Alzheimer’s disease: Did you know this?

Who discovered it?
Dr Aloes Alzheimer, a German doctor, in 1906

Dementia and Alzheimer’s
Dementia is a brain disorder that seriously affects a person’s ability to carry out daily activities. The most common form of dementia among older people is Alzheimer’s disease which initially involves the parts of the brain that control thought, memory and language.

Cause, cure
The cause of Alzheimer’s disease is unknown and there is no cure. However, the disease causes several changes in the brain – death of nerve cells that are vital to memory and other mental abilities, and disruption of connections between nerve cells.

Several possible factors responsible for the disease: Age, family history and genetics.

Research shows that people with heart ailments, diabetes will be prone to Alzheimer’s disease.

Who does it affect?
The disease usually strikes after 60 and is less common among younger people. In the US, about five per cent of people in the age 65-74 are Alzheimer’s disease patients. The risk increases with age, and about 50 per cent of the Americans in the 85+ age group have the disease.

Misconceptions
Alzheimer’s Disease is confused with ageing, senility because of lack of awareness in India.

Numbers
4.5 million Americans suffer from AD

In India, 3 to 4 million are afflicted by dementia

- About 4 per cent of the population over 65 are afflicted with dementia
- Alzheimer’s disease was the most common type (54 per cent)
  - Followed by vascular dementia (39 per cent)
- Reasons why people get dementia:
  - 7 per cent of cases were due to causes such as infection, tumor and trauma
- Family history of dementia was also a risk factor for Alzheimer’s disease
- History of hypertension was a risk factor for vascular dementia

Percentage of population in South Mumbai with dementia is 4 per cent (2000)

Will dementia become a critical problem in India?

Expectation of life at birth for males has shown a steady rise from 42 years in 1951-60 to 58 years in 1986-90, it is projected to be 67 years in 2011-16, an increase of about 9 years in a 25-year period (1986-90 to 2011-16).

The National Policy of Older Persons 1999, GoI of India, outlined the fact that improved life expectancy has contributed to an increase in the number of persons 60+ from only 12 million persons in India in 1901, the number crossed 20 million in 1951 and 57 million in 1991.

Population projections for 1996-2016 made by the Technical Group on Population Projections (1996) indicate that the 100 million mark is expected to be reached in 2013. Projections beyond 2016 made by the United Nations (1996 Revision) has indicated that India will have 198 million persons 60+ in 2030 and 326 million in 2050. The percentage of persons 60+ in the total population has seen a steady rise from 5.1 per cent in 1901 to 6.8 per cent in 1991. It is expected
to reach 8.9 per cent in 2016. Projections beyond 2016 made by United Nations (1996 Revision) has indicated that 21 per cent of the Indian population will be 60+ by 2050.

Sixty three per cent of the population in 1991 (36 million) was in the age group 60-69 years, often referred to as 'young old' or 'not so old' while 11 per cent (6 million) was in the age group 80 years and over I.a., in the 'older old' or 'very old' category. In 2016, the percentage in these age groups will be almost the same, but the numbers are expected to be 69 million and 11 million respectively. In other words, close to six-tenths of population 60-69 years can be expected to be in reasonably good physical and mental health, free of serious disability and capable leading an active life. About one third of the population 70-79 years can also be expected to be fit for a reasonably active life. This is indicative of the huge reserve of human resource.

In Maharashtra, for example, the growth situation alone looks like this:

<table>
<thead>
<tr>
<th>(%) of the 60 year olds to the total</th>
<th>Absolute numbers</th>
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<tbody>
<tr>
<td>1961 5.21%;</td>
<td>20.81 lakhs</td>
</tr>
<tr>
<td>1971 5.72%;</td>
<td>28.79 lakhs</td>
</tr>
<tr>
<td>1981 6.34%;</td>
<td>39.79 lakhs</td>
</tr>
<tr>
<td>1991 6.91%;</td>
<td>54.52 lakhs</td>
</tr>
<tr>
<td>2001 7.91%;</td>
<td>72.93 lakhs</td>
</tr>
<tr>
<td>2011 9.43%</td>
<td>100.35 lakhs</td>
</tr>
<tr>
<td>2021 11.72%</td>
<td>140.18 lakhs</td>
</tr>
</tbody>
</table>

If we take 3 per cent as the dementia potential, it will mean that in 2011, we will have nearly 3 lakh people with Alzheimer's Disease compared to 2,92,000 people as of now.

In Mumbai alone, we have 40,000 Alzheimer's Disease affected even today, if 10 lakhs is the population of 60+.

Kerala is the only state that has displayed progressive commitment to the welfare of the aged. It has 30 social security and welfare schemes to date, such as Schemes for the destitute old, pension schemes, workers security schemes, etc.

**Symptoms**

Mild forgetfulness could be an early symptom. But most people with mild forgetfulness do not have the disease. As disease advances, forgetfulness begins to interfere with daily activities. People in the middle stages of Alzheimer’s disease may forget how to do simple tasks like brushing their teeth or combing their hair. They can no longer think clearly. They can fail to recognize familiar people and places. They begin to have problems speaking, understanding, reading, or writing. Later on, people with Alzheimer’s disease may become anxious or aggressive, or wander away from home. Eventually, patients need total care.

**Diagnosis**

An early, accurate diagnosis of Alzheimer’s disease helps patients and their families plan for the future. It gives them time to discuss care while the patient can still take part in making decisions. Early diagnosis will also offer the best chance to treat the symptoms of the disease.

Doctors can only make a diagnosis of ‘possible’ or ‘probable’ Alzheimer’s disease. At specialized centers, doctors can diagnose the disease correctly up to 90 per cent of the time. Doctors use several tools to diagnose ‘probable’ Alzheimer’s disease, including:

- questions about the person’s general health, past medical problems, and ability to carry out daily activities
tests of memory, problem solving, attention, counting, and language

medical tests -- such as tests of blood, urine, or spinal fluid, and

brain scans

Sometimes these test results help the doctor find other possible causes of the person’s symptoms. For example, thyroid problems, drug reactions, depression, brain tumors, and blood vessel disease in the brain can cause AD-like symptoms. Some of these other conditions can be treated successfully.

**Treatment**

Alzheimer’s disease is a slow disease, starting with mild memory problems and ending with severe brain damage. The course the disease takes and how fast changes occur vary from person to person. On average, patients live from eight to 10 years after they are diagnosed, though some people may live with the disease for as many as 20 years.

No treatment can stop Alzheimer’s disease. However, for some people in the early and middle stages of the disease, the drugs terrine (Cognacs), donepezil (Precept), rivastigmine (Exeo), or glutamine (Reading, previously known as Romany) may help prevent some symptoms from becoming worse for a limited time. Another drug, meantime (Named), has been approved to treat moderate to severe Alzheimer’s disease, although it also is limited in its effects. Also, some medicines may help control behavioral symptoms such as sleeplessness, agitation, wandering, anxiety and depression. Treating these symptoms often makes patients more comfortable and makes their care easier for caregivers.

**What helps?**

Physical, mental exercises help in delaying/ preventing the disease.

Research says that turmeric prevents Alzheimer’s disease. Fish too helps.

A new study conducted by researchers at The University of California Irvine suggests that BE-vitamin nutrients found in oranges, legumes, leafy green vegetables and folic acid supplements are more effective in limiting Alzheimer’s disease risk than antioxidants and other nutrients.

**The patient’s family**

Most often spouses and other family members provide the day-to-day care for people with Alzheimer’s disease. As the disease gets worse, people often need more and more care. This can be hard for caregivers and can affect their physical and mental health, family life, job and finances.

**Sources and courtesy:** [www.Alzheimer's.org](http://www.Alzheimer's.org)

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