

# Clinical Appraisal of Genetics in Dementia

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Degree in Neuropsychiatry

Presented by Amira Nassieb El-Batrawy MS, S.Oh.

Under the supervision of

63565

Prop. Dr. Mahammad Ossama Abdulghani

Erofessor of Neuropsychiatry Saculty of Medicine-Ain Othams University

Prof. Dr. NAGLAA NAGY EL-MAHALAWY

Faculty of Wedicine-Ain Shams University

DR. SAMIA ASHOUR

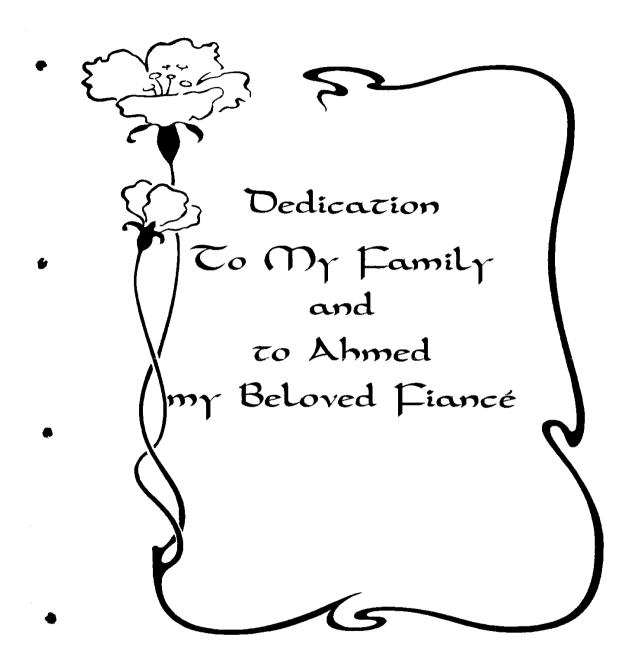
Assistant Rrofessor of Keuropsychiatry Saculty of Medicine-Ain Othams University

> FACULTY OF MEDICINE AIN SHAMS UNIVERSITY 1998



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### Rist of Abbreviations

A: Adenine

AD: Alzheimer's disease

ADAS-Cog: Alzheimer's disease assessment scale cognitive.

ADAS-non Cog: Alzheimer's disease assessment scale non-cognitive.

ADL: Activities of daily living.

AIDS: Acquired immune deficiency syndrome.

APoE: Apolipoprotein E.

APP: Amyloid precursor protein

BSE: Bovine spongiform encephalopathy

C: Cytosine

CADASIL: Cerebral autosomal dominant arteriopathy with subcortical infarcts and leukoence-phalopathy.

cDNA: Complementary DNA

CDR: Clinical dementia rating.

CJD: Creutzfeldt Jacob disease

cM: CentiMorgan

CT: Computerized tomography

DIST: Dihycholipoyl succinyl transferase.

DNA: Deoxyribonucleic acid

DSM IV: Diagnostic and statistical manual of mental disorders IV.

Dz: Dizygotic

ε: Epsilon

FAD: Familial Alzheimer's disease.

FAO: Functional assessment questionnaire

FTDP: Fronto-temporal dementia with parkinso-nism.

G: General criteria for dementia.

G: Guanine

GDS: Global deterioration scale.

GoM: Granular osmophilic material.

HD: Huntington's disease.

IADL: Instrumental activities of daily living scale.

ICD 10: International classification and diagnosis of

mental behavioural disorders.

MBDS: Modified blessed dementia scale.

MMSE: MiniMental state examination

MR: Morbidity risk

MRI: Magnetic resonance imaging

mRNA: Messenger RNA

Mz: Monozygotic

NFT: Neuro-fibrillary tangles

P: Prior probability

p: Short-arm.

PCR: Polymerase chain reaction.

PD+D: Parkinson's disease with dementia.

PD: Parkinson's disease.

PD-D: Parkinson's disease without dementia.

PET: Positron emission tomography

PHF: Paired helical filaments

PrP: Prion protein

Ps: Presenilin

q: Long-arm

RFLPs: Restriction fragment length polymorphism

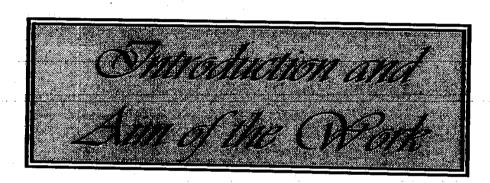
RNA: Ribonucleic acid rRNA: Ribosomal RNA

SPs: Senile plaques

T: Thymine

tRNA: Transfer RNA

U: Uracil Vs: Versus





to function effectively as a worker or head of family because of certain diseases of aging e.g. dementia and modern medicine offers the means of treating such conditions and in same instances restoring the patient to normal health and effectiveness (Adams and Victor, 1997).

At the present time, no treatment has been proven to alter the relentless deterioration of the disease. A number of attempts have been made at neurotransmitter replacement therapy, concentrating particularly on cholinergic drugs and there is some evidence of minor symptomatic benefit from anticholinesterase drugs. As modern neurology has been greatly influenced by developments in molecular genetics. By the positional cloning approach a number of genes responsible for inherited neurological diseases have been mapped in the human genome and some of them have already been identified (Hyman and Nestler, 1993).

By identifying and cloning the aberrant genes, it has become possible to study the defective problems responsible for the disorders such advances in molecular medicine have begun to revolutionize diagnosis and should eventually have a profound impact on the treatment and even prevention of serious diseases in humans. Vulnerability to many of the most severe neuropsychiatric disorders e.g. dementia appears to be