Late-Onset Alzheimer's Disease

Alzheimer's disease is characterized by memory loss, cognitive decline, and personality changes. Late-onset Alzheimer's disease is the most common form of Alzheimer's disease, developing after age 65. Many factors, including genetics, can influence a person's chances of developing the condition. This test includes the most common genetic variant associated with late-onset Alzheimer's disease.

Overview Scientific Details Frequently Asked Questions

Jamie, you have **one copy** of the ε4 variant we tested.

People with this variant have a slightly increased risk of developing late-onset Alzheimer's disease. Lifestyle, environment, and other factors can also affect your risk.

1 variant detected
in the APOE gene

Your genetic result explained

by Dr. Richard Isaacson, a neurologist specializing in Alzheimer's disease treatment and prevention. Read transcript

Watch 3-minute video

How To Use This Test

This test does not diagnose Alzheimer's disease or any other health conditions.

Please talk to a healthcare professional if this condition runs in your family, you think you might have this condition, or you have any concerns about your results.

Review the Genetic Health Risk tutorial
See Scientific Details
See Frequently Asked Questions

Intended Uses

- Tests for the **ε4** variant in the APOE gene associated with an increased risk of developing late-onset Alzheimer's disease.

Limitations

- Does **not** include all possible variants or genes associated with late-onset Alzheimer's disease.
- Does **not** include any variants or genes linked to early-onset Alzheimer's disease.
- Does **not** determine a person's full APOE genotype.

Important Ethnicities

- The ε4 variant included in this test is found and has been studied in many ethnicities. Detailed risk estimates have been studied the most in people of **European** descent.

You may have a **slightly increased risk** of developing late-onset Alzheimer's disease based on your genetic result.

However, most people with this result do not develop late-onset Alzheimer's disease. Consider discussing your risk with a healthcare professional, especially if you have a family history or other risk factors for this condition.

We detected one copy of the ε4 variant in the APOE gene.

See Scientific Details

Although your risk may be slightly increased, most people with this variant do not develop late-onset Alzheimer's disease.

Studies estimate that, on average, a female of **European** descent with this variant has a 5-7% chance of developing late-onset Alzheimer's disease by age 75 and a 27-39% chance by age 85. There is not enough data to estimate the chances in females of other ethnicities.

See Scientific Details

Non-genetic factors may also influence your risk of developing late-onset Alzheimer's disease.

Even though nothing has been proven to prevent Alzheimer's disease, some studies suggest that eating a healthy diet and staying physically and mentally active is linked to a reduced risk of developing late-onset Alzheimer's disease.

Research is ongoing to understand what causes Alzheimer's disease and to find effective treatments. See Resources for more information.

Lifestyle and other factors can also influence the chances of developing late-onset Alzheimer's disease.

Consult with a healthcare professional before making any major lifestyle changes.

Age

The risk of developing Alzheimer's disease increases greatly as a person ages. This condition is most often diagnosed in people over the age of 65.

See Scientific Details for more information

About Late-Onset Alzheimer's Disease

When it develops

Late-onset Alzheimer's disease develops after 65 years of age.

Typical signs and symptoms

- Memory loss that worsens over time
- Mood and personality changes
- Trouble planning or solving problems
- Confusion with place or time
- Difficulty performing daily life activities

How common is the condition?

Late-onset Alzheimer's disease affects people of all ethnicities. About 1 in 19 Americans age 65 and older is affected by Alzheimer's disease. Elderly African Americans and Hispanics are more likely to develop the condition than people of other ethnicities.

How it's treated

There is currently no known prevention or cure for Alzheimer's disease. Medication may be used to delay or ease symptoms.

Read more at: Alzheimers.gov* National Institute on Aging* GeneReviews* MedlinePlus*

Consider sharing this result with a healthcare professional, especially if you have other risk factors.

If you have a family history of this condition or think you have symptoms, consult with a healthcare professional.

Print report

If you have questions about your results or how they might affect you or your family, a genetic counselor may be able to help.

Learn more

See our Frequently Asked Questions for more information.

FAQs

Late-Onset Alzheimer's Disease

Alzheimer's disease is characterized by memory loss, cognitive decline, and personality changes. Late-onset Alzheimer's disease is the most common form of Alzheimer's disease, developing after age 65. Many factors, including genetics, can influence a person's chances of developing the condition. This test includes the most common genetic variant associated with late-onset Alzheimer's disease.

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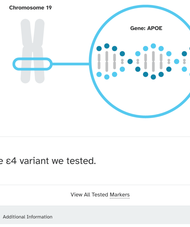
The ε4 variant in the APOE gene is the most common genetic factor associated with late-onset Alzheimer's disease.

APOE

The APOE gene contains instructions for making a protein called apolipoprotein E. This protein helps control the levels of cholesterol and fats in the blood. It is not known exactly how the ε4 variant increases the risk of late-onset Alzheimer's disease.

Read more at MedlinePlus®



You have one copy of the ε4 variant we tested.

Variants Detected | View All Tested Markers

Marker Tested	Genotype*		Additional Information
ε4 **Gene:** APOE **Marker:** rs429358	C Variant copy from one of your parents	T Typical copy from your other parent	Biological explanation Typical vs. variant DNA sequence(s) Percent of 23andMe customers with variant References [1, 2, 4, 11, 13, 14, 15, 17, 18, 22] | ClinVar®

*This test cannot distinguish which copy you received from which parent. This test also cannot determine whether multiple variants, if detected, were inherited from only one parent or from both parents. This may impact how these variants are passed down.

23andMe always reports genotypes based on the 'positive' strand of the human genome reference sequence (build 37). Other sources sometimes report genotypes using the opposite strand.

Test Interpretation

This report provides risk estimates for people of European, African American, East Asian, and South Asian descent. Estimates for other ethnicities are not currently available.

Health Risk Estimates

Risk estimates are based on clinical studies that identify an association between a genotype and a health condition.

Consider talking to a healthcare professional if you have any concerns about your results.

References [1, 10, 11, 18, 22]

Lifetime risk | Likelihood ratios | Odds ratios

The lifetime risk estimates shown below represent the proportion of people expected to develop Alzheimer's disease by age 65, 75, and 85. These values are based on people of European descent. Lifetime risk estimates are not available for people of other ethnicities.

Genotype	Sex	Age 65	Age 75	Age 85
General population	Male	<1%	3%	11%
General population	Female	<1%	3%	14%
No ε4 variants	Male	<1%	1-2%	5-8%
No ε4 variants	Female	<1%	1-2%	6-19%
One copy of ε4 variant	Male	1%	4-7%	28-23%
One copy of ε4 variant	Female	<1%	5-7%	27-39%
Two copies of ε4 variant	Male	4%	26%	51%
Two copies of ε4 variant	Female	2%	26%	69%

Other Factors

Other factors besides the ε4 variant can influence your chances of developing late-onset Alzheimer's disease.

This is not a complete list of other factors.

People with multiple risk factors may have a higher risk of developing late-onset Alzheimer's disease.

Consult with a healthcare professional before making any major lifestyle changes.

Other Factors	References
Age Alzheimer's disease is most often diagnosed in people over the age of 65. About 1-4% of people have Alzheimer's disease at age 65. The risk increases dramatically every decade thereafter.	[4]
Sex More females than males have late-onset Alzheimer's disease. This may be partly due to the fact that females tend to live longer than males, but biological and lifestyle differences likely also play a role. Studies also suggest that the APOE ε4 variant is associated with a greater risk for late-onset Alzheimer's disease in females than in males.	[3, 4, 20]
Family history First-degree relatives of a person with late-onset Alzheimer's disease have a higher chance of developing late-onset Alzheimer's disease themselves. This may in part be explained by genetic factors, but it may also be related to family members sharing a similar lifestyle and environment.	[4, 9]
Heart health Many studies have investigated the relationship between cardiovascular risk factors and Alzheimer's disease. Evidence suggests that factors which increase the risk of cardiovascular disease (obesity, high cholesterol, and high blood pressure) also increase the risk of Alzheimer's disease in older age. Having type 2 diabetes and smoking have also been linked to an increased risk of developing cardiovascular disease and Alzheimer's disease.	[4, 16, 24, 25, 27]
Diet Understanding the effects of diet on Alzheimer's risk is an active area of research. Studies suggest that eating a heart-healthy diet is associated with a reduced risk of developing Alzheimer's disease. This can include eating plenty of green leafy vegetables, fruits, whole grains, and healthy fats (such as those found in fish, nuts, and olive oil), and limiting saturated fat, red meat, and added sugar.	[4, 5, 21, 30]
Exercise Understanding the effects of exercise on Alzheimer's risk is an active area of research. Evidence suggests that exercise benefits the brain and decreases the risk of developing Alzheimer's disease. This may result from many factors, including improvements in blood flow and a lower risk of developing metabolic and cardiovascular diseases. In some studies, even a low-impact physical activity like walking was shown to be beneficial.	[4, 5, 6, 12]
Intellectual activity Fewer years of education has been associated with a greater risk of developing Alzheimer's disease later in life. The risk appears to be highest in people who did not complete high school. The cause of this association is unclear. Some researchers hypothesize that more years of education may help people build stronger brain connections that can protect the brain against conditions like Alzheimer's disease. It could also be that lower education levels reflect lower socioeconomic status, which may limit a person's access to affordable health care and nutritious foods. All these factors as well as others may contribute to a higher risk of developing Alzheimer's disease.	[4, 5, 26, 27]
Ethnicity African Americans and Hispanics develop late-onset Alzheimer's disease at higher rates than people of European and Asian descent. This may be due to differences in rates of other health conditions such as heart disease and diabetes, as well as differences in lifestyle and socioeconomic factors. The frequency of the APOE ε4 variant also differs between these groups.	[4, 19, 28, 29]
Other genes Many studies have identified additional genes and variants that influence risk for late-onset Alzheimer's disease. However, these variants have only a small effect on risk compared to the APOE ε4 variant.	[6, 23]

Test Details

Indications for Use

The 23andMe PGS Genetic Health Risk Report for Late-Onset Alzheimer's Disease is Indicated for reporting of the ε4 variant in the APOE gene. This report describes if a person's genetic result is associated with an increased risk of developing late-onset Alzheimer's disease, but it does not describe a person's overall risk of developing Alzheimer's disease. The ε4 variant included in this report is found and has been studied in many ethnicities. Detailed risk estimates have been studied the most in people of European descent.

Special Considerations

- This test does not identify or report on the ε2 and ε3 variants of the APOE gene. These variants are not associated with an increased risk of developing Alzheimer's disease.
- Genetic testing for late-onset Alzheimer's disease is not currently recommended by any healthcare professional organizations.

Test Performance Summary

Clinical Performance [4]

- Approximately 65% of Alzheimer's patients have one or two copies of the APOE ε4 variant.
- However, many people with the APOE ε4 variant will not develop late-onset Alzheimer's disease.

Analytical Performance

Accuracy was determined by comparing results from this test with results from sequencing. Greater than 99% of test results were correct. While unlikely, this test may provide false positive or false negative results. For more details on the analytical performance of this test, refer to the package insert.

Warnings and Limitations

- This test does not cover all variants that could cause this condition.*
- This test does not diagnose any health conditions.
- Share results with your healthcare professional for any medical purposes.
- If you are concerned about your results, consult with a healthcare professional.

See the Package Insert for more details on use and performance of this test.

* Variants not included in this test may be very rare, may not be available on our genotyping platform, or may not pass our testing standards.

References

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3. Altmann A et al. (2014). "Sex modifies the APOE-related risk of developing Alzheimer disease." Ann Neurol. 75(4):563-73. ˄
4. Alzheimer's Association. "Alzheimer's Disease Facts and Figures." Retrieved from https://www.alz.org/media/Documents/alzheimers-facts-and-figures.pdf ˄
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8. Cass SP. (2017). "Alzheimer's Disease and Exercise: A Literature Review." Curr Sports Med Rep. 16(1):19-22. ˄
9. Cupples LA et al. (2004). "Estimating risk curves for first-degree relatives of patients with Alzheimer's disease: the REVEAL study." Genet Med. 6(4):192-6. ˄
10. Farrer LA et al. (1997). "Effects of age, sex, and ethnicity on the association between apolipoprotein E genotype and Alzheimer disease. A meta-analysis. APOE and Alzheimer Disease Meta Analysis Consortium." JAMA. 278(16):1349-56. ˄

See all references

Change Log

Your report may occasionally be updated based on new information. This Change Log describes updates and revisions to this report.

Date	Change
Nov. 5, 2020	Odds ratios for different APOE genotype combinations were updated for people of East Asian descent.
Nov. 14, 2019	An explainer video was added to the report for customers with the following results: 6 variants detected, 1 variant detected, and variant detected.
April 17, 2017	Late-onset Alzheimer's Disease report created.

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What does this test do?

What does this test **not** do?

The report says that detailed risk estimates for the ε4 variant included in this test are best studied in people of **European** descent. What if I'm not of European descent?

Where can I learn more about Alzheimer's disease, support groups, and other resources?

My report says I have **one copy of the ε4 variant** associated with late-onset Alzheimer's disease. What does this mean?

What does **slightly increased risk** mean?

My report says I have **one copy of the ε4 variant** associated with late-onset Alzheimer's disease. What are some things I could do?

How could my result affect my family?

Have more questions? **Check out our Customer Care Help Center.**