

# Can Alzheimer's disease be prevented?

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Although effective treatment for Alzheimer's disease (AD) has been slow to emerge, there has been substantial progress in identifying AD risk factors and developing treatments that might delay or prevent onset of the disease. In a Special Issue of the *Journal of Alzheimer's Disease*, "Basics of Alzheimer's Disease Prevention," researchers report on key findings that point towards possible significant interventions.

The significance of "Basics of Alzheimer's [Disease Prevention](#)" is that it provides for the first time, a strategic blueprint using the 4 pillars of preventive medicine. These pillars are:

1. Identification of disease-related and lifestyle risk factors;
2. Pathologic consequences and impact of AD risk; factors
3. Detection of AD risk factors;
4. Treatment of AD risk factors.

Guest editor Jack C. de la Torre, MD, PhD, from the Center for Alzheimer's Research, Banner Sun Health Research Institute, Sun City, Arizona, USA, has assembled a collection of 24 articles that address these four pillars of AD prevention.

According to Dr. de la Torre, "Just as the harmful consequences of [cervical cancer](#), pancreatitis, severe anemia, and [acute renal failure](#) can

be generally improved through routine lab test detection and administration of appropriate therapy, so too can preclinical AD become responsive to early detection of risk factors and targeted treatments aimed at reducing the severity and progress of the discovered pathology. Unlike the potentially lethal disorders stated above, people with AD have no effective treatment options—prevention thus becomes the alternate and essential primary weapon to combat this disease."

The strategies proposed offer a realistic hope to the millions of people who face a range of maladies associated with aging and cognitive decline—including multiple risk factors that can culminate in dementia. This approach of knowledge-to-action using evidence-based medical decisions to opt for the most judicious treatments or management of patients when risk factors to AD are discovered, as reviewed in this issue, should become a gold standard of clinical practice.

Collectively, the contributing authors advocate an AD preventive plan that would incorporate:

1. Early identification/detection of AD risk factors;
2. Early intervention based on evidence-based medical decisions;
3. Patient follow-up to assess and modify when necessary, strategic intervention.

The information contained in this Special Issue will be fundamental to recognizing, managing and reducing the major risk factors for AD, a process which should take the sting out of the growing prevalence of this dementia in years to come. The articles will be of interest to anyone involved in the care, management or treatment of AD and to those who wish to learn more about this form of dementia.

"Moving AD from inevitable to avoidable is what we are all hoping for as we understand the disease," commented George Perry, PhD and Mark A. Smith, PhD, Editors-in-Chief of the *Journal of [Alzheimer's Disease](#)*.

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