Early-onset Alzheimer's not always associated with memory loss

May 19 2011, by Deborah Braconnier

(Medical Xpress) -- In a recent study published in the journal *Neurology*, scientists say that individuals who develop early-onset Alzheimer's in middle age are at a high risk of being misdiagnosed because many of their initial symptoms are not memory related.

Scientists, led by Dr. Albert Llado from the Hospital Clinic of Barcelona, examined the brain tissue from 40 patients who had suffered from early-onset Alzheimer's disease. Of these 40 patients, 15 had not shown any of the typical signs of memory loss. The patients had displayed language disturbances, vision problems and behavioral changes. Out of these 15 patients, 53 percent had been misdiagnosed with neurological disorders and other forms of dementia, with 47 percent still having the incorrect diagnosis at their time of death. Of the patients that did show signs of memory loss, only four percent had been misdiagnosed at the beginning.

Early-onset Alzheimer's usually hits patients between the ages of 40 and 60, and this study stresses the importance in recognizing that memory loss is not always an initial symptom. While there is currently no cure for Alzheimer's, there is medication and behavioral treatment designed to delay the progression of the disease. In all 40 patients in the study, there was a delay of almost three years before a diagnosis was given, even in those with memory issues. The scientists believe this is because most physicians do not look for dementia and Alzheimer's in patients in this age group.

The Alzheimer's Association reports that 5.4 million Americans currently have Alzheimer's and of this number 200,000 of them are between the ages of 40 - 65.

More information: Clinical features and APOE genotype of pathologically proven early-onset Alzheimer disease, *Neurology* May 17, 2011 vol. 76 no. 20 1720-1725. doi:10.1212/WNL.0b013e31821a44dd

Abstract

Objectives: Early-onset Alzheimer disease (EOAD) diagnosis often represents a challenge because of the high frequency of atypical presentations. Our aim was to describe the clinical features, APOE genotype, and its pathologic correlations of neuropathologic confirmed EOAD.

Methods: Retrospective review of clinical data (age at onset, family history, clinical presentation, diagnostic delay, diagnosis) and APOE genotype of patients with neuropathologically confirmed EOAD (