

Alzheimer's disease at a glance

Epidemiology

Prevalence

1 in 20 over 65 years old, 1 in 5 over 80 years

Age

Most common in older patients

Genetics

Sometimes familial (presenelin mutations)

Clinical features

Social function

Unable to work

Apathetic

Loss of initiative

Withdrawn

Loss of personality

Intellectual ability

Reduced intellect

Reduced reasoning

Concrete thinking

Impaired calculation

Language disorder

Disordered speech

Difficulty reading

Difficulty writing

Visuospatial function

Difficulty with visuospatial tasks

Memory and concentration

Not alert, inattentive

Unable to concentrate

Difficulty retaining new material

Retained memory of past events

May be disorientated in time and place

Findings on investigation

The following screening tests should be normal:

- FBC
- ESR
- Vitamin B₁₂
- Thyroid function
- γ GT
- Copper studies
- Syphilis serology
- HIV serology
- CSF white cell count, protein, glucose and oligoclonal bands

CT/MRI scan of the brain: normal or shows cerebral atrophy

SPECT scanning: may show hypoperfusion, particularly in anterior temporal lobes

EEG: normal or shows non-specific abnormality

Neuropsychological assessment reveals:

- Acquired impairment of intellect
- Visuospatial disorder
- Language disorder
- Amnesia
- Disorientation

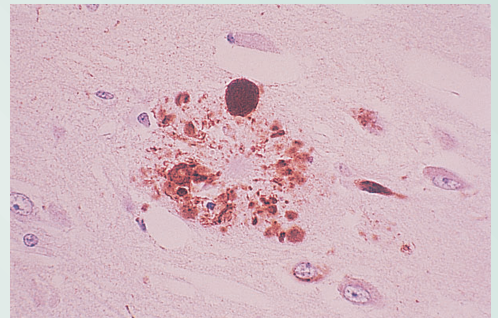


Fig. B Pathology.

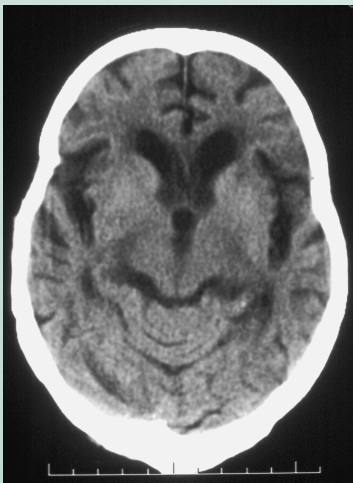


Fig. A CT showing global cerebral atrophy.

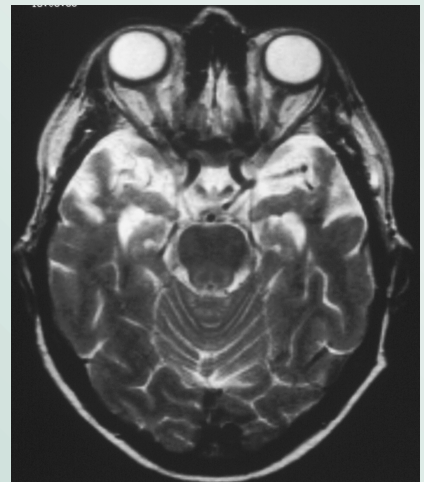


Fig. C MRI showing marked atrophy of temporal lobes in a patient with Alzheimer's disease.