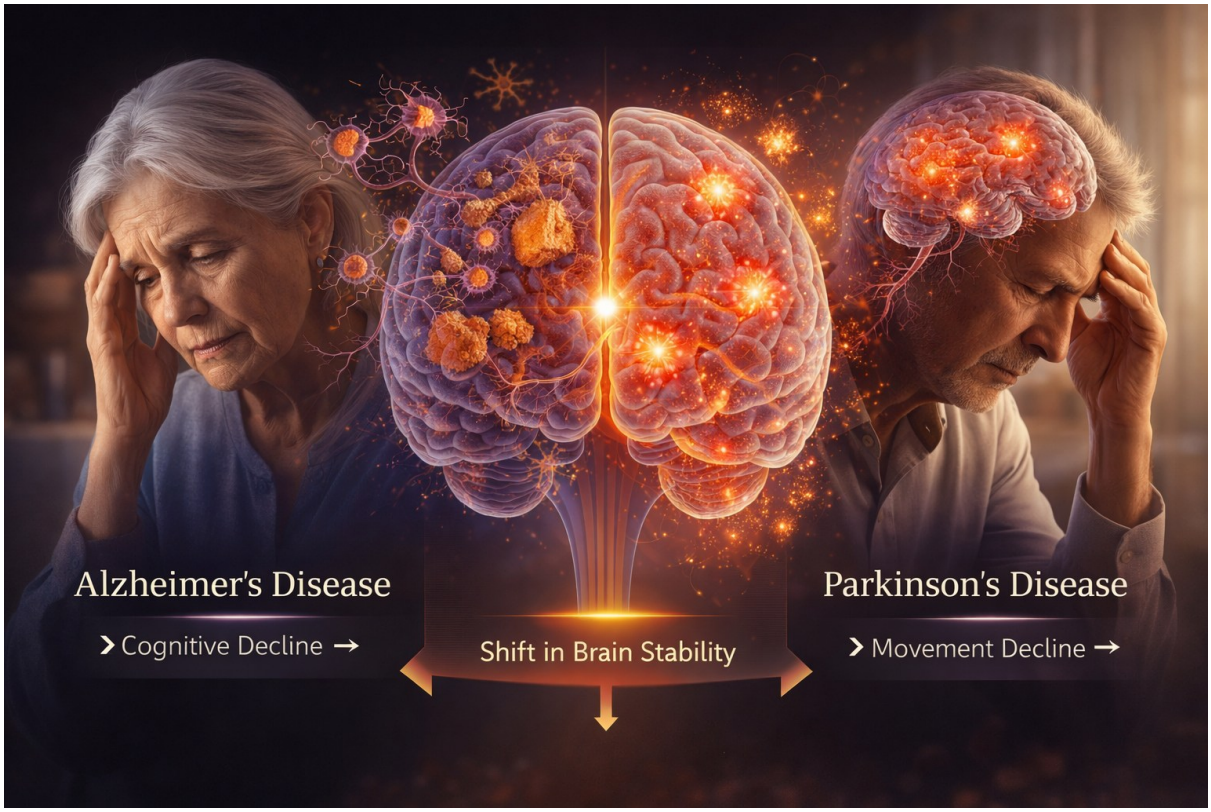
LAUNEX LTD

Alzheimer’s vs Parkinson’s — Different conditions, the same underlying shift in brain stability



What is actually different, and what is shared beneath the surface

Alzheimer’s disease and Parkinson’s disease are often spoken about as separate conditions. One is associated with memory loss. The other with movement.

But this distinction only reflects what is visible on the surface.

Beneath that, both conditions are driven by changes in how the brain maintains stability.

What is different — the primary systems affected first

In Alzheimer’s disease, the earliest changes tend to affect the systems responsible for memory, reasoning, and cognitive organisation. This is why families often notice difficulties with recall, sequencing, and decision-making.

In Parkinson’s disease, the earliest changes are usually linked to movement. This reflects disruption in the brain systems responsible for motor control, coordination, and timing.

These differences matter.

They shape how each condition first presents and how it is recognised.

But they do not tell the full story.

What is shared — instability within the brain

Both Alzheimer's and Parkinson's are neurodegenerative conditions. In both, the brain is undergoing ongoing physiological change that affects how neurons function and communicate.

In Alzheimer's, this is strongly linked to amyloid and tau interactions, where tau instability spreads across neural networks and disrupts cognitive systems over time.

In Parkinson's, processes such as neuroinflammation and protein changes contribute to the gradual loss of neurons involved in movement and regulation.

Although the mechanisms differ, the outcome follows a similar principle.

The brain becomes less stable.

Why progression feels different — but follows a similar pattern

Alzheimer's often appears to begin with cognitive change and gradually affect behaviour and function.

Parkinson's often begins with movement changes and may later involve cognition, mood, and behaviour.

But in both conditions, progression is not random.

It reflects how instability spreads across interconnected systems.

As certain systems lose stability, others take over.

This is why behaviour can change in ways that seem inconsistent or unpredictable.

It is not inconsistency.

It is compensation.

From a Launex perspective — understanding system shift

The Launex Dementia Brain Map™ explains this as a shift in which brain systems remain accessible.

In both conditions:

Cognitive systems tend to lose stability earlier.
Emotional systems often remain accessible for longer.
Survival-based responses persist the longest.

This is why a person may struggle with reasoning but still respond strongly to emotion. It is why logic may fail, but connection remains possible.

This applies across conditions, not just within one diagnosis.

Why focusing only on diagnosis can limit understanding

Diagnosis helps identify the condition.

But it does not always explain behaviour.

Two people with different diagnoses may display similar behaviours because the underlying shift in system stability follows a similar pattern.

If care focuses only on the label, it can miss what the brain is still capable of accessing.

Understanding the mechanism allows care to adapt more effectively.

What this means for families and Launex Dementia Carer Specialists™

When Alzheimer's and Parkinson's are understood as processes of changing stability, the approach to care shifts.

The focus moves away from trying to restore what has changed, and toward working with what remains accessible.

This means:

Communication is adjusted to match the system that is still functioning.
Expectations are aligned with current neurological capacity.
Behaviour is interpreted as meaningful, not random.

This is where support becomes effective.

The Launex perspective

Alzheimer's and Parkinson's are not identical conditions.

But they are not entirely separate either.

Both reflect a brain that is reorganising how it holds stability.

Understanding what is different helps with recognition.

Understanding what is shared allows for better response.

Because dementia is not defined only by what is lost.

It is defined by what remains — and how we choose to work with it.

References

Busche, M. A., & Hyman, B. T. (2020). Synergy between amyloid-β and tau in Alzheimer's disease. *Nature Neuroscience*, 23(10), 1183–1193.

Bloom, G. S. (2014). Amyloid-β and tau: The trigger and bullet in Alzheimer disease pathogenesis. *JAMA Neurology*, 71(4), 505–508.

Tansey, M. G., & Goldberg, M. S. (2010). Neuroinflammation in Parkinson's disease. *Neurobiology of Disease*, 37(3), 510–518.

Hirsch, E. C., & Hunot, S. (2009). Neuroinflammation in Parkinson's disease. *The Lancet Neurology*, 8(4), 382–397.

#Launex #AlzheimersDisease #ParkinsonsDisease #DementiaCare #Neuroscience