

A Short Note on Alzheimer's Disease and its Prevention

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DESCRIPTION

Alzheimer's Disease (AD) is a neurodegenerative disease that normally begins gradually and progressively deteriorates. It is the reason for 60%-70% of cases of dementia. The most widely recognized early side effect is trouble in recalling recent occasions. As the disease advances, symptoms can include problems with language, disorientation, mood swings, loss of motivation, self-neglect and behavioral issues. As an individual's condition declines, they often withdraw from family and society. Gradually, bodily functions are lost, eventually leading to death. Although the speed of movement can vary, the typical life expectancy following diagnosis is three to nine years.

The reason for Alzheimer's disease is inadequately perceived. There are numerous natural and hereditary risk factors related with its development. The strongest hereditary risk factor is from an allele of Apolipoprotein E (APOE). Other risk factors include a history marked by head injury, clinical depression and hypertension. The disease process is to a great extent connected with amyloid plaques, neurofibrillary tangles and loss of neuronal associations in the brain. A probable diagnosis depends on the historical backdrop of the disease and mental testing with medical imaging and blood tests to rule out other possible causes. Beginning symptoms are frequently confused with normal aging. Examination of brain tissue is required for a definite diagnosis, yet this can happen only after death. Good nutrition, active work and connecting socially are known to be of advantage commonly in aging and these may help in decreasing the risk of cognitive degradation and Alzheimer's; in 2019 clinical trials were in progress to check these potential outcomes out. There are no medications or enhancements that have been displayed to decrease risk.

No medicines stop or reverse its movement; however, some may temporarily improve symptoms. Impacted individuals

progressively depend on others for help, often placing a burden on the caregiver. The pressures can include social, physiological, physical and financial components. Exercise programs might be gainful regarding activities of day to day living and might possibly further develop results. Behavioral problems or psychosis because of dementia are frequently treated with antipsychotics, however this isn't typically suggested, as there is little advantage and an increased risk of early death.

Starting at 2020, there were roughly 50 million individuals overall with Alzheimer's disease. It most frequently starts in individuals over 65 years old, although up to 10% of cases are beginning stage affecting those in their 30s to mid-60s. It affects about 6% of individuals 65 years and women more often than men. The disease is named after German therapist and pathologist Alois Alzheimer, who first described it in 1906. Alzheimer's financial burden on society is large, with an expected worldwide yearly expense of US\$1 trillion. Alzheimer's disease is right now positioned as the seventh driving reason for death in the United States.

There are no disease-modifying therapies available to cure Alzheimer's disease. Epidemiological examinations have proposed relationships between an individual's probability of developing AD and modifiable factors, like medications, way of life and diet. There are a few difficulties in deciding interventions for Alzheimer's act as a primary prevention method, preventing the disease itself, or a secondary prevention method, identifying the early stages of the disease. These challenges include duration of intervention, different stages of disease at which intervention begins, and lack of standardization of inclusion criteria regarding biomarkers specific for Alzheimer's disease.

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