

mTOR: Alzheimer's disease prevention for APOE4 carriers

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Alzheimer's disease (AD) is the most common form of dementia and the leading cause of death in the US. Compared to non-carriers, APOE4 carriers develop Alzheimer's disease earlier and with more extensive pathology compared to non-carriers. However, decades before the onset of cognitive decline, APOE4 carriers show subtle changes in brain function and structure. These changes include increased tau tangles and neurofibrillary degeneration, as well as reduced levels of synaptic markers. These findings suggest that APOE4 carriers may have an increased risk of developing AD even before they show symptoms.

The development of AD is a complex process involving multiple factors, including genetic, environmental, and lifestyle factors.

Genetic factors, such as the APOE4 allele, play a significant role in the development of AD. APOE4 carriers have a higher risk of developing AD, particularly if they also have other risk factors like hypertension, diabetes, or heart disease. Environmental factors, such as exposure to certain chemicals or viruses, can also contribute to the development of AD. Lifestyle factors, such as diet and exercise, can also influence the risk of developing AD.

There is currently no cure for AD, but there are several treatments available to manage the symptoms. These include medications that target the underlying biological processes involved in the disease, such as the mTOR pathway. In addition, cognitive behavioral therapy and other forms of support can help improve quality of life for people with AD and their caregivers.

Neurodegenerative disorders, such as Alzheimer's disease, are characterized by progressive loss of neurons and synapses in the brain. This leads to memory loss, cognitive decline, and eventually death. The mTOR pathway plays a key role in regulating protein synthesis and cellular growth, which are essential for maintaining normal brain function. Dysregulation of the mTOR pathway has been implicated in the development of AD and other neurodegenerative disorders. For example, studies have shown that mTOR inhibitors can reduce tau phosphorylation and neurofibrillary degeneration in animal models of AD. In addition, mTOR inhibitors have been shown to improve cognitive function in animal models of AD. These findings suggest that targeting the mTOR pathway may be a promising approach for preventing and treating AD.

Other therapeutic approaches for AD include cholinesterase inhibitors, NMDA receptor antagonists, and amyloid beta peptide therapies. These treatments aim to improve cognitive function by increasing acetylcholine levels, blocking glutamate transmission, or removing toxic beta-amyloid plaques. While these treatments can provide temporary relief from symptoms, they do not cure the disease. Therefore, continued research is needed to identify new and more effective treatments for AD.

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REFERENCES

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