

Angiotensin for Alzheimer's

Receptor Blockers Protect Against Stroke
“Angiotension Receptor Blockers Are Associated With Reduced Incidence of Alzheimer's too.”

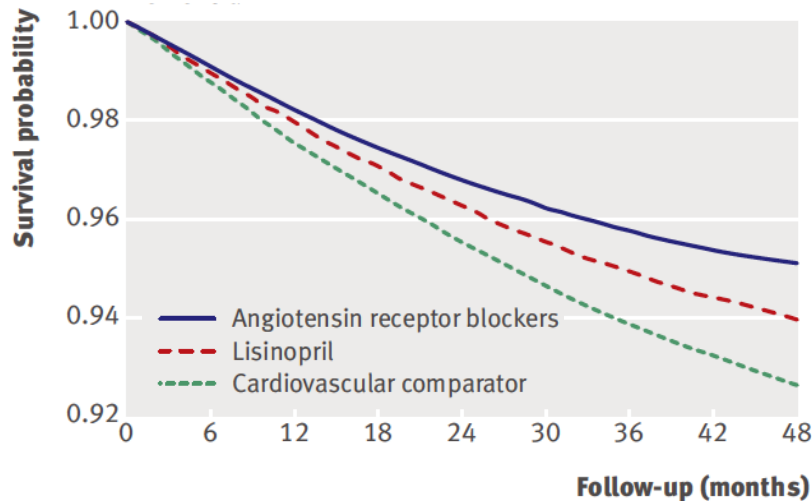


Fig 1 | Survival function for incident Alzheimer's disease and incident dementia in study cohorts

Angiotensin Receptor Blockers (ARB) and ACE inhibitors are classes of drugs that have significantly reduced several times of cardiovascular diseases severity and mortality. A key disease is stroke. New research is showing a similar affect for Alzheimer's and Dementia. Could the affect be through different

mechanisms or are these drugs treating the same root cause for both diseases?

Microinfarcts are mini strokes. More microinfarcts occur in AD subjects and increasing number of microinfarcts correlates with declining cognitive performance. ARBs are good drugs for AD.

Is More Better?

Several angiotensin receptor blockers were tested for their impact on Alzheimer's and dementia. Each drug showed a clear dose-response relation, with higher doses associated with lower rates of dementia. For example, among participants in the high dose candesartan group the hazard rate for dementia was 27% lower than that in the low dose group.

“This study suggests that angiotensin receptor blockers are associated with reduced incidence and progression of Alzheimer's disease and dementia compared with other drugs for cardiovascular disease or hypertension. The strength and consistency of the effect over several different analyses supports the validity of this finding.” There are emerging treatments for AD!



Use of Angiotensin Receptor Blockers and Risk of Dementia

Recent research on ARBs and dementia clearly demonstrate these drugs “are associated with a significant reduction in the incidence and progression of Alzheimer's disease and dementia.” In addition, this drug class is better compared to ACE inhibitors which are better compared to cardiovascular drugs including statins.



Although not a single “cure,” ARBs are able to “significantly lower risk of admission to a nursing home.” This means the drug class is able to help an individual sustain basic activities of daily living that require a functional memory, executive function, coordination, and muscle integrity. This is a great improvement compared to the typical AD sufferer.