Transcript Details

This is a transcript of a continuing medical education (CME) activity. Additional media formats for the activity and full activity details (including sponsor and supporter, disclosures, and instructions for claiming credit) are available by visiting:
https://reachmd.com/programs/cme/prevention-of-alzheimers-disease/14657/

Released: 12/30/2022
Valid until: 12/30/2023
Time needed to complete: 1h 02m

ReachMD
www.reachmd.com
info@reachmd.com
(866) 423-7849

Prevention of Alzheimer's Disease

Announcer:
Welcome to CME on ReachMD. This episode is part of our MinuteCME curriculum.
Prior to beginning the activity, please be sure to review the faculty and commercial support disclosure statements as well as the learning objectives.

Dr. Agronin:
This is CME on ReachMD, and I'm Dr. Marc Agronin. I'm here today with my colleague Dr. Richard Isaacson.

Dr. Isaacson, I know you've been really passionate about prevention of Alzheimer disease. You've done so much work in that area. Let's have a discussion about what's meant by prevention, what we can do now. What do we know? And what are we looking for in the future?

Dr. Isaacson:
Yeah, so I think the word “prevention” in Alzheimer's, you know, and when I used to use those terms in the same sentence over a decade ago, I used to get tomatoes thrown at me. But I think, really, where that term has evolved is that if we can do something to reduce a person's risk of Alzheimer's disease and that person can basically modify their risk factors to the point where they won't experience Alzheimer's disease during their alive years, and if they can delay the disease long enough, then that's really the essence of prevention. And based on the 2020 Lancet Commission, based on just a dozen or so risk factors, 4 out of every 10 cases of dementia may be preventable if that person does everything right. And in that 1 study alone, there's things that were missing. There's a lot of risk factors, for example, nutrition wasn't even really included in that.

So I think the take-home point is that while we certainly cannot prevent Alzheimer's disease in 100% of cases, not even close, and I think in a lot of cases of Alzheimer's, people can do everything right and still be affected by progressive dementia. I think there's at least 40%, 50%, maybe even 60% of cases where we can take actionable, targeted advice that during that person's life, whether it's vascular risk factor modification, exercise on a regular basis, sleep modification, stress, as well as targeted therapies using emerging principles, precision medicine, and that's really where our work is focused on, I really do believe that we can grab the bull by the horns and have improvements both in cognition as well as clinical outcomes. And a lot of our research has certainly shown that, both in people before they have symptoms in the preclinical Alzheimer's disease stage, as well as even in mild cognitive impairment as long as they follow a bulk of the recommendations.

When it comes to prevention, there's no 1 magic pill. I wish there was. But it takes a village; it takes a lot of things. And on average, we recommend, on average, 21 different things. And people with MCI needed to follow at least 60% of those recommendations in order to move the needle in terms of having better outcomes.

When it comes to why certain people respond and certain people don't, well, that's all about genetics in this era of precision medicine and personalized medicine. We do, for example, APOE ε4 testing. APOE ε4 is the most common genetic risk factor for Alzheimer's disease. And if you have the gene, we're going to give you therapies A, B, and C. But if you don't have the genetic variant, we're going to give you therapies X, Y, and Z. And the goal here is to personalize care. And it's not just about APOE ε; we can look at other genes

and we can understand a person's polygenic risk, and then we can target therapies accordingly.

When it comes to a person's risk of Alzheimer's, if someone's stressed out and worried, we tell them to take a deep breath. You know, the earlier you start, the better people will do. Alzheimer's begins in the brain decades before the first symptom of memory loss begins. You know, it's a big topic, lots to unpack. But I'm really hopeful that the future of our field is prevention. And the future of our field is precision medicine and genetics.

Dr. Agronin:
This is such great information. I guess I have to ask, when should someone think about doing this? And where did they go? I know we both talked about this, that prevention is not such a common endeavor for clinicians and clinics alike.

Dr. Isaacson:
Yeah. So, if Alzheimer's begins, say 20, 30 years before the first symptom of memory loss begins, that's when a person should be seen by a clinician. If their average age is about their family members getting Alzheimer's in the 60s or 70s, then they should be seen in the clinics in the, you know, their 40s and 50s at the latest. And I think the earlier you start, the better you do. And even if you can't go to see someone specializing in Alzheimer's prevention, there's only really a dozen practices all around the world that specialize in this sort of thing, and waiting lists are quite long. See your primary care doctor, talk about vascular risk factor modification, high cholesterol, high blood sugar. You know, these are critical things. Getting someone's blood pressure and really tight control. The key with prevention is not just focusing on a borderline level which can really accumulate damage over time, but focusing on normal and optimal levels of blood pressure and cholesterol and blood sugar and exercise and nutrition. Really, I think we just all need to kind of do this together, do this with our primary care doctors, do this with a preventative health specialist or preventative cardiologist. And I think that's the way we're going to have the most modicum of success.

Dr. Agronin:
That sounds good. And it sounds like really the best news is that a brain-healthy lifestyle is open to everyone. It's not expensive. There are more details that people, over time, need to get into, especially given the risk. But the bottom line is this brain-healthy lifestyle is good for the entire body.

So, great few minutes listening to your expertise and having a discussion about this. Unfortunately, our time is up. Everyone, thanks for listening.

Announcer:
You have been listening to CME on ReachMD. This activity is provided by Prova Education and is part of our MinuteCME curriculum. To receive your free CME credit, or to download this activity, go to ReachMD.com/Prova. Thank you for listening.