

Genes and dementia



**Alzheimer's
Research
UK**

**The Power
to Defeat
Dementia**



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This information is for anyone who wants to know more about the link between genes and dementia. This includes people living with dementia, their carers, friends and families.

The booklet gives an overview of what genes are and how they are involved in the different diseases that cause dementia, along with information on genetic testing and current research.

The information here does not replace any advice that doctors, pharmacists or nurses may give you but provides some background information which we hope you will find helpful.

This booklet was updated in November 2014 and is due to be reviewed in November 2016. Please contact us if you would like a version with references or in a different format.



What is dementia?

Dementia is used to describe a group of symptoms including memory loss, confusion, mood changes and difficulty with day-to-day tasks.

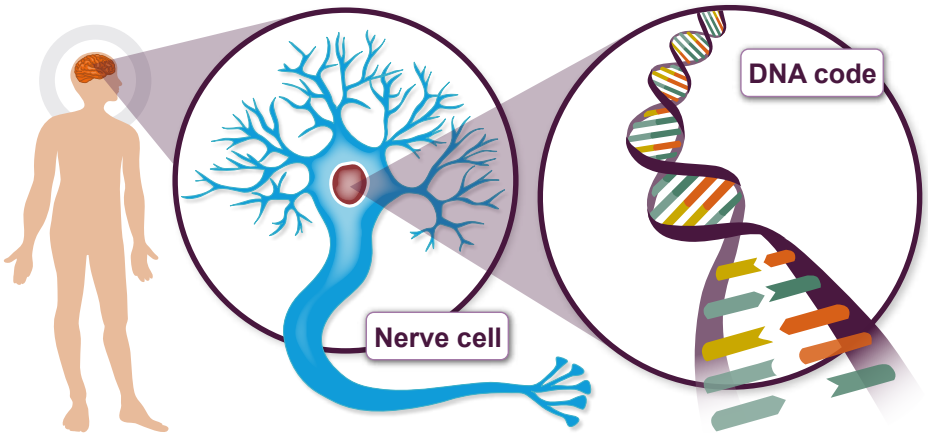
There are a number of different causes of dementia, including Alzheimer's disease, vascular dementia, dementia with Lewy bodies, and frontotemporal dementia.

For more detailed information on dementia, ask for our leaflets '**All about dementia**' and '**Treatments for dementia**' or talk to your GP.

What are genes?

Genes are the instructions for making living things and we inherit them from our parents.

Every cell in our body contains thousands of genes. Each gene is a portion of DNA 'code', which holds the information our cells need to make a specific protein. Proteins make up our tissues and organs, and many have specific functions, like carrying messages between nerve cells.



As dementia is so common, many of us will have a relative living with the condition – but this does not mean we will develop it too.

What role do our genes play in dementia?

Dementia is caused by diseases in the brain and in most cases our likelihood of developing dementia will depend on our age and lifestyle, as well as the genes we have.

Risk genes

The exact DNA code that makes up a particular gene varies naturally across the population, meaning that you might have a slightly different version of a gene to the person next to you. This is called genetic variation. Often these differences have no effect on us, but occasionally they may slightly alter our risk of diseases like cancer, diabetes and Alzheimer's. While having a risk gene may increase the likelihood of getting dementia, it doesn't mean a person will definitely develop it because there are many factors at play.



Faulty genes

In very rare cases, we might inherit a gene from one of our parents that doesn't work properly. This faulty gene is called a genetic mutation and may affect how our body functions. Some mutations can have a very strong effect, and cause us to develop a disease irrespective of other risk factors. Rare forms of Alzheimer's and some cases of frontotemporal dementia can be caused by faulty genes and passed down in families. Having one of these rare mutations makes someone almost certain to develop the disease during their lifetime.

Genes and Alzheimer's disease

Late-onset Alzheimer's

Late-onset Alzheimer's is defined as Alzheimer's disease that affects people over the age of 65. It is the most common form of Alzheimer's and is likely to be caused by a combination of risk factors including our age and lifestyle. Our genetic make-up may also play a part if we carry some 'risk genes'.

To date, scientists have found versions of over twenty different genes which are associated with an altered risk of Alzheimer's. However, having one of these versions may only have a small effect on our risk, and there is still a lot to be understood about these genes and their importance.

The most well-known risk gene is called APOE and makes a protein important for keeping our brain cells healthy. There are three different versions of this gene in the population – APOE2, APOE3 and APOE4 – and we inherit two copies, one from each parent.

People who have one copy of APOE4 (about 25% of the population) are around three times more likely to be affected by Alzheimer's and develop the disease at a younger age. A small number of people (about 2% of the population) inherit two copies of APOE4 – one from each parent. They may be more than eight times more likely to develop Alzheimer's. However, due to other contributing factors, they still may never develop the disease.

Is genetic testing available?

Genetic tests can be used to tell us whether we have inherited a gene linked to a particular disease and to predict whether we will develop a disease later in life. For late-onset Alzheimer's, there is no genetic test available on the NHS. The genes discovered so far only have a relatively small effect on risk and many people with them still won't develop Alzheimer's. Equally, people without them can still develop the disease, so such a test would not be useful.



Early-onset Alzheimer's

A small number of people with Alzheimer's (less than 4%) develop the disease at a younger age, usually in their 50s or early 60s. For many cases of early-onset Alzheimer's, the cause is still unclear.

A very small number of early-onset Alzheimer's cases are caused by a faulty gene passed down in families. This can be called 'familial' or 'early-onset inherited' Alzheimer's. It usually affects many members of the same family typically in their 30s, 40s or 50s, but occasionally symptoms can come on at a later age. The faulty gene can only be passed down directly from an affected parent, it does not skip generations.

Three faulty genes have been linked to early-onset inherited Alzheimer's, although others may remain to be discovered. These genes are called:

amyloid precursor protein (APP)

presenilin 1 (PSEN1)

presenilin 2 (PSEN2)

These genes are involved in the production of a protein called amyloid. If the gene has a mutation and is faulty, there can be an abnormal build-up of amyloid in the brain, a characteristic feature of Alzheimer's.

People who carry a mutation in one of these genes will develop Alzheimer's and their children have a 50% (one in two) chance of inheriting the gene and developing the

disease too. It is important to stress that faulty versions of these genes are very rare and only account for a fraction of cases of Alzheimer's.

A Familial Alzheimer's Disease (FAD) Support Group helps families affected by mutations in the PSEN1, PSEN2 or APP genes. More information can be found at www.fadsupportgroup.org.uk or by ringing **07592 540 555**.

Is genetic testing available?

Genetic testing can be offered on the NHS to someone with suspected inherited Alzheimer's. This is a blood test, used to confirm a mutation in the PSEN1, PSEN2 or APP genes. This is known as diagnostic genetic testing and must be done at a specialist centre. A consent form must be completed before the test is given and it can take several months to get a result.

As these mutations are carried in families, it is important that a person's next of kin, and ideally the whole family, is involved in the discussion about genetic testing. If the precise mutation affecting a person is known, it is possible for their children and siblings to be tested for the mutation too. This type of test, given to those who do not have symptoms, is called predictive genetic testing. It is only performed after a period of genetic counselling. While tests are normally considered for those over the age of 18, family members under this age can be involved in these discussions.

You can read more about the decision to take a genetic test on page 16.

Genes and other dementias

Vascular dementia

Vascular dementia is caused when blood flow to the brain is reduced, damaging nerve cells. This can happen as a result of a stroke or damage to blood vessels deep in the brain. The majority of cases of vascular dementia are not caused by faulty genes. We may carry genes that affect our risk of stroke, heart disease, or other diseases that may contribute to vascular dementia. However, lifestyle factors such as smoking, lack of exercise, obesity, alcohol and diet can also be important.

There are rare genetic disorders that can cause vascular dementia by damaging blood vessels in the brain. One is called CADASIL (cerebral autosomal dominant arteriopathy with subcortical infarcts and leukoencephalopathy) and can be passed down through families. CADASIL only affects around 1000 people in the UK.

Lifestyle factors

such as smoking, lack of exercise, obesity, alcohol and diet can also be important



Dementia with Lewy bodies

Dementia with Lewy bodies is caused by a build-up of abnormal proteins in the brain, and may include symptoms similar to those seen in Parkinson's disease. Age is currently the biggest known risk factor for dementia with Lewy bodies, although research is underway to investigate whether genes may also play a role.

Frontotemporal dementia

Frontotemporal dementia (FTD), originally called Pick's disease, is a rarer form of dementia mostly affecting people under the age of 65 years. The symptoms of FTD can be quite varied but include changes that predominantly affect behaviour or language. There are different types of FTD, and these are likely to have different causes.

Some people with FTD have a strong family history of the condition, and the disease may be passed down in these families. Several faulty genes have been found that can cause these inherited forms of FTD. Directly inherited forms of FTD are thought to account for around 10-20% of all cases of FTD. Genes that are known to cause FTD include:

progranulin (PGRN)

tau (MAPT)

C9ORF72

Mutations in the tau gene can cause the tau protein to behave abnormally, forming toxic clumps that can damage brain cells. We still need to understand more about how mutations in progranulin and C9ORF72 cause the disease. The C9ORF72 gene can cause individuals to develop motor neurone disease or FTD or both conditions, and may affect members of the same family differently.

In cases of FTD that are not caused by faulty genes, the risk factors are not yet fully understood and research is ongoing.

Is genetic testing available?

Diagnostic and predictive testing is available on the NHS for the mutations known to cause frontotemporal dementia. If there is a strong history of frontotemporal dementia in your immediate family or your doctor suspects that you may have a genetic disorder which increases your risk of vascular dementia, they may offer to refer you for genetic testing.

For more detailed information about these causes of dementia, please see our separate leaflets '**What is frontotemporal dementia?**', '**What is vascular dementia?**' and '**What is dementia with Lewy bodies?**' or speak to your GP.

Dementia and Down's Syndrome

People with Down's syndrome have an extra copy of the APP gene which leads to the amyloid build-up associated with Alzheimer's disease. While not everyone with Down's syndrome will go on to develop symptoms of Alzheimer's disease, the risk is much higher. The prevalence of dementia in people with Down's syndrome increases from 2% of those aged 30–39 years, to 10% of those aged 40–49 years, 35% in people aged 50–59 years, and 55% in the age group 60–69 years.

Genetic tests for mutations that cause dementia are only appropriate for a very small number of people.

Should I take a genetic test?

Whether a genetic test is appropriate depends on the disease that caused the dementia in your family, how many family members were affected and what age they developed the condition.

Deciding to take a genetic test for dementia is a big decision and requires very careful thought. Many people may not wish to know if they carry a faulty gene that causes dementia. Others may feel it would help them and their families to plan for the future.

Not all mutations that cause dementia have been identified, meaning that some families may have many affected individuals but no mutation can be found. Therefore a negative test result cannot always exclude a genetic cause of the disease.



If a test is appropriate, your doctor should be able to refer you to a genetic counsellor or geneticist. They will discuss with you the pros and cons of taking a test and any limitations the test may have. They will also tell you where the results will be kept, who they will be shared with and what the next steps would be. For people found to have a genetic mutation that causes dementia, these discussions can also cover the options available when considering starting a family.

Several months of genetic counselling are required before family members can undergo predictive genetic testing. This allows them to discuss the implications of any test result, considering a broad range of areas like finances, insurance and family planning. Predictive genetic testing is not the right decision for everyone and it is perfectly acceptable to decline testing after a period of genetic counselling.

How can I reduce my risk of dementia?

For the vast majority of dementias, our genes are only one factor affecting our risk and there are likely to be many other factors involved, such as age and lifestyle. While we can't change our age, there are simple things we can do that may help lower our risk.

It's a good idea to keep healthy by:



Being active and exercising regularly.



Not smoking.



Eating a healthy balanced diet.



Controlling high blood pressure.



Controlling your blood glucose if you have diabetes.



Keeping cholesterol at a healthy level.



Controlling your weight.



Drinking within the recommended daily limits.

For more detailed information about risk factors for dementia, contact us or speak with your GP.

Research into genetics

Alzheimer's Research UK has funded more than £4m of pioneering research to understand the genetic basis of dementia.



Pinpointing new genes and understanding how they work provides vital clues to the cause of these diseases, taking researchers closer to new treatments.

We're supporting researchers who are building a library of DNA samples from centres around the UK and using it to search for new genetic clues to Alzheimer's. This vital resource has helped in the discovery of new risk genes linked to Alzheimer's and has the potential to contribute to many more discoveries in the future.

We believe that dementia can only be defeated through research. Thanks to the generosity of our supporters, we will be able to support many more studies into the risk factors for dementia.



Find out more

If you have questions about dementia research or want to find out more about how to get involved in research, contact our **Dementia Research Infoline** on **0300 111 5 111** or email **infoline@alzheimersresearchuk.org**

The Infoline operates 9.00-5.00pm Monday to Friday. Calls cost no more than national rate calls to 01 or 02 numbers and should be included in any free call packages.

We are the UK's leading research charity aiming to defeat dementia.

We welcome your comments to help us produce the best information for you. You can let us know what you think about this booklet by contacting us using the details below.



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