MedEst. 2024; Vol.4 No.2 ISSN: 2789-7567

EDITORIAL

Alzheimer's disease: important socio-health challenge for the family doctor

La enfermedad de Alzheimer: importante desafío sociosanitario para el médico de familia

Karen Oviedo Pérez 1*, https://orcid.org/0000-0002-6307-8652

Ángel Félix Almeida Rodríguez 1, https://orcid.org/0009-0002-7043-6697

Héctor Daniel Mallagón Mendoza ², https://orcid.org/0009-0005-5355-5936

- ¹ University of Medical Sciences of Matanzas. Faculty of Medical Sciences of Matanzas Dr. Juan Guiteras Gener. Matanzas, Cuba.
- ² Benito Juárez García Welfare University. Headquarters Quechultenango, Mexico.

* Corresponding author: karenoviedo575@gmail.com

Received: 07/04/2024

Accepted: 21/04/2024

How to cite this article: Oviedo Pérez K, Almeida Rodríguez AF, Mallagón Mendoza HD. Alzheimer's disease: important socio-health challenge for the family doctor. Med. Es. [Internet]. 2024 [cited access date]; 4(2):e227. Available in: https://revmedest.sld.cu/index.php/medest/article/view/227

Dear readers:

Alzheimer's disease is a neurodegenerative disorder that mainly affects the elderly and is characterized by a progressive deterioration of cognitive functions. It is estimated that in Europe it has a prevalence of more than 5 % in the elderly and its incidence is approximately 11 cases per 1 000 people per year. It is expected to affect around 130 million people worldwide by 2050. Due to its high frequency and significant impact, Alzheimer's disease is one of

Articles from MedEst Magazine are shared under the terms of the Creative Commons Attribution-NonCommercial 4.0 International license.

Email: revmdest.mtz@infomed.sld.cu Website: www.revmedest.sld.cu





Oviedo Pérez K. et. al./ Alzheimer's disease: important socio-health challenge for the family doctor

MedEst. 2024; Vol.4 No.2

ISSN: 2789-7567 RNPS: 2524

the greatest current socio-health challenges and requires interventions at different levels for its prevention, diagnosis and treatment. (1)

Regarding pharmacological treatment, there are two groups of medications approved to treat the disease: acetylcholinesterase inhibitors and N-methyl D-aspartate receptor antagonists. However, recommendations on its use are varied and range from specific indications to discouraging its use. (2)

The efficacy and safety of these medications must be evaluated together since, although they have shown slight improvements in the cognitive level of patients, they also present serious adverse effects and may increase overall mortality. (2) The acceptability of these treatments by patients is a difficult aspect to evaluate due to the emotional burden that comes with making decisions about pharmacological treatment.

In this sense, it is important to consider the cost of these medications in relation to their results (which have been shown to be limited). Therefore, it is crucial to explore non-pharmacological alternatives that have been shown to be effective in the treatment of the disease, and to provide comprehensive social and health care to both the patient and caregivers. ⁽³⁾ In this context, the question arises about the role of the family doctor in addressing Alzheimer's disease.

Although the indication and initiation of treatments for the disease usually correspond to neurologists and geriatricians, the family doctor can play an important role in establishing the diagnosis, implementing non-pharmacological interventions, providing information on available social resources, providing education on existing pharmacological treatments and the establishment of long-term treatment and follow-up goals. By collaborating with other health professionals, the family doctor can contribute significantly to the well-being and quality of life of these patients and their caregivers.

Alzheimer's disease is an important socio-health challenge that requires a multidisciplinary and personalized approach in its approach. Although pharmacological treatments can be part of the therapeutic strategy, it is essential to also consider non-pharmacological interventions and comprehensive care for patients and their caregivers.

Currently, existing drugs to treat the disease have shown a notable increase. For its part; The family doctor, in his capacity as a health promoter, informs patients and caregivers completely and truthfully about them, helps to set





MedEst. 2024; Vol.4 No.2

ISSN: 2789-7567 RNPS: 2524

realistic objectives, and to implement non-pharmacological measures that have been proven effective.

BIBLIOGRAPHIC REFERENCES

- 1. Conci N, Herrera M, Corzo M, Cabanellas C, Fuentes V, Lucero N, Buonanotte C. Medidas no farmacológicas en pacientes con demencia: un aspecto importante poco reconocido por la población. Rev Fac Cien Med Univ Nac Cordoba [Internet]. 2023 [cited 07/04/2024]; 80. Available in: https://revistas.unc.edu.ar/index.php/med/article/view/42691
- 2. Llibre Rodriguez JJ, Gutiérrez Herrera R, Guerra Hernández MA. Alzheimer's disease: update in prevention, diagnosis and treatment. Rev haban cienc méd [Internet]. 2022 [cited 07/04/2024]; 21(3):e4702. Available in: http://scielo.sld.cu/scielo.php?pid=S1729-519X2022000300004&script=sci arttext&tIng=en
- **3.** Gauthier S, Rosa Neto P, Morais JA, Webster C. World Alzheimer Report 2021: Journey through the diagnosis of dementia [Internet]. 2021 [cited 07/04/2024]. Available in: https://www.alzint.org/resource/world-alzheimer-report-2021/

STATEMENT OF AUTHORSHIP

KOP: Conceptualization, research, methodology, project administration, validation, original draft writing, review, editing.

AFAR: Conceptualization, research, methodology, validation, writing of the original draft, review, editing.

HDMM: Conceptualization, research, methodology, validation, writing of the original draft, review, editing.

CONFLICT OF INTERESTS

The authors declare that there are no conflicts of interest.

SOURCES OF FUNDING

The authors did not receive funding for the development of this article.



