

Small Changes, and Hopes, for Preventing Dementia

By PAULA SPAN

What we really want, if we're honest, is a pill or a shot that would allow us to stop worrying about ever sinking into dementia.

Instead, what we're hearing about preventing dementia is, in many ways, the same stuff we hear about preventing other kinds of illnesses. Healthy lifestyles. Behavioral modification. Stress reduction.

At the [Alzheimer's Association International Conference in Copenhagen](#) this week, researchers from Montefiore Medical Center and the Albert Einstein College of Medicine were among the scientists presenting findings that had little to do with amyloid in the brain and a lot to do with how people feel and act and cope with life.

"A number of people have been interested in modifiable lifestyle factors for years," said Richard Lipton, a neurologist at the college and director of the [Einstein Aging Study](#), which has tracked cognition in elderly Bronx residents since the 1980s. But interest has increased lately, he said: "It's at least in part a reflection of disappointing drug trials." Medications have failed, over and over, to prevent or cure or substantially slow the ravages of dementing diseases.

What else might help? Dr. Lipton and his colleagues, who monitor about 600 people aged 70 to 105, have been exploring the impact of stress.

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More specifically, they have been measuring “perceived stress,” a metric not so much about unpleasant things happening as how people respond to them. They use a scale based on the answers to 13 questions like, “In the past month, how often have you felt confident about your ability to handle your personal problems?” and “In the past month, how often have you felt difficulties were piling up so high you could not overcome them?”

In one smaller study presented in Copenhagen, a team followed 111 people (average age at the start: 83) who had “amnesic mild cognitive impairment,” a combination of memory loss and other cognitive deficits that typically progresses. Over an average of two and a half years, about a quarter of these people developed dementia. Those with the highest perceived stress on the scale, the researchers found, had two and a half times the risk of dementia, compared with those who were less stressed.

In a larger study of 456 participants who were cognitively normal (average age: just over 79), about 18 percent developed amnesic mild cognitive impairment over an average follow-up of almost four years; again, high stress scores showed significant association with cognitive loss. And “neuroticism” — mostly high anxiety — intensified that effect.

“A huge number of behavioral approaches to reducing stress have been shown to be effective in reducing various illnesses,” Dr. Lipton said, citing biofeedback techniques to help control migraines as an example. Cognitive behavioral therapy, mindfulness programs, relaxation strategies, yoga — could any of these help reduce stress and keep cognitively normal people from sliding into cognitive impairment, or slow those

with impairment from progressing to dementia?

“You want to intervene before people get the functional impairments,” Dr. Lipton said, “like forgetting to turn off the stove, getting lost in familiar neighborhoods, and then the full spectrum, forgetting everything.”

Such experiments are already underway, at Albert Einstein and elsewhere, but “these are very very early days, with only small-scale pilot studies,” he cautioned.

We’ll probably hear more about lifestyle changes and some very dread diseases. For instance, Judith Graham reported here last year on [the link between dementia and depression](#). (As with these stress findings, it’s not yet clear whether depressed people are more likely to become demented, or whether the depression is a symptom of cognitive decline already at work.)

This week, an article in JAMA Neurology looked into whether eating foods high in certain polyunsaturated fatty acids could [reduce the risk or delay the onset of amyotrophic lateral sclerosis](#). (Conclusion: Yes, it might.)

And in Copenhagen, [Finnish researchers reported on a large trial](#) in which 1,260 older adults at risk for cognitive impairment were randomly divided into two groups. Those who participated in a program including exercise, social activities, nutritional counseling and cognitive training, plus management of cardiovascular health, did significantly better on several kinds of cognitive tests two years later than a control group.

The quest to defeat dementia has brought heartache and

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failure many times. But we need to be doing most of these things anyway — eating intelligently, exercising, treating depression, reducing stress — if only to have enjoyable, healthy, active lives. It would be awfully nice to think they were helping our brains resist damage, too.

“It’s been a great 20 or 30 years for cardiovascular risk reduction for heart attack and stroke,” Dr. Lipton told me, rattling off what cardiologists have learned, and public health advocates have emphasized, about controlling blood pressure and cholesterol and diabetes. “My hope is that, with regard to dementia and Alzheimer’s, we are where the cardiologists were 20 years ago, and we can move quickly to reduce the burden of these godawful diseases.”