



Women & Alzheimer's Disease

By the time Andee Kaluzna's father died of Alzheimer's disease at age 79, the 48-year-old woman had nearly finished mourning him. By then, she truly understood why Alzheimer's disease, the leading cause of dementia in the elderly, is often called the "Long Goodbye."

"My dad was a friendly, warm and active man with a sense of humor," she recalls. "He enjoyed helping others, singing in a local chorus and taking classes at the junior college and seminars through a local senior center. His greatest joy was his family, particularly his four grandchildren." But by the time he died, he didn't recognize the people around him, could not participate in any activities and rarely even knew where he was. "Not only did I mourn his death, I also mourned what he had lost," to this disease, she says.

An estimated 4.5 million Americans—more than half of them women—have Alzheimer's disease in the United States. Given the aging of the baby boomers and the growing numbers of "oldest old," those 85 and above, that figure is expected to more than triple by 2050, when an estimated 13.1 million Americans will be living with the disease.¹

Although it affects men and women at nearly the same rates (women are slightly more likely to get Alzheimer's disease than men), Alzheimer's disease has particular relevance for women, notes Laurel Coleman, MD, a member of the Alzheimer's Association's board of directors and a practicing geriatrician in Augusta, ME. That's because the prevalence of the disease in women, or the number of women living with the disease at any one time, is twice as high as for men simply because women live longer. Increasing age is a major risk factor for developing Alzheimer's disease. Thus, Dr. Coleman notes, about half of all women over 85 will eventually be diagnosed with Alzheimer's disease. "That's huge number of women," she says.

Additionally, in the family, women are the primary caregivers for those with Alzheimer's disease. "It just adds to the burden on women overall," she says, "who often are trying to juggle jobs and caregiving." (For more on caregiving and Alzheimer's disease, see page 5.)

The disease also appears to affect ethnic minorities differently than Caucasians. One study presented at the 9th International Conference on Alzheimer's Disease and Related Disorders in July 2004 found that symptoms begin, on average, almost seven years earlier in U.S. Hispanics than in Caucasians. Another found that African Americans ages 55 to 64 were more than three times more likely to have Alzheimer's disease than their Caucasian counterparts, and more than twice as likely to have the disease between ages 65 and 84.²

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Overall Knowledge of Alzheimer's Disease is Lacking

Despite the prevalence of the disease—and the recent high-profile death of former President Ronald Reagan from complications associated with it—Americans' overall knowledge about Alzheimer's and the progress being made in preventing, diagnosing and treating it is abysmally lacking, according to a national survey conducted by the Alzheimer's Association in February 2004.³

That survey found that fewer than half of all Americans know that treatments are available that can ease the symptoms of the disease and improve the quality of life for those who have it and for their caregivers. Only 19 percent felt well prepared to handle a diagnosis of Alzheimer's disease in a family member.³

That doesn't surprise Alzheimer's experts. "I think it's partly related to the way the medical profession, particularly primary care doctors, approaches Alzheimer's disease," says William W. Pendlebury, MD, medical director of the Memory Center and Elder Care Services at the University of Vermont in Burlington. "Alzheimer's disease continues to be extremely underdiagnosed and undertreated."

Indeed, a study published in 1997 found that just 40 percent of generalist health professionals—primary care physicians, psychologists, social workers and nurses—knew that Alzheimer's disease was the most common cause of severe memory loss in people over 65.⁴

Since then, however, more medical schools have added curriculum about geriatrics, the field of health care focused on the elderly, and Alzheimer's disease. New treatments, potential new diagnostic methods and the hope of a vaccine are all raising the profile of this illness among health care professionals.

"Now we need to find more non-threatening ways of communicating

this knowledge to the public," rather than always focusing on the negatives about the disease itself, says George T. Grossberg, MD, the director of geriatric psychiatry at St. Louis University School of Medicine in Missouri. One approach might be to focus more on the personal risk factors for developing Alzheimer's disease and how to reduce them. Another approach could be to more actively promote the benefits of early diagnosis.

Unraveling Alzheimer's Disease

Although researchers still don't know for sure what causes Alzheimer's disease, most believe it is related to the abnormal processing of normal brain proteins, particularly amyloid precursor protein and tau, another type of protein.

"For some reason, later in life these proteins, which serve a normal function, begin to be abnormally processed and assemble themselves into lesions," says Dr. Pendlebury. These lesions, called neurofibrillary tangles and senile (amyloid) plaques (often referred to simply as plaques), destroy parts of the brain.

Other theories link the disease's development to the death of cells critical for maintaining levels of certain brain chemicals required for awareness and judgment (cognition); chronic inflammation; accumulation of heavy metals in the brain; and vascular factors that affect the health of blood vessels in the brain.⁵

There are two forms of Alzheimer's disease: familial, in which genes directly cause the disease, and sporadic, the most common, in which genes may influence one's risk of developing the disease.⁶

Most cases of familial Alzheimer's disease, also called "early onset Alzheimer's disease," occur before a person turns 60. This form, however, only affects less than five percent of those with Alzheimer's disease. The majority of people with the disease are diagnosed after age 65.¹

The disease itself is progressive, meaning its symptoms inevitably

become worse, and its victims become more disabled. In the beginning, they may have problems with simple memory-related tasks: writing checks or taking the bus somewhere; but by the end, they “forget” most everything—how to use the toilet, eat, even walk.⁵

Memory loss is just one symptom of the disease, however. People with Alzheimer’s disease often exhibit significant personality changes or act in inappropriate ways as the disease progresses. Victims may also have mood changes, including depression, and in the middle stages of the disease become agitated and/or aggressive at times.⁵

Early Diagnosis is Critical

Given that a diagnosis of Alzheimer’s disease is inherently fatal, and that existing treatments do little to change the progression of the disease, why would an early diagnosis be important?

Just ask Kathleen Negri, a 45-year-old elder law attorney whose mother died from complications caused by Alzheimer’s disease in the summer of 2004. Ms. Negri knew something was terribly wrong when her previously energetic mother stopped cooking and cleaning and just sat and stared out the window. But it took another five years of fear and denial before her mother was finally diagnosed.

Those were five wasted years, says Ms. Negri of Wheat Ridge, CO. Wasted because the lack of a diagnosis meant her mother couldn’t begin taking medication that might have slowed the inevitable decline. Wasted because she, her siblings and her father spent too much time being frustrated and

angry with the older woman instead of accepting the limitations of the disease.

“If you don’t get a diagnosis and talk about it, you miss a huge opportunity for the person with the diagnosis to do some things for themselves and their families” while there’s still time, agrees Dr. Coleman. That includes things like advanced care planning, dealing with financial issues and determining how they want to spend their final years.

But getting someone affected with Alzheimer’s disease-like symptoms to a health professional for a diagnosis can be difficult, says Dr. Pendlebury, no matter how bad the symptoms get. “The average patient with Alzheimer’s disease will deny that they have a problem,” he says, “so it’s really up to the family to step up to the plate and be proactive in demanding that the primary care physician do a complete workup for Alzheimer’s disease.”

That’s what happened in Ms. Negri’s family. Her mother refused to see a doctor for years after her symptoms began. Ms. Negri finally had to threaten her mother with legal action before the older woman agreed to see a doctor. The diagnosis, she said, “changed everything.”

“Once we had a word to use, it opened people up to what was going on,” she said. Before, her father yelled at her and her siblings for trying to help their mother. After the diagnosis, says Ms. Negri, he accepted the help, allowing her to wash her mother’s hair and hire a home health aide.

“I cannot overestimate the need for early diagnosis both emotionally and cognitively,” she says.

Getting the Diagnosis

Diagnosing Alzheimer’s disease can be tricky. In fact, the only way to get a confirmed diagnosis is through a brain autopsy after death. But doctors are getting better today at using cognitive memory tests and, if necessary, brain imaging technology like MRIs or PET scans, to evaluate changes in the brain. Most experts also recommend that families seek help at centers devoted to memory problems or, at least, try to find a physician who specializes in age-related disorders. (See Resources, page 4.)

In September 2004, Medicare approved coverage of PET scans in some circumstances to help diagnose dementia, including Alzheimer’s disease. “This is important because it’s the most sensitive diagnostic method we have for picking up

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If you think you or someone else in your family has Alzheimer’s disease, make sure you get a complete medical workup, including MRI or CT scans and blood work to rule out other causes of dementia.

Estrogen and Alzheimer’s Disease

For years, researchers thought that estrogen protected women against developing Alzheimer’s disease, and that menopausal hormone therapy could delay or even prevent the onset of the disease. Then came the Women’s Health Initiative, or WHI, a federally funded study testing the effects of hormone therapy against a variety of conditions.

In 2002, the WHI found that women taking the hormone therapy, Prempro, composed of progestin (a synthetic form of progesterone) and conjugated equine estrogen, had twice the risk of dementia compared to those not using any hormones.¹⁰ Put another way, of the 10,000 women taking hormone therapy in a year, 23 additional women would develop dementia.

Claudia H. Kawas, MD, professor of neurology, neurobiology and behavior at the University of California, Irvine, has been studying the effect of estrogen on Alzheimer’s disease for years, publishing one of the first studies suggesting that estrogen use could reduce the risk of developing the disease.

“My message about estrogen management has not changed once in the last 20 years,” she says. “I think estrogen is a quality of life issue for the majority of women. If it makes you feel good, take it. If it doesn’t make you feel good, you shouldn’t take it. But if you’re taking it to prevent Alzheimer’s disease, there’s not enough evidence for that.”

In fact, improving the cardiovascular health of Americans could have a big impact in delaying the onset of Alzheimer's disease

on people at risk for the disease,” says Dr. Grossberg.⁷

If you think you or someone else in your family has Alzheimer's disease, make sure you get a complete medical workup, including MRI or CT scans and blood work to rule out other causes of dementia. “More than 150 medical conditions—some temporary—can cause dementia,” says Dr. Pendlebury. Those include depression, drug intoxication, thyroid disease, brain tumors and stroke.

To help health care professionals get better at diagnosing the disease, the National Institute on Aging and other organizations launched a \$60 million, five-year public-private partnership in October 2004 called the Alzheimer's Disease Neuroimaging Initiative. The study is designed to test whether MRI, PET, other biological markers and clinical and neuropsychological assessment can be combined to measure the progression of mild cognitive impairment and early Alzheimer's disease.⁸

“This study will be a landmark study in our ability to see biological change in Alzheimer's disease,” says William H. Thies, PhD, vice president of medical and scientific affairs at the Alzheimer's Association.

Treating Alzheimer's Disease

Today, Alzheimer's disease experts and researchers talk about an air of “optimism” enriching their meetings as studies about new treatments, new diagnostic techniques and new risk factors for the disease are presented.

“It's a very exciting time now,” says Dr. Kawas. “I'm not going to say anything like we're going to have a cure in the next 10 years, I'm not sure we're ever going to have one. But I think Alzheimer's disease is going to be quite similar to the cancer story. We're going to chip away at it.”

To date, that chipping has resulted in five FDA-approved drugs to treat the disease, none of which do much more than temporarily stabilize or slow the progression.

Four of the drugs—tacrine (Cognex), donepezil (Aricept), rivastigmine (Exelon) and galantamine (Reminyl)—are known as cholinesterase inhibitors. They work by increasing the amount of the neurotransmitter acetylcholine in the brain, which helps brain cells communicate, and work best when prescribed early in the disease, says Dr. Grossberg.

The newest drug, memantine (Namenda), is the first available for those with moderate to severe Alzheimer's disease. It works on a different neurotransmitter called glutamate, explains Dr. Grossberg. Namenda is now being tested in people with earlier stages of the disease, he noted.

Other drugs in development are directed at the underlying causes of the disease to help prevent the formation of the brain-robbing plaques and tangles in the first place. Additionally, vaccines, which

eliminate the plaques after they've formed, are also being developed.⁹

“There is a very rich pipeline of treatments under development right now,” says Dr. Thies. “And the more we have in the pipeline, the more likely it is that one or two or three will turn out to be beneficial.” ✕

Resources

Alzheimer's Association
1-800-272-3900
www.alz.org

Offers a variety of information to heighten public awareness, provide support, and advocate for legislation responsive to Alzheimer's disease.

The Alzheimer's Disease Education and Referral (ADEAR) Center

1-800-438-4380

www.alzheimers.nia.nih.gov

Provides current information about Alzheimer's disease and related disorders; part of the National Institute on Aging.

Alzheimer's Foundation of America

1-866-232-8484

www.alzfdn.org

Presents a variety of services including counseling by social workers and other professionals, plus referrals to other disease-related resources.

Eldercare Locator

U.S. Administration on Aging

www.eldercare.gov

1-800-677-1116

Mon. to Fri., 9:00 AM to 8:00 PM (ET), or leave message; call will be returned next business day. Connects caregivers and families to trustworthy local support resources. Information available in more than 150 languages.

Family Caregiver Alliance

1-800-445-8106

www.caregiver.org

Addresses the needs of providing long-term care at home. FCA offers programs at national, state and local levels to support and sustain caregivers.

Facts About Alzheimer's Disease

1. An estimated 4.5 million Americans—over half are women—have Alzheimer's disease in the U.S., a figure that is expected to more than triple by the year 2050, as the population ages.
2. Women far outnumber men as caregivers for family members with Alzheimer's disease. The chronic stress of caregiving can seriously affect a caregiver's health.
3. Regular exercise, maintaining a healthy weight and eating a balanced, nutritious diet, may reduce your risk of developing Alzheimer's disease. Controlling blood cholesterol and diabetes and lowering blood pressure may also lower your risk.

Caregiving & Alzheimer's Disease

Even though Andee Kaluzna's brother lived just a few miles away from their father when the older man was diagnosed with Alzheimer's disease, the 48-year-old woman became their father's primary caregiver. Why? "Because," she says, "I have two X chromosomes."

Indeed, the Family Caregiving Alliance notes that the typical caregiver is a 46-year-old woman, married and working outside the home. Overall, she spends as much as 50 percent more time giving care than male caregivers, providing an estimated \$148 to \$188 billion in unpaid care annually.¹¹

This is not a benign task. "We've learned from the research that there are real health risks for the women who take on this type of caregiving," says Lisa P. Gwyther, MSW, LCSW, associate clinical professor and education director of the Bryan Alzheimer's Disease Research Center at Duke University Medical Center in Durham, NC. For instance, studies find that middle-aged and older women who provided care for an ill or disabled spouse are six times as likely to suffer depressive or anxious symptoms as those who had no caregiving responsibilities.⁷

Additionally, the chronic stress of caregiving can weaken the caregiver's immune system; more than double her risk of cardiovascular disease; result in an increased risk of developing hypertension, a lower perceived health status and slower wound healing; and contribute to an overall increased risk of death.^{13, 14}

"Caregiving may be a risk factor for early mortality," says Ms.

Gwyther, "perhaps because of the effects of chronic stress, because women don't take care of their own health, or because the caregiving may worsen the family caregiver's previous chronic illnesses."

Plus, the effects on a woman's health don't end when direct caregiving does, she says. Studies find that the changes in a woman's immune functioning may continue for up to two years after the person they were caring for dies. Even moving the family member with Alzheimer's disease into a nursing home does not relieve stress on the primary family caregiver, she says. One recent study found no difference in depression, anxiety and the overall burden on families during or after the transition to a long-term care setting.

That's why, she says, "caregiving is a public health issue, not just a social concern. We're going to end up prematurely paying for the care of these women after they've cared for everyone else in their families."

There are ways to manage the stress of caregiving so you don't get sick, as Ms. Kaluzna learned. "I went to a support group religiously," she says. The support group gave her a "crystal ball" into the probable course of her father's illness. It also served as a place to get information, education and referrals and as a sounding board where she could address her own

issues around her father's illness.

Additionally, she carved out time for physical exercise. "I'm an ice dancer, and I called it my 'ice therapy,'" she recalls. Her time on the ice served as a mental vacation, she said, because she had to focus on so many things involved with the skating that she couldn't think about her father.

Today, Ms. Kaluzna leads caregiver support groups for the local chapter of the Alzheimer's Association in Chicago. "I strongly feel that, as a caregiver, there are four components to feeling comfortable, and that you can rise above the chores of caregiving," she says. They are:

1. Have everything in order for your loved ones in terms of legal, financial and medical issues.
2. Anticipate end-of-life needs.
3. Take care of the family relationships, so the family can come together to make decisions.
4. Find what it is that gives you solace and peace so you can cope. ✕

The chronic stress of caregiving can weaken the caregiver's immune system, more than double her risk of cardiovascular disease ... and contribute to an overall increased risk of death.

Caregivers: Avoiding Burnout

Besides regular physical exercise and attending a support group, there are other steps you can take to prevent caregiver burnout, says Ms. Gwyther. These include:

- Be tolerant of imperfections—yours and others.
- Structure daily routines for your loved one.
- Be gentle with yourself: you are living with a situation you didn't create, and your choices may be limited by circumstances beyond your control.
- Cope with, adapt, or accept what you can't change. Your relative will become less able to change his/her behavior. Adapting will be up to you.
- Learn about the disease and about caregiving.
- Keep up valued relationships.
- Ask for and accept help.

Cardiovascular Disease & Alzheimer's Disease

One of the most intriguing discoveries about Alzheimer's disease in the last few years is that many of the risk factors for cardiovascular disease are also risk factors for Alzheimer's disease.

“It appears right now that almost everything that increases your risk of vascular disease in some fashion probably increases your risk for Alzheimer's disease,” says William H. Thies, PhD, vice president of medical and scientific affairs at the Chicago-based Alzheimer's Association. These risk factors include high blood pressure, being overweight or obese, high cholesterol levels, high levels of homocysteine (an amino acid in the blood) and a sedentary lifestyle.

Although researchers are still exploring the reasons behind the link, they have several theories. One is that having an intact

vascular, or blood, system within the brain helps maximize the brain's potential, says Dr. Thies. If blood flow is restricted because of a buildup of plaque or

referred to as “hardening of the arteries.” Then, with a better understanding of the processes in the brain that led to Alzheimer's disease, the diagnosis shifted in the 1970s and 1980s to Alzheimer's disease. Today, he says, it's most likely that there are two primary causes of dementia: an Alzheimer's-disease type “pathology,” represented by the neurofibrillary tangles and senile plaques of the disease, and vascular dementia, resulting from significant changes in blood vessels in the brain.

“Probably everyone over 80 who is showing some signs of dementia shows some combination of both types,” he said. Another intriguing theory suggests that cholesterol plays a role in the development of the amyloid plaques that are a hallmark of the disease. “In animals, we find that they make extra plaque if you feed them a cholesterol-rich diet,” Dr. Thies says. Take them off the diet and/or put them on a cholesterol-lowering drug like a statin, and they build up less plaque. That may help explain studies that find that people taking statins like atorvastatin or lovastatin seem to have a lower risk of developing Alzheimer's disease.

“I suspect both theories are going to end up being true and when we get the total picture it will be a combination of events that contribute to Alzheimer's disease,” he says, “but it does appear that having a healthy blood vessel

structure in the brain is really a big help to the brain.”

That means it's important to “know your numbers,” says Dr. Thies, including blood pressure, blood sugar and cholesterol levels, and work to maintain healthy ranges of those numbers. (For more on lifestyle changes to reduce your risk of Alzheimer's disease, see page 8.)

Paying attention to cardiovascular risk factors may also influence the course of the disease once someone is diagnosed, says Laurel Coleman, MD, a member of the Alzheimer's Association's board of directors. “If I have a patient with early Alzheimer's disease, I can't reverse the amyloid in their brain, but I know if their blood pressure or cholesterol is very bad that it is probably going to accelerate their decline,” she says.

In fact, improving the cardiovascular health of Americans could have a big impact in delaying the onset of Alzheimer's disease, notes William W. Pendlebury, MD, medical director of the Memory Center and Elder Care Services at the University of Vermont in Burlington. That, in turn, could have a major impact on the way the disease affects families and the health care system.

Right now, he notes, the median age of those stricken with Alzheimer's is 73. (“Median” means half the people who develop it are older than 73 and half who develop it are younger.) “If you pushed that number back by five years, to age 78, for example, you'd reduce the prevalence of the disease by 50 percent,” he says. ✕

10 Warning Signs of Alzheimer's Disease

1. Memory loss
2. Difficulty performing familiar tasks
3. Problems with language
4. Disorientation to time and place
5. Poor or decreased judgment
6. Problems with abstract thinking
7. Misplacing things
8. Changes in mood or behavior
9. Changes in personality
10. Loss of initiative

Source: Alzheimer's Association

clots in blood vessels, or if blood vessels become too stiff to enable the smooth flow of blood, less oxygen gets to the brain and fewer waste products leave the brain, he notes.

In fact, he says, back in the 1960s all forms of dementia were

Common Questions About Alzheimer's Disease

Q I've heard there are stages of Alzheimer's disease. Can you explain what they are and what they mean for me as a caregiver?

A Although Alzheimer's disease progresses differently in each individual, there are seven stages that appear to be common to the disease. I prefer to classify the disease as mild, moderate and late-stage, however.

During the mild Alzheimer's disease stage, you and others may notice that the individual is having problems planning or organizing, reading a paragraph and understanding it, or performing properly at work. He or she may have problems performing challenging mental math, such as counting backwards from 100 by sevens, and performing complex tasks, such as shopping, planning a dinner party, or paying bills.

During moderate or mid-stage Alzheimer's disease, an individual may need help choosing the right clothing, may be unable to recall important personal details like his or her birthday, address, or where he or she went to school and may get confused about where they are or about

the date or time of year. This is when more day-to-day caregiving may become necessary.

By the time the disease reaches the late stage, individuals lose most awareness of recent experiences and events, as well as their surroundings, may forget the name of their spouse or primary caregiver sometimes, need help getting dressed and experience disruptions in their normal sleep/wake cycle. By the end, they are no longer able to respond to their environment, speak, walk without help, or even smile or hold their head up. They have problems swallowing and their reflexes become abnormal.

Please keep in mind, however, that there is often quite a lot of overlap between the stages, and a patient may exhibit symptoms of several stages simultaneously.

—Laurel Coleman, MD
Alzheimer's Association
Board of Directors
Practicing geriatrician
Augusta, ME

Q How do I know when it's time to move my father into a nursing home?

A Not every daughter can provide 24-hour skilled care and supervision indefinitely. It's realistic and necessary to consider that at some point your father may need more care from trained professionals than what you can provide at home on your own. However, there is no one right time for a move to assisted living or skilled nursing care. It depends more on your family's capacity, tolerance, health, competing obligations, values and preferences than it does on the disease's progression.

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Take a Walk: Prevent Alzheimer's Disease

Until recently, preventing Alzheimer's disease seemed out of the reach of medical research. After all, if researchers couldn't tell us for sure what caused the disease, then how could they identify things that might prevent its development?



By Pamela Peeke, MD, MPH
NWHRC Medical Advisor

Well, by conducting well-designed population and clinical studies, it seems.

The results are impressive and encouraging. Here are some of the major ones I think are worth highlighting:

- Regular exercise. Turns out that regular physical activity can reduce the risk of Alzheimer's disease by up to 50 percent in all individuals, and up to 60 percent for women with high levels of physical activity.¹⁵
- Regular use of non-steroidal anti-inflammatory drugs (NSAIDs), like aspirin or ibuprofen. Now, I'm not suggesting that you begin taking a daily aspirin to prevent Alzheimer's disease; that link hasn't been proven yet. But since taking a baby aspirin daily is recommended to prevent cardiovascular disease in high-risk individuals, you might want to talk to your doctor about this option. In one large Canadian study, regular use of NSAIDs was significantly related to a 35 percent reduction in the risk of Alzheimer's disease, results duplicated in several other population-based studies.¹⁵
- Stretch your mind. Certain activities that stretch your mind, like chess or crossword puzzles, actually help rewire

your brain, increasing the number of synapses, or connections, between brain cells.¹⁶ One study found such activities could lower your risk of developing Alzheimer's disease or any other form of dementia by as much as 75 percent.¹⁶ So find a piano teacher, sign up for a bridge club or pull out the chess board and challenge your partner or best friend to a round.

- Eat a healthful diet. Specifically, studies suggest that fruits and vegetables high in antioxidants (the darker the better), cold-water fish high in omega-3 fatty acids and nuts (good sources of vitamin E) can play a protective role. One study of elderly women showed that those who ate the most green, leafy and cruciferous vegetables (spinach, kale, and dark salad greens) had the thinking ability of slightly younger women than those who ate few of these vegetables. Along the same lines, limit high-fat, high-cholesterol foods to protect the health of your blood vessels.

- Maintain a healthy weight. If you follow all the other advice, this should be a cinch. But it's important—one major, long-term study of 1,500 adults presented at the 9th International Conference on

Alzheimer's Disease and Related Disorders in 2004 found those who were obese in middle age were twice as likely to develop dementia in later life.

For more information, check out the Alzheimer's Association's Maintain Your Brain campaign: www.alz.org. ✕

Coping Strategies for Living with Alzheimer's Disease

Your doctor has probably prescribed several medications to help with the depression, sleeping problem and anxiety that often accompany Alzheimer's disease. But there are other strategies you can use to help your loved one cope with these issues. For instance, any kind of exercise, be it walking, swimming, or even T'ai chi, is fun, stimulating and can help improve sleep.

Additionally, most people with Alzheimer's disease, particularly in the earlier stages, prefer to do useful and purposeful activities rather than be entertained, but they need cueing and guidance to stay on task. So try involving them in some modified housework or volunteer work (folding laundry, dusting, stuffing envelopes).

Failure-free social events with other Alzheimer's disease families are also a great idea—picnics or cultural events where no one has to remember names and where there is a greater tolerance for unusual behavior. Also, music seems to be universally appealing—many people can remember lyrics or how to play instruments that they learned as children.

It's also very important that you register your loved one with the Alzheimer's Association's Safe Return™ program, a national program that helps locate lost and wandering people before they get hurt. Visit: www.alz.org/Services/SafeReturn.

You can find more tips at the National Institute of Aging's Caregiver Guide at www.alzheimers.nia.nih.gov.