



Understanding Alzheimer’s Disease: Early Detection, Cognitive Decline, and Memory Loss Mechanisms

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Abstract

Alzheimer’s disease (AD) is a neurodegenerative disorder characterized by cognitive decline, memory loss, and a range of neuropsychiatric symptoms. The pathophysiology of AD involves the accumulation of amyloid-beta plaques and tau protein tangles in the brain, leading to neuronal damage and synaptic dysfunction. This review explores the mechanisms of cognitive decline, memory loss, and the role of early detection, as well as potential therapeutic approaches aimed at alleviating or delaying the onset of Alzheimer’s disease.

Keywords: Alzheimer’s disease; Early detection; Cognitive decline; Memory loss; Neurodegeneration; Biomarkers

Introduction

Alzheimer’s disease (AD) is the most common form of dementia, affecting millions of individuals worldwide, primarily those over 65 years old. It is a progressive disorder that leads to cognitive impairment and memory loss, significantly impacting the daily lives of affected individuals and their families [1]. The disease is characterized by the accumulation of amyloid-beta plaques and tau protein tangles in the brain, which contribute to neuronal damage and the breakdown of synaptic connections [2]. Over time, these pathological changes lead to the degeneration of brain regions involved in memory, learning, and cognition, such as the hippocampus and cortex. Cognitive decline in AD begins subtly, with memory lapses being among the earliest signs. However, as the disease progresses, individuals may experience more profound deficits in executive function, attention, and language [3,4]. These cognitive impairments severely impair the individual’s ability to perform everyday tasks and make independent decisions. Early detection of AD is crucial for timely intervention and the development of therapeutic strategies aimed at slowing disease progression [5]. In the past, the diagnosis of AD often occurred in the later stages of the disease, when significant brain damage had already occurred. However, recent advances in neuroimaging techniques, such as MRI

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complex pathophysiology and diverse clinical manifestations. While the accumulation of amyloid-beta plaques and tau tangles is well-established as a central feature, other factors, such as inflammation, oxidative stress, and mitochondrial dysfunction, contribute significantly to the progression of the disease. These processes lead to neuronal loss, synaptic dysfunction, and eventually widespread brain atrophy. Synaptic dysfunction, in particular, plays a crucial role in early cognitive decline. The disruption of synaptic plasticity—important for learning and memory—is one of the earliest indicators of Alzheimer's pathology. As synapses deteriorate, communication between neurons becomes impaired, exacerbating cognitive decline and memory loss. Additionally, the involvement of neurotransmitter systems, particularly acetylcholine, has been extensively studied. Reduced levels of acetylcholine in the brain are associated with impairments in memory and attention, common symptoms in AD patients. Neuroinflammation has also emerged as a key player in AD progression. Activated microglia and astrocytes contribute to neuroinflammatory responses, which can further exacerbate neuronal damage. Targeting neuroinflammation has become a promising therapeutic strategy in recent research, with several anti-inflammatory agents undergoing clinical trials. Another challenge in AD research is the heterogeneity of the disease. While some individuals exhibit rapid cognitive decline, others may experience slower progression, making it difficult to predict disease trajectory. As a

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