

## **Fear of Developing AD More Common in Women**

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Physicians should be prepared to counsel children of Alzheimer's disease patients, as many of these individuals are concerned that they too will eventually develop the disease, says a physician who works with these families.

Dr. B. Lynn Beattie, a professor in the division of geriatric medicine, department of medicine at the University of British Columbia, Vancouver, said physicians can face a common scenario. A daughter comes into the office and says: "I look like my mom, I act like my mom, my mom has Alzheimer's disease. How long until I get it, if I don't have it already?"

Dr. Beattie said physicians at her clinic have noted that concern over the possibility of developing AD seems to affect female children of AD patients more than male children. She explained that her approach to working with families of Alzheimer's disease patients is to conduct a thorough family history in order to offer concerned children as much information as possible about their risk for developing the disease.

"There are so many areas that we can't do something about it, but somehow when people have high levels of anxiety and when people are very concerned about issues, having people to talk to about it can be extremely helpful," she said. "That's what we try and do with some of these groups of young women."

She noted that people tend to overestimate their risk of getting AD when a family member already has the disease. "It's a simple genetic fact that the potential risk for family members is 50% not 100%. Yet when you're talking about autosomal dominant Alzheimer's disease, people assume it means 100% for everybody in the family."

She noted that it is crucial when an individual comes into the clinic and reports that a parent has AD to ensure the diagnosis is correct. It is also critical to counsel patients properly to limit their anxiety when they hear their diagnosis is positive for the disease. "Some people interpret that as meaning they're going to be in the fetal position the next day." She said it is important to communicate to the patient that treatments can improve dramatically over the next 20 years.

Furthermore, she emphasized that it is important to have psychological and genetic counselling available for patients who do receive genetic testing for AD, whether the results are negative or positive. "It's important if it's negative because that doesn't rule out that a person won't get old enough and go on and get Alzheimer's disease. And it doesn't rule out that a person won't get another degenerative disease," she remarked.

Dr. Beattie also noted that a negative test for an AD gene does not preclude the possibility of developing other diseases, such as Parkinson's disease. She added that test results are sometimes inconclusive.