The number of persons living into extreme old age is increasing. If projections hold true, by the year 2050 the number of persons older than 60 years will exceed the number of children aged 14 years or younger. A primary goal for osteopathic physicians must be to provide expert direction and care to enable this large patient group to age with intact physical and cognitive function.

One major barrier to achieving this goal is the epidemic of Alzheimer’s disease (AD), which is the leading cause of loss of intellectual capacity. Cognitive decline is not an inevitable consequence of aging; however, advanced age is the single biggest risk factor for AD. While much is known about the presentation and course of this debilitating disease, specific causes are still under investigation. And, while acetylcholinesterase inhibition coupled with behavioral and psychiatric interventions is still the mainstay of treatment, the role of prevention is being aggressively investigated. The contributions of inflammation, oxidative stress, hormonal change, and neuronal changes (plaques associated with amyloid deposition, neurofibrillary tangles, impaired neurogenesis) are under careful scrutiny. It may be that AD is triggered by a combination of these age-related problems rather than by a single factor.

The JAOA—Journal of the American Osteopathic Association published a supplement on Alzheimer’s disease in 1999 that gave an overview of the presentation and diagnosis, theories on pathophysiology, behavioral and pharmacologic treatment options, and caregiving. This current issue highlights some of the basic research directed at discovering causes of and potential modes of therapy for AD. These studies, at several of our osteopathic medical colleges, range from a look at the role of free radical/oxidative stress in development of AD (University of Medicine and Dentistry of New Jersey School of Osteopathic Medicine) to pharmacologic interventions (Western University of Health Sciences College of Osteopathic Medicine of the Pacific), as well as the role of bacterial infection as a trigger for AD (Philadelphia College of Osteopathic Medicine). These investigators, within our own profession, allow us a glimpse of the magnitude of the problem and the absolute necessity for multiple, focused approaches aimed at the solution.

I am constantly edified by the dedication, knowledge, and compassion that my osteopathic physician colleagues bring to the care of older patients. The ongoing important work of researchers at our medical schools furthers our mission of providing the best care for our patients. Together, we can tackle the challenge of Alzheimer’s disease. Together, we hold out hope for a future characterized by physical health, functional independence, and mental vitality for aging persons.