

Prevention by Delay

When the 9th International Conference on Alzheimer's disease and Related Disorders convened in Philadelphia, it was the largest gathering of Alzheimer's researchers in history (approximately 5,000 scientists from around the world). A lot of great information came out of the 2,000 different studies presented, some of which received considerable press coverage (i.e. Aricept and Vitamin E can help prevent conversion from MCI [pre-Alzheimer's Disease] to Alzheimer's Disease in the first 18 months) and some didn't get nearly the press they deserved (i.e. twin studies that showed that up to 60% of identical twins whose twin developed AD did not develop AD as well).

Of all the studies on Alzheimer's disease the largest numbers of studies presented were dealing with the concept of preventing or delaying the onset of AD and other related dementias. The current thought in AD is that although AD probably cannot at this time be prevented altogether (if we live long enough that we will eventually develop AD), but that it can be delayed, giving us a new concept: "Prevention by Delay."

The whole idea behind Prevention by Delay is that if we can push off the development of the plaques that are believed to cause Alzheimer's Disease and delay the onset of the symptoms of AD, we should be able to live our natural lives without the disastrous consequences of the devastating illness.

How do we do this? The following is a synopsis of the most recent information we have on delaying AD.

- 1) Some AD is genetically influenced. Certain families carry "Alzheimer's genes" that carry a high incidence of AD, however these genes are relatively rare and usually cause early onset AD (onset in the 30s or 40s). There is another known gene (APOE-4) that can carry up to a 3 times the incidence of AD but other factors are probably more likely to modify that risk (APOE-4 in someone with closed head injury carries 10 times the risk of developing AD).
- 2) Our habits can have an even more important influence on our risks. Excessive alcohol intake (four or more drinks a day) increases your risk of developing AD by 4.5 times, smoking by 2.5 times and sedentary lifestyle (lack of exercise) by 2-3 times.
- 3) Controlling our other medical problems may be the best thing we can do to delay the onset of AD. High blood pressure, coronary artery disease, high cholesterol, diabetes mellitus, and cerebral vascular disease (strokes or mini-strokes) can increase your risk of AD by two fold each. Treating these diseases is thought to reduce your risk back down to average risk.
- 4) Certain habits and supplements/medications have been shown in preliminary trials to have a substantial impact on reducing your risk of AD: One enteric coated baby aspirin a day can reduce your risk of AD by 30-50%; a calorie restricted diet (that is, eat the number of calories you need to maintain a healthy weight) high in fresh fruits, vegetables and omega-3 fatty acids (salmon, fish oil, flax seed) can reduce your risk of AD by up to 50%; mental exercise (reading, learning new skills) at

least one hour daily can reduce your risk of AD by 30-40%; physical exercise of ½ hour 3-4 times a week can reduce your risk up to 50%; vitamin's C and E (1000 IU twice a day and 400 IU twice a day, respectively) can prevent onset of AD by 20-30%; other supplements such as B vitamins (especially folic acid), Coenzyme Q-10 and Periwinkle extract have good evidence of slowing of progression of AD but it is uncertain to what degree they may do that.