dence to back up his idea?

The use of lipid-lowering drugs, primarily of the statin class (which includesatorvastatin, or Lipitor), have been associated in some studies with a lower risk of developing Alzheimer’s disease. There are several interesting theoretical possibilities as to how statins may protect against Alzheimer’s, including a reduced risk through lower cholesterol levels of vascular damage to the brain by strokes, which increase the likelihood that Alzheimer symptoms will be expressed, and perhaps an effect on brain amyloid-beta, which appears to be critically involved in the pathologic process of Alzheimer’s disease. Simply observing that a factor like statin use is associated with a possible effect on Alzheimer’s disease, however, is not proof that it actually plays a role in the disorder.

For example, even though people with grey or white hair are at greater risk for Alzheimer’s disease than people with brown or blond hair, no one reasonably thinks that hair color is a cause of the illness – hair color is associated with age, which in turn is the true risk factor for Alzheimer’s. Whether statin use itself or some other associated but unrecognized factor accounts for the reported lower risk for Alzheimer disease can only be determined by directly testing the effect of the drugs in clinical studies. To date, no study has shown definitively that statins can treat Alzheimer’s disease or reduce the risk of developing it. (Such studies are in progress but will not be completed for several years).

Given that statin use can be associated with important side effects (including, on rare occasions, muscle damage), in the absence of any proof that it plays a therapeutic role in Alzheimer’s disease there is no current justification for treating patients with these drugs in the hopes of improving or preventing the disorder.

Is there any way a doctor can make a prediction about how Alzheimer’s is going to progress? (Predicators for long-term survival)

It is difficult to predict precisely disease course or duration for individual patients. On average, Alzheimer patients live about 8-9 years after symptoms develop. However, the range varies greatly. In our experience, some patients have died within a few years of diagnosis and others have lived for 22 years. Perhaps the greatest determinants are the age of the patient and whether there are other concurrent illnesses that might shorten survival. On a more simplistic level, one way to estimate the rate of progression in dementia symptoms is to consider the pace at which the individual declined over the past year, which then will be a practical gauge of the pace at which they might decline over the coming year.
As a doctor who deals with Alzheimer’s for a living, what are you doing to prevent AD?

I do not do anything specifically to prevent Alzheimer’s disease. As a participant in a study of physicians’ health, I take vitamin E and C daily (well, perhaps 4-5 times a week – I forget the other days!) but it is possible I am getting a placebo rather than the vitamins. There is emerging evidence that engaging in mentally stimulating tasks (such as responding to questions in the “Ask the Doctor” section of the Alzheimer’s Association newsletter) and staying physically fit are possible preventive factors against Alzheimer’s disease. It also is suggested that promoting cardiovascular fitness, such as treating diabetes and hypertension and stopping smoking, is beneficial for the brain. The national Alzheimer’s Association has developed a “Maintain Your Brain” program with brochures that detail positive actions that people can take to possibly reduce the chances of developing Alzheimer’s disease, but in general it remains true that staying physically and mentally active certainly cannot hurt and may even help.

In each newsletter, we will feature questions from our readers and answers from doctors. Send your questions today!

Send your questions or your caregiver tips to:
Ask the Doctor/Tip
Alzheimer’s Association
9374 Olive Blvd.
St. Louis, MO 63132