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LIVING WITH ALZHEIMER'S

An important through line in the special report on “A New Era for Alzheimer’s” [The Future of Medicine] is the potential impact of lifestyle in modulating the risk of cognitive decline and dementia.

Three European countries—Finland, France and the Netherlands—have completed pioneering dementia-prevention trials in community-dwelling seniors. They show it is possible to reduce the risk of cognitive decline in older adults using a multidomain lifestyle intervention. And in 2018 the SPRINT MIND study reported significant reductions in the risk of mild cognitive impairment and of the combination of such impairment and dementia through aggressive lowering of systolic blood pressure.

Also, the Alzheimer’s Association U.S. Study to Protect Brain Health through Lifestyle Intervention to Reduce Risk (U.S. POINTER) is recruiting participants now. Over two years this clinical trial will evaluate whether lifestyle interventions that target many risk factors simultaneously can protect cognitive function in older adults who are at increased risk for cognitive decline.

This line of research has exciting possibilities for Alzheimer’s and all other dementias—as is apparent from its inclusion in heart disease treatment and prevention. The Alzheimer’s Association and its collaborators appreciate your coverage on de-

“People with dementia lose capabilities they once had but never lose their personhood.”

JIM MANGI *DEMENTIA FRIENDLY SALINE*

velopments in Alzheimer’s, as we continue to drive science forward.

MARIA C. CARRILLO *Chief Science Officer, Alzheimer’s Association*

DEMENTIA AND PERSONHOOD

In “The Human Toll of Alzheimer’s” [The Future of Medicine], Joel Shurkin describes the loss of his wife to the disease. For 13 years and counting, I have accompanied my wife on her “unwelcome journey” with early-onset Alzheimer’s, so I have great empathy with Shurkin. But my perspective is just a little different. Kathleen, my sweetheart of 45 years, has forgotten how to walk, use a fork or string a sentence together. She is living as an eight-year-old, so she cannot process her relationship to our daughter, grandkids or me. But Kathleen is still Kathleen. She has lost much, but she *is* the person I married. None of us is the same person as we were years ago, as Kathleen often reminded me. Fifty years ago I was young and stupid; now I’m not young.

People with dementia are exactly that: people, albeit changed. They lose capabilities they once had but never lose their personhood. A year ago a physician told me, “They’re gone. There’s no point in visiting them.” Seldom expressed so bluntly, this terrible notion is common and underlies much of the care for people in the late stages of Alzheimer’s or other dementias. We should never stop respecting these individuals for who they still are. And we should lovingly be with them as their unwelcome journeys conclude. We have no cure, but we must never stop caring.

JIM MANGI

Dementia Friendly Saline, Michigan

ASSISTED DYING

Claudia Wallis’s otherwise thoughtful and informative article, “Euthanasia and a Final Gift” [The Science of Health], conflates

euthanasia and MAID (medical in dying). Doing so is likely to add to an already fraught policy issue in the U.S. and possibly also in C

There are immense legal, psychological and ethical differences between practices: Euthanasia refers to action *taken by a patient* who has died and obtained lethal medication by intravenous injection. MAID is *action taken by a patient* who has not died and obtained lethal medication by intravenous injection. MAID is a physician under a carefully con- gally mandated protocol. The patient retains full control over when to medication or whether to take it

Wallis states that organ ‘works well after MAID because die quickly from the intravenous sia drugs.’ Yet whereas euthanasia in Canada, it is illegal in all U.S. tions and is thus never an el MAID in our country.

PETER ROGATZ *Vice End of Life Choices*

WALLIS REPLIES: Certainly the ferences between euthanasia and Rogatz notes. But in Canada, a the context of this column, the d is not so clear-cut, and the term sia” is sometimes used for MAID. uary 31, the province of Ontario cessed 4,521 cases of MAID. In a of them, medical personnel adm an intravenous cocktail to end li ministration, I learned, is rare i.

FIRE AND ICELAND

In “Massif Redo,” William H. describes his epiphany on reali the Tamu Massif volcano resu spreading tectonic plates, not “layer cake” buildup of eruption: ically create such shield volc land. But isn’t the process he des same as the one that formed Ice

VAN SNYDER *La Cresce*

SAGER REPLIES: That inference sonable up to a point. Iceland w by a hotspot centered on the Mú Ridge, and many scientists attr hotspot to a deep plume of molter rising from the mantle. There a