Late-Onset Alzheimer’s Disease
Approximately 95% of people with Alzheimer's disease have late-onset Alzheimer’s disease which occurs in people ages 65 or older.

The APOE gene provides the blueprint for a protein that transports cholesterol in the bloodstream. Everyone inherits one of three forms of the APOE gene from each parent, resulting in six possible APOE pairs:

- e2/e2
- e2/e3
- e2/e4
- e3/e3
- e3/e4
- e4/e4

Having the e4 form increases your risk of developing Alzheimer’s compared with having the e3 form, but does not guarantee that you will develop it.

Having the e2 form may decrease one’s risk compared with having the e3 form.

Studies of Alzheimer’s risk based on APOE status among black/African Americans have had inconsistent results. More research is needed to better understand the genetic mechanisms involved in Alzheimer’s risk among different racial and ethnic groups.

Early-Onset Alzheimer’s Disease
Approximately 5% of people with Alzheimer’s disease have early-onset Alzheimer’s disease which develops in people less than 65 years of age.

Less than 1% of Alzheimer’s cases develop as a result of mutations to any of three specific genes:

1. Amyloid precursor protein (APP) gene
2. Presenilin 1 protein gene
3. Presenilin 2 protein gene

Individuals with Alzheimer’s mutations in any of these three genes tend to develop symptoms before age 65, sometimes as young as age 30.

Individuals who inherit the mutation to the APP or Presenilin 1 genes are guaranteed to develop Alzheimer’s.

Those inheriting an Alzheimer’s mutation to the presenilin 2 gene have a 95% chance of developing the disease.

If you have a family history of early-onset Alzheimer’s, there is a test available to learn if you have any of these mutations. If you are interested, ask your doctor about getting tested.
Age
Age is the greatest risk factors for Alzheimer’s disease. The majority of people with Alzheimer’s are age 65 or older. The percentage of people with Alzheimer’s increases dramatically with age:

- 3% of people 65-74
- 17% of people 75-84
- 32% of people 85+

Family History
Individuals who have a parent, brother or sister with Alzheimer’s are more likely to develop the disease than those who do not have a first-degree relative with Alzheimer’s. Those who have more than one first-degree relative with Alzheimer’s are at even higher risk.

Cognitive & Social Engagement
Studies suggest that remaining socially and mentally active throughout life may support brain health and possibly reduce the risk of Alzheimer’s disease and related dementias.

Education
People with more years of formal education are at lower risk for Alzheimer’s disease and related dementias than those with fewer years of formal education.

Cardiovascular Disease
Many factors that increase the risk of cardiovascular disease are also associated with a higher risk of dementia. These factors include smoking, diabetes, obesity, high blood pressure and high cholesterol. Management of these risk factors through physical activity and consuming a heart-healthy diet have been shown to help reduce the risk of developing dementia.

Down Syndrome
People with Down syndrome have an increased risk of developing Alzheimer’s disease. They also develop Alzheimer’s disease at an earlier age than people without Down syndrome.

Traumatic Brain Injury (TBI)
TBI is the disruption of normal brain function caused by a blow to the head or penetration of the skull by a foreign object. TBI increases the risk of dementia. The risk of dementia increases with the number of TBIs sustained.