

Just What is the Myth of Alzheimer's ... Besides a Book by That Title!

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Just what is the myth of Alzheimer's? What are you not being told about today's most dreaded diagnosis?

Quite simply put, many believe Alzheimer's is really multiple conditions unrelated to aging. In fact most experts believe that Alzheimer's disease involves many processes that are intimately related to "normal" aging processes. The initial symptoms and the course over time are very variable. Aging processes begin in all our brains long before we consider ourselves elderly. Taking care of our brains to prevent late life dementia is a life time job. How we do that and how we tell our stories of aging can dramatically affect our quality of life as we get older. Because of the heterogeneity of processes involved in brain aging, finding a cure for Alzheimer's (or cures for the different kinds) is very difficult to even imagine, perhaps impossible given the other health priorities that we are facing in the world.

No one wants to lose memories as we age. No one wants to suffer the losses that aging brings. Everyone wants to remain as independent as possible. Yet the new stories we need to tell about Alzheimer's can improve quality of life and create hope.

Recognizing our mortality and our interdependence is not easy but critical for our legacy and the survival of our species. Thinking and feeling deeply about what we today call Alzheimer's is much more important than just Alzheimer's.

Alzheimer's as a label has been with us for almost a century. It is time not to end Alzheimer's biologically, but to end it culturally by liberating ourselves from the terror created by those who want to stigmatize us and force us into an overly medicalized model of aging.

Although Dr. Alois Alzheimer, a German psychiatrist, described what became known as the first case in 1906, he was never certain he had described a new "disease" entity. His boss, Emil Kraepelin coined the term "Alzheimer's Disease" for the first time in his psychiatry text book in 1910. After 100-years, what have

we learned about the scientific and clinical concept of "AD"? Are we interpreting the evidence of heterogeneity appropriately and improving quality of life of those affected by aging associated cognitive challenges.

Arguably the most important recent development has been a widening appreciation of the variability of "AD." Genetically, four chromosomes and hundreds of mutations have been identified as causing or contributing to AD. Neuropathologically, the extent and distribution of neuronal loss, plaques and tangles, and other pathological features varies considerably. Many patients have characteristic "AD" features without experiencing frank dementia. Neurochemically, some neurotransmitter systems are affected consistently (cholinergic), but others are not (serotonergic, adrenergic). Finally, the variable and idiosyncratic course of each "Alzheimer's case" that has been characterized by research centers around the world leads many, if not most, experts to now believe that multiple processes contribute to the vast brain changes that we currently refer to as a singular disease -- AD. So-called "Alzheimer's disease" also overlaps with many other conditions such as parkinsonism and vascular dementia.

Biological, psychological, and epidemiological research also shows that AD is intimately related, or identical to, brain aging. Functionally significant cognitive impairments become the statistical norm after age 85. No biological marker can clearly qualitatively discriminate normality from the so-called precursor to AD, Mild Cognitive Impairment, or from AD itself. We have called the standard story—that AD is a single condition fundamentally distinct from normal aging—a myth. In the future, scientific research and clinical approaches should be motivated by an appreciation of this richer story of brain aging.

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