

## Unforgettable Advice?

By Gregory S. Cohn, M.D.

With heart disease being the number one cause of death in the United States, atherosclerotic disease of the blood vessels in the neck and brain (“cerebrovascular disease”) is often over-looked. However, people generally have a much greater fear of suffering a stroke than a heart attack. An outcome that is possibly feared even more than this is the prospect of developing Alzheimer’s disease (AD). AD is a common cause of dementia, which can be defined as a syndrome of acquired cognitive defects that is sufficient to interfere with normal social or occupational functioning. It has been estimated that AD may affect up to 40% of those over age 85 years. Moreover, the prevalence of this disease is expected to **quadruple** over the next 5 decades! Needless to say, this has become a major public health issue in this country, especially considering the “graying” of our population.

While the cause of Alzheimer’s disease is not known, there is a great deal of evidence linking the risk factors for cardiovascular disease with a greater chance for developing this disease. This link has not been widely recognized by the public or by many physicians. It has been repeatedly shown that the rate of dementia is greatly increased in the first few years after a stroke. Autopsy studies have demonstrated a correlation between elevated levels of cholesterol and amyloid deposition (a type of plaque characteristic of patients with AD) in the brain. In fact, certain variations of Apolipoprotein E (a protein involved in the metabolism of lipids in the body) are powerful markers for increased risk for developing Alzheimer’s disease. Diabetes and other aspects of the Metabolic Syndrome (including obesity, insulin resistance, and hypertension) have also been associated with an increased risk for AD. In addition, several studies involving patients receiving blood-pressure lowering treatment for hypertension have also shown a decreased rate for the future development of dementia. Some studies with statin drugs in patients with elevated cholesterol levels have shown a similar benefit.

Just as they have for cardiovascular disease, certain lifestyle changes have been associated with diminished risks for developing Alzheimer’s disease. Again studies have generally found that increasing amounts of exercise helps to reduce the damaging effects of age and other factors on cognition. Other studies have shown that eating more fish or increased intake of omega-3 fatty acids (fish oil) can also reduce this risk. Other research has suggested that diets rich in nuts or antioxidant foods (i.e. spinach, strawberries, blueberries) may likewise be beneficial. The Mediterranean diet, which is rich in fish, fruits, vegetables, nuts, and monounsaturated fats, is well known to reduce cardiovascular disease, and a recent study has shown that it may do the same for AD.

The take home message here is the same one I have been consistently encouraging. The development of Alzheimer's disease or cardiovascular disease is not inevitable. Relatively simple changes in lifestyle, like exercising more, eating a healthy diet, and maintaining weight close to normal, can diminish the chances of suffering from these medical problems. If you have risk factors for the above (smoking, hypertension, high cholesterol levels, diabetes, overweight/obesity) which cannot be controlled with lifestyle changes alone, see a physician to assist you in managing them. The sooner, the better!

**Gregory Cohn, M.D.** has a concierge Internal Medicine practice in Boca Raton specializing in Cardiovascular Disease prevention and Hypertension. Dr. Cohn is a board-certified internist and clinical lipidologist and has been practicing medicine in Florida since 1991. Dr. Cohn can be reached at (561)367-7447 or [www.gregcohnmd.com](http://www.gregcohnmd.com).