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Abstract

This report provides information to increase understanding on the public health impact of Alzheimer's disease. An estimated 8,00,000 people with AD (one in seven) live alone, and upto half of them do not have identifiable caregiver. In this disease there are no motor, sensory or co- ordination deficits early in the disease. The number of people with AD and other forms of dementia is expected more than triple over the next 40 years. A number of hypothesis are been proposed to account for the pathogenesis of Alzheimer's disease. However amyloid, tau, inflammatory, free radical and cholinergic mechanisms may not be mutually exclusive theories since some initiating events may occur and trigger a cascade in which all of these process play a part in the pathogenesis of AD. The objective of this is to review progress of these therapeutic developments.

Key words: Alzheimer's disease, amyloid, pathogenesis, therapeutic development.

1. INTRODUCTION

Alzheimer's disease is named after Dr. Alois Alzheimer in 1906. Dr. Alzheimer noticed changes in the brain tissue of a woman who had died of an unusual mental illness.

- World Alzheimer day is celebrated in the month of 21st September.

1.1 Definition:

Alzheimer's disease is a progressive and irreversible neurodegenerative disease and most common cause of dementia¹. It occurs mainly due to abnormal and toxic accumulation outside the cells called Amyloid protein and accumulation inside the cells and they forms neurofibrillary tangles. So, we lose the capacity to remove toxic proteins with age and causes loss of memory.

1.2 Epidemiology:

I. World-wide statistics:

58% of people with dementia worldwide and this expected to rise to 71% by 2050. Data compiled from the world Alzheimer's disease report of 2010 noted a predicted 40% increase in person with dementia in Europe, 63% increase in North America, 77% increase in southern Latin America, 89% increase in developed Asian pacific countries.

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