There is a story, undoubtedly apocryphal, that two great neuroscientists of the late 19th century, Emil Kranepflin and Alois Alzheimer, struck a bargain. To study dementia, Alzheimer agreed to investigate only the form developing in late-life; Kraepelin investigated cognitive impairment beginning early in life and progressing, what he called “dementia praecox.” Alzheimer probably got the better end of the deal. On pathological examination, tangles and plaques were visible throughout the brain in his samples. He described his observations in his only published paper and Alzheimer's disease became his legacy. Kraepelin, by contrast, saw nothing unusual in his brain samples on postmortem examination and, although he wrote many fine and important papers, there is no "Kraepelin's disease." Schizophrenia, as it is called, turned out to be far less dramatic on microscopic examination than AD.

After 100 years of examining brains, we are no better able to cure AD than schizophrenia. This is frustrating in both cases, but the situation with AD seems particularly peculiar. We have an illness with undeniable, obvious clinical symptoms, a predictable course, and dramatic neuropathology. We now know in exquisite detail what constitutes the plaques and tangles found in the brain, we have identified several genes that increase risk for the disease, and we understand the earliest risk factors. Such strategies and early intervention possibilities. Many of these factors, such as diabetes, hypertension, and hyperlipidemia, overlap with those for cardiac disease. These are potentially heartening findings: modifying these factors has been possible, leading to a clear reduction in cardiac disease in the United States. The possibility that this kind of research will lead to important new insights into AD pathogenesis provides hope for prevention. Reading this month's articles, one cannot help but feel optimistic about the future of AD research. Perhaps these strategies will also extend to even more mysterious central nervous system diseases, so that someday, Kraepelin's disease will not seem quite as formidable either.

Investigators are now struggling to identify the earliest stage of AD, the point at which only mild cognitive disturbance is identifiable. Some are even trying to identify those at risk for AD in order to get a better sense of the earliest risk factors.

In this issue of CNS Spectrums, distinguished scientists organized by my colleagues Deborah Marin, MD, and Hillel Grossman, MD, at Mount Sinai School of Medicine and the Bronx Veterans Affairs Medical Center in New York City focus a great deal of attention on risk factors and early intervention possibilities. Many of these risk factors, such as diabetes, hypertension, and hyperlipidemia, overlap with those for cardiac disease. These are potentially heartening findings: modifying these factors has been possible, leading to a clear reduction in cardiac disease in the United States. The possibility that this kind of research will lead to important new insights into AD pathogenesis provides hope for prevention. Reading this month's articles, one cannot help but feel optimistic about the future of AD research. Perhaps these strategies will also extend to even more mysterious central nervous system diseases, so that someday, Kraepelin's disease will not seem quite as formidable either.

REFERENCE


Call for Papers

CNS Spectrums is requesting submissions of case reports, reviews, and original research articles on a wide variety of neuroscientific clinical topics. Examples of topics include:

- Practical clinical psychiatry
- Neurology and neuropsychiatry in a clinical setting
- Applications of psychopharmacology and pharmacokinetics across the neuropsychiatric spectrum
- Especially encouraged are papers covering comorbidities in neurologic disorders (eg, epilepsy with schizophrenia). Other crossover manuscripts geared to deepening the clinician's understanding of disorders and treatments will be given the highest priority.

All submissions are to be sent to Jack M. Gorman, MD, Editor (or, in Europe, to Joseph Zohar, MD, International Editor), c/o MBL Communications, 333 Hudson Street, 7th Floor, New York, NY 10013.

For more information, please see "Author Guidelines" on page 789.