

Alzheimer's Disease and Related Disorders (ADRD)

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This is a difficult subject — difficult to understand because of its complexities and difficult to talk about because many of us face the consequences of Alzheimer's Disease and Related Disorders (ADRD) as we grow older, and we don't like to think about it now. Nevertheless, we need to think about it now. "Forewarned is forearmed!" If we take preventive actions now we may be able to prevent its onset, or at least to delay its damaging effects. And we should certainly pass this information along to our children, who are entering the dangerous period of onset of ADRD.



Alzheimer's Disease (AD) is the leading cause of memory loss and dementia, with related disorders that include, but are not limited to: Parkinson's Disease, vascular dementia, Lewey Body disease, and Frontal Lobe dementia. Since AD is by far the biggest cause of memory loss and accounts for about 60% of dementia cases, we will only address AD at this time.

LET'S LOOK AT SOME OF THE FACTS.

1. AD is a disease of aging and affects mostly those over the age of 65.
2. As life expectancy in the U.S. has increased to 77.9 years, the incidence of AD has increased in the same proportions and at the same rates.
3. Age is the greatest risk factor for AD. One in ten individuals over 65 and nearly five in ten over 85 have Alzheimer's. (Source: Alzheimer's Association).
4. Approximately 4.5 million Americans now have AD. (Source: AD Association).
5. AD is a progressive disease, Its first clinical stage is identified as Mild Cognitive Impairment (MCI), and the subtype of MCI associated with AD is called amnesiac MCI, which affects an individual's memory.
6. Approximately 80% of people with amnesiac MCI develop Alzheimer's Disease within six years.
7. In those patients (the 80%), the MCI stage lasts approximately seven years. It then progresses to mild AD (two years), moderate AD (two years), and severe AD (3 years). (Note that the duration of each stage is only approximate, since their boundaries are somewhat indistinct and each individual may have different reactions to treatment.)
8. Some 95% of the diagnoses of AD do not occur until it has moved into the moderate stage, many years after the first symptoms. This is probably because physicians lack information on modern techniques for detecting MCI and do not conduct routine tests.
9. AD is the fourth leading cause of death among adults in the U.S., and is the third most expensive disease in this nation, after heart disease and cancer. (AD Association)
10. While there is today no cure for AD, timely intervention and treatment can delay the progression of the disease significantly.

So you can see that we of the aging population have a real problem on our hands. Is there anything we can do about it? Yes, there is! The answer is early detection and early treatment, both by physicians who are knowledgeable about the latest methods for detecting MCI and separating it from normal aging memory loss, and for following with the most effective treatments for each individual.

Detection usually means identifying the memory losses of normal aging as distinct from the MCI memory losses of AD. This can be done by a series of memory tests, under the direction of each individual's physician, with training and assistance from experts. A screening test, developed and offered by the Medical

Care Corporation (MCC), is administered in approximately 20 minutes by a nurse, physician's assistant, or office manager using a computer link to MCC. The results are obtained shortly after the test is completed; they have been shown to be 97% accurate in separating MCI from normal aging and 99% accurate if taken when the AD has progressed to Mild Dementia. Information on the products of the Medical Care Corporation can be obtained from their websites: www.mccare.com and www.preventAD.com. Incidentally, these AD screening tests are covered by Medicare (up to \$160), and physicians get well compensated for the time required.

If the tests indicate that the memory loss is due to normal aging, the physician usually recommends various lifestyle changes and diet changes to help prevent AD. Those will be shown below.

If the test show the incidence of Moderate Cognitive Impairment, the lifestyle changes will be supplemented with various medications that have shown promise in delaying to onset of more advanced forms of AD, and sometimes in improving the memory loss with the MCI being experienced. (Aricept and others.)

Here are some of the lifestyle changes being recommended to delay AD:

1. Engage in mental exercise. (Reading, writing, crossword puzzles, SU DO KU, etc.)
2. Physical exercise at least three times each week. (Jog or walk, weights, swim, etc.)
3. Maintain a balanced diet. (Low in calories and fats, especially saturated fats; high in Omega-3 fatty acids, like salmon, walnuts, green leafy vegetables.)
4. Control risk factors. (Blood pressure, cholesterol level, weight.) (BP should be less than 140/85, cholesterol levels below 200 with LDL below 100, keep weight down.)

In addition, some physicians suggest taking supplements, such as:

Vitamin E (400iu or higher)

Vitamin C (250-500 mg/day)

Aspirin (Usually 81 mg, coated)

Types of supplements and dosages depend on the individual's needs.

REMEMBER:

Early detection and/or early preventive measures can work wonders in delaying the later, most costly, most dangerous stages of Alzheimer's Disease and Related Disorders (ADRD)