cognitive Difficulties. Problems can include wandering and getting lost, problems with handling money and paying bills, recurring issues, the length of normal daily tasks, and changes in personality and behavior. People are often diagnosed at this stage. Moderate Alzheimer's Disease At this stage, damage occurs in areas of the brain that control speech, reasoning, sensory processing and conscious thought. Memory loss and confusion are worsening and people are starting to have trouble recognizing family and friends. They may be unable to learn new things, perform multi-part tasks such as dressing up, or coping with new situations. In addition, people at this stage may have hallucinations, illusions and paranoia and can behave impulsively. Severe Alzheimer's disease Ultimately plaques and tangles spread throughout the brain, and brain tissue shrinks significantly. People with severe Alzheimer's disease cannot communicate and are completely dependent on others for their care. Near the end, a person can be in bed most or all of the time as the body is icing off. What causes Alzheimer's disease? Scientists have yet to fully understand what causes Alzheimer's disease in most people. In people with early onset Alzheimer's disease, the cause may be a genetic mutation. The late onset of Alzheimer's disease stems from a complex series of brain changes that have been occurring for decades. The reasons are likely to include a combination of genetic, environmental and lifestyle factors. The importance of any of these factors in increasing or reducing the risk of developing Alzheimer's disease may vary from person to person. Fundamentals of Alzheimer's Disease Scientists are conducting research to learn more about plaques, tangles and other biological features of Alzheimer's disease. Achievements in the techniques allow researchers to see the development and spread of abnormal amyloid and tau proteins in the living brain, as well as changes in brain structure and function. Scientists are also studying the earliest steps in the disease process by studying changes in brain and bodily fluids that can be detected years before Alzheimer's symptoms appear. The results of these studies will help to understand the causes of Alzheimer's disease and facilitate diagnosis. One of the great mysteries of Alzheimer's disease, so it pretty much affects the elderly. A study of normal brain aging studies this issue. For example, scientists are studying how age-related changes in the brain can harm neurons and affect other types of brain cells to contribute to Alzheimer's damage. These age-related changes include atrophy (contraction) of certain parts of the brain, inflammation, damage to blood vessels, the production of unstable molecules called free radicals, and mitochondrial dysfunction (splitting energy production in the cell). Genetics of Alzheimer's Most people with Alzheimer's disease have a late form of the disease in which symptoms become apparent in their mid-60s. Researchers have not found a specific gene that directly causes late onset Alzheimer's disease. However, having a single form of the apolipoprotein E (APOE) gene increases a person's risk. This gene has several forms. One of them, APOE ε4, increases the risk of developing human disease and is also associated with an earlier age of onset of the disease. However, transferring the form of the APOE ε4 gene does not mean that a person will necessarily develop Alzheimer's disease, and some people without APOE ε4 may also develop the disease. Also, scientists have identified a number of regions of interest to the genome (a complete set of body DNA) that can increase or reduce the risk of late-onset Alzheimer's disease to varying degrees. Early onset Alzheimer's occurs between the 1930s and mid-60s and accounts for less than 10 percent of all people with Alzheimer's disease. Some cases are caused by an inherited change of one of the three genes. For others, studies show that other genetic components are involved. Most people with Down syndrome develop Alzheimer's disease. This may be because people with Down syndrome have an additional copy of chromosome 21, which contains a gene that generates harmful amyloid. To learn more about Alzheimer's genetics research, see Alzheimer's Genetics Research. Health, environmental, and lifestyle factors that may contribute to the study of Alzheimer's disease suggest that many factors other than genetics may play a role in the development and course of Alzheimer's disease. There is great interest, for example, in the relationship between cognitive decline and vascular conditions such as heart disease, stroke, high blood pressure as well as metabolic conditions such as diabetes and obesity. Current research will help us understand whether and how reducing risk factors for these conditions can also reduce the risk of developing Alzheimer's disease. A nutritious diet, physical activity, social activity and mentally stimulating occupations have been linked to helping people stay healthy as they age. These factors can also help reduce the risk of cognitive decline and Alzheimer's disease. Clinical trials test some of these possibilities. How is Alzheimer's disease diagnosed? Doctors use several techniques and tools to help determine whether a person who has memory problems may have Alzheimer's dementia (dementia may be linked to another cause) or probable Alzheimer's dementia (no other cause of dementia found). To diagnose Alzheimer's disease, doctors can: Ask a person and a family member or a second question about overall health, the use of prescription and over-the-air medications, diets, past medical problems, the ability to conduct daily activities, and changes in behavior and personality Conduct memory tests, problem solving, attention, counting and speech Conduct standard medical tests such as blood and urine tests to identify other possible causes of the problem such as computed tomography (CT), magnetic resonance imaging (MRI) or positron emission tomography (PET) to exclude other possible causes of symptoms These tests may recur to give doctors information on how a person's memory and other cognitive functions change over time. Alzheimer's disease can certainly only be diagnosed after death, linking clinical measures to examination of brain tissue during a showdown. People with memory problems and thinking should talk to their doctor to find out if their symptoms are related to Alzheimer's disease or another cause such as stroke, tumor, Parkinson's disease, sleep disorders, medication side effects, infection or Alzheimer's-related dementia. Some of these conditions can be treatable and possibly reversible. If diagnosed with Alzheimer's, starting treatment early in the disease process can help keep functioning daily for some time, even if the underlying process of the disease cannot be stopped or reversed. Early diagnosis also helps families plan for the future. They can take care of financial and legal issues, address potential security issues, learn about living conditions and develop support networks. In addition, early diagnosis gives people more opportunities to participate in clinical trials that test possible new treatments for Alzheimer's disease or other studies. All who have Alzheimer's or MCI disease, as well as healthy volunteers with a family history or without Alzheimer's, may clinical trials and trials. Participants in Alzheimer's clinical trials help scientists learn how the brain changes in healthy aging and in Alzheimer's disease. Currently, at least 270,000 volunteers are needed to participate in about 200 active clinical trials and studies that test ways to understand, diagnose, treat and prevent Alzheimer's disease. Volunteering for a clinical trial is one way to help combat Alzheimer's disease. Studies need participants of all ages, genders, races and ethnicities to ensure that outcomes matter to many people. The National Institute on Aging (NIA) at the National Institutes of Health (NIH) is spearheading the Federal Government's research efforts to investigate Alzheimer's disease. The NIA-backed Alzheimer's Disease Research Centers conduct a wide range of studies, including research into the causes, diagnosis and treatment of Alzheimer's disease. The NIA also sponsors a consortium of Alzheimer's clinical trials that is designed to accelerate and expand research and therapy in Alzheimer's and related dementias. To learn more about Clinical Trials and Alzheimer's Research: Learn more about participating in clinical trials. Watch the video of participants in clinical trials of Alzheimer's disease, talking about their experiences. How is Alzheimer's disease treated? Alzheimer's disease is complex, and it is unlikely that any drug or other intervention can successfully treat it. Current approaches focus on helping people maintain mental function, manage behavioral symptoms, and slow down certain problems, such as memory loss. The researchers hope to develop a therapy aimed at specific genetic, molecular and cellular mechanisms so that the actual underlying cause of the disease can be stopped or prevented. Medication to maintain mental function in Alzheimer's Disease Several medications are approved by the U.S. Food and Drug Administration (FDA) to treat symptoms of Alzheimer's disease. Donepezil (Aricept®), rivastigmine (Exelon®) and galantamine (Razadyne®) are used to treat mild to moderate Alzheimer's disease (donepezil can be used for severe Alzheimer's disease as well). Memantine (Namenda®), a patch of Exelon® and Namzaric® (a combination of memantine and donepesia) are used to treat moderate to severe Alzheimer's disease. These drugs work by regulating neurotransmitters, chemicals that transmit messages between neurons. They can help reduce symptoms and help with certain behavioral problems. However, these drugs do not change the underlying process of the disease. They are effective for some, but not for all people, and can only help for a limited time. Medications to Manage Behavior in Alzheimer's Disease Common Behavioral Symptoms Alzheimer's include insomnia, wandering, arousal, anxiety and aggression. Scientists study why these symptoms are emerging and are studying new new ones and non-drugs- to manage them. Studies have shown that treating behavioral symptoms can make people with Alzheimer's disease more comfortable and make it easier for caregivers to work. Finding new treatments for Alzheimer's disease, Alzheimer's research has developed to the point where scientists are exploring ways to delay or prevent the disease, as well as treat its symptoms. During ongoing clinical trials supported by NIA, scientists are developing and testing several possible interventions. The study includes drug therapies targeting a variety of targets, including beta-amyloid protein, cerebrovascular function, synapse loss and specific neurotransmitters, as well as interventions such as physical activity, diet, cognitive training, and combinations of these approaches. Supporting families and caregivers for Alzheimer's disease who care for someone with Alzheimer's disease can have high physical, emotional and financial costs. Day care requirements, changes in family roles and decisions to place in a care facility can be difficult. There is some evidence of approaches and programs that can help, and researchers continue to look for new and better ways to support carers. Becoming well informed about the disease is one important long-term strategy. Programs that teach families about different stages of Alzheimer's disease and about ways to combat complex behaviors and other care problems can help. Good coping skills, a strong support network and respite care are other ways that help educators cope with the stress of caring for a loved one with Alzheimer's disease. For example, being physically active provides physical and emotional benefits. Some caregivers have found that joining a support group is a critical life round. These support groups allow educators to find respite, express concern, share experiences, receive advice, and receive emotional comfort. Many organizations sponsor support groups in person and online, including groups for people with early-stage Alzheimer's disease and their families. For more information, see Alzheimer's Care. Read on this topic in Spanish. Eda sobre este Tema en español. For more information on Alzheimer's disease NIA Alzheimer's and dementia-related education and referrals (ADEAR) Center 800-438-4380 (toll-free)adear@nia.nih.govwww.nia.nih.gov/alzheimers the National Institute on Aging ADEAR Center offers information and free printed publications about Alzheimer's disease and related dementia for families, caregivers and health professionals. ADEAR Centre staff respond to telephone, electronic and written requests and make referrals to local and national resources. Resources.