Smoking and dementia of Alzheimer type

Sir: Several surveys have reported a negative association between smoking habits and Parkinson's disease suggesting that smoking may decrease an individual's risk of developing the condition.1 2 An observation made by Appel,3 that only six of 30 Alzheimer patients in his study had smoked at any time in their lives, led him to conclude that a similar effect may operate in dementia of Alzheimer type (DAT). This is of interest in view of the recently demonstrated loss of nicotinic receptors in the cerebral cortex of DAT patients.

Conversely, Shalat4 has presented data from a case control study, showing that Alzheimer patients were more than twice as likely to be smokers or ex-smokers than were controls. Furthermore, increased risk of the disease was positively correlated with level of cigarette consumption.

Our data refer to patients attending the Maudsley Memory Clinic and the psychogeriatric unit of the Royal Bethlem and Maudsley Hospitals. The medical notes of 81 persons over the age of 65 with a diagnosis of "probable" dementia of Alzheimer type5 were reviewed to obtain information about smoking habits. Where such information was not recorded the next of kin were contacted by telephone. One hundred and twelve persons from a local luncheon club and care home were selected as age-matched controls and interviewed.

Seventy one per cent of male DAT patients and 32% of female DAT patients either smoked or gave a history of having smoked, as compared with 77% of male controls and 44% of female controls. Even allowing for sex differences (with the use of an appropriate log-linear model)6 no significant difference in the lifetime prevalence of smoking between the two groups was found (chi² = 1·23, p = 0·75, Odd's ratio = 1·58).

Our results do not support either study referred to above but are in accord with the findings of an epidemiological study of patients developing the disease before the age of 70.9 Clearer further studies are required to elucidate this question but can only be conducted if past and present smoking behaviour is perceived as an important variable and therefore accurately recorded in medical notes.

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Smoking and dementia of Alzheimer type.

G M Jones, M Reith, M P Philpot and B J Sahakian

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