Alzheimer’s disease, 
the trademark of a generation.
Maxime Coles MD

Alzheimer’s disease is commonly referred to a chronic degenerative disease with a slow beginning but worsening over time. This is the most common cause of Dementia with difficulty in remembering recent events. With a progression of the disease, disorientation and problems with language and mood swings with a loss of motivation can be seen. The early signs may be suspected when a pattern in forgetting recent events or conversations is repeated. Memory loss and cognitive problems are seen as the hallmarks of the disease. A continuous decline in thinking, behavior and social skills that disrupts one’s ability to function independently is soon observed. Often problems in managing self-care and behavior problems will surface while the person’s condition declines. They develop severe memory impairment until they lose the ability to carry out tasks. He / She will withdraw slowly from the society and soon bodily functions are lost, leading to death in a three to nine years’. Mainly. this progressive disease causes brain cells to degenerate and die.

Much need to be understood about the disease. It is believed to be inherited from a parent genetic baggage. Depression, High blood pressure and history of head injury are directly implicated as risk factors. We discussed also head injuries encountered in professional soccer players as a risk factor.
for Chronic Traumatic Encephalopathy, in an article already published in the AMHE Newsletter (May 6, 2019 Issue #254). This time, the brain is found, covered with plaques and the history of the illness, the cognitive testing, the medical imaging and the blood tests can be suggestive. Often the initial symptoms of aging can mask the picture. No medications or supplements have been able to slow down the process. Some believes that mental and physical exercises can decrease the risk in developing the disease.

There is no known treatment to reverse or stop the progression. Patients with Alzheimer become increasingly dependent on others for assistance requiring a caregiver. It is encouraged to involve such patients in exercise program for beneficial effects on their social and physical needs with respect to their daily living activities. Antipsychotic medications can be recommended for psychosis or behavioral problems. There are around 30 million of people in the world affected by the disease which generally will start after the age of 65 years.

Let us review what impression such disease has made in the eyes of the one who has observed it before us. Egyptian vizier Ptahhotep (2500 B.C.) wrote that “the ageing, every night, becomes more and more childish”. Ancient Greek and Roman philosophers have associated dementia to old age. Plato (259 B.C.), in his “Timaeus” described an illness that lead to “all manners of rashness and cowardice and of forgetfulness as well as of stupidity”. The Roman satirist Juvenal (1st Century A.D.) wrote:” The failing mind which forget the names of slaves and cannot recognize the face of the old friend who dined with him last night nor those of the children whom he brought up”. Franciscan friar Roger Bacon (13th Century) published in “Methods of Preventing the appearance of Senility”, speculated that condition of the ventricular system in the brain may somehow be related to Dementia. American historians in the 1600’s have stipulated that some of the women prosecuted and burned in Salem trial may have been suffering from Dementia. British physician James Cowles Prichard (1835) used for the first time, the term of Senile Dementia in his “Treatise of Insanity”. Soon, in the 1880, it was “old timer’s disease”. In 1901, a 55-year-old German female patient of the name of Auguste Deiter, was hospitalized in a Frankfurt institution after she started losing her memory and acting erratically. She met a German physician, psychiatrist and pathologist, Alois Alzheimer who cared for her until her death in 1906. Dr Alzheimer requested her brain for a post mortem autopsy. At the conclusion of his analysis, he discovered a significant brain atrophy with “protein plaques and neural tangles” never described before. He died soon after his pathologic findings and this is Emil Kraepelin who reported the clinical (hallucinations and delusions) and pathologic (arteriosclerotic changes) features found in this first patient, coining it at first “Pre Senile Dementia”. He published his findings in a textbook of Psychiatry in 1910. Earlier, the diagnosis of Alzheimer was given to individual between the ages of 45 and 65 who developed Dementia but after 1977, the diagnosis of Alzheimer become independent of age. The term “Senile dementia of the Alzheimer type” was used for a while until eventually the nomenclature adopted the term “Alzheimer Disease”.

Four stages of the disease have been suggested with a pattern of cognitive and functional impairment:

Pre-Dementia

In this stage of the disease, one can easily mimic the symptoms for Ageing with mild neuropsychological tests revealing cognitive difficulties in the daily living activities, short term memory loss and difficulty in remembering recent events. Abstract thinking, apathy, depression can be noted as a transitional phase before dementia. Memory loss appears to be the predominant symptom often called a mild cognitive impairment (MCI), a prodromal stage of the disease.
Early stage

Early difficulties with language, perception (Agnosia), execution of movements (Apraxia) are more encountered than memory loss. Problems with memory is seen as “Episodic” when it deals with old memory, “Semantic” when it concerns learned facts and “Implicit” when the daily living activities like holding a fork to eat or hold on a glass to drink, are forgotten. You can expect difficulty in finding the proper words to talk, write or draw. Patient can still live at home but will require more assistance or supervision in performing tasks like dressing up or cooking which may still be possible. Remembering important information like special dates can become difficult. Mood and personality changes can be also expected at this stage.

Moderate stage

The more the disease progresses, the more the patient lose his/her independence. They are unable to recall words in the vocabulary which lead to word substitutions (Paraphasia), unable to read or write. They fail to recognize their close relatives and start to lose the long term memory, rendering the patient to present behavioral and neuropsychiatric changes. They become irritable, delusional aggressive and refuse to perform tasks if they are not medicated. At this stage some will start to develop urinary incontinence. It may be time to think about transferring the patient to a home care or a long term facility.

Advanced stage

In this final stage, the patient becomes completely dependent upon the caregivers who will use single words or short sentences to communicate. Often patients will understand and return emotional signals, or will fall in a deep apathy or even express aggressiveness. Soon, they will be unable to perform any simple task such as walking or taking a bath They become unable to recognize family members or close friends. They will exhibit signs of long term memory loss. They become bedridden and lose their muscle mass. More they will be unable to feed themselves and may die from infected pressure sores or pneumonia or malnutrition, but not from the Alzheimer disease itself. Sporadic cases with early onset of Alzheimer’s disease may reach this stage faster and may experience difficulties in processing visual information. They may see only what centers on their visual field and they lose the awareness of anything else.

The cause of Alzheimer is unknown. Scientists are learning more about the genetics of the disease, the precise places where it strikes in the brain and the rampant proteins that empowers it with the cascade of breakdown that make it irreversible. Less than 5% of cases (200.000) have shown genetic differences which are being studied in twins and family. Others have postulated that an autosomal dominant inheritance with mutations of one to three genes encoding a specific protein like Amyloid Precursor Protein (APP) or Presenillin or Ab42 mainly found in senile plaques, can be traced. More genes like ABCA7 and SORL1 are also under investigation. Recently, genomes have been found in genes affecting late onset of Alzheimer disease like CASS4, FERMT2 etc.

Some agrees that the disease is caused by the reduced synthesis of the neurotransmitter acetylcholine while others postulated that the extracellular amyloid beta is the fundamental cause of the disease due to the gene location for the amyloid precursor protein (APP), on the chromosome 21. It is believed that people with trisomy 21 (Down Syndrome) almost universally exhibit the earliest symptoms of Alzheimer’s disease by age 40. Individual developing such early signs of the disease are sporadic in nature. In facts, there is no such thing like a gene for Alzheimer’s disease. In 1994, the “BRCA” gene was discovered to contribute to a higher risk for breast and ovarian diseases but that same gene is now playing a role in the nerve death itself, responsible of Alzheimer’s disease. The BRCA gene not only affects the way cells can grow but also influence the nerve cells ability to repair their DNA. Deficit in the DNA repair seems to contribute to the cognitive decline
encountered in the disease.

In fact, while everybody makes “amyloid”. Authorities are still debating whether Alzheimer’s disease results from an over production of the protein in the brain or its inability to clear away the amyloid properly. In 2009, it was discovered that an amyloid-related mechanism that prunes neuronal connections in the brain, may trigger an ageing process later in life. A new generation of drugs that might be able to control the disease have been developed. This decade has bought two new medications: “Verabecestat” was used in a trial to inhibit the beta-secretase, responsible of the creation of the beta amyloid and “Aducanumab” responsible for it reduction. Both have failed, leaving scientists still questioning the validity of the amyloid hypothesis. A new “Tau Protein” is now proposed to explain the disease. It is also postulated that the tau protein forms neurofibrillary tangles inside the nerve cell bodies, destroying their structure. Finally, a neurovascular hypothesis through the blood-brain barrier has been proposed especially as encountered in Syphilis with the passage of the spirochetes into the brain, explaining the syphilitic dementia. Barry Reisberg proposed a medical hypothesis called “Retrogenesis”, initiated at the fetus neurodevelopment stage of neurulation” to the end at the myelination, a kind of reverse “neurogeneration” process starting with demyelination and death of the axon (white matter) to the death of the gray mater.

An experimental vaccine was also perfected in an attempt to clear the amyloid plaques, in the earlier human trials but unfortunately, did not trigger any effects on the dementia. Scientists have been led to suspect a non-plaque A2, oligomer as the primary pathogenic form. That same misfolded protein, called differently, “Prions”, can be traced in “Mad Cow Disease” and “Creutzfeldt-Jacob diseases”, classifying those two diseases as well as neurodegenerative disorders. Researchers have developed biochemical tests to enable early detection. The cerebrospinal fluid has been analyzed for beta amyloid and total tau protein and phosphorylated tau protein concentration. A blood test is being developed to look for circulatory and inflammatory markers.

Alzheimer’s disease is associated with the loss of neurons and synapses in the cerebral cortex resulting in a gross atrophy of the affected regions especially in the frontal, temporal and parietal lobes. This process appears to start in the medial temporal lobe, at the hippocampus (center of Memory and Learning) and spreads outward. Degeneration is also present in the brainstem nuclei as demonstrated on MRI and Pet scans. In 1984, proteins known a “Beta protein” were discovered as the principal components of the plaques. It is a disease of misfolding proteins (proteopathy) where plaques are being produced to host the deposits of beta-amyloid protein. Sometimes, “Lewy bodies” can be seen in the brain of people suffering from Alzheimer disease but their accumulation is more often seen in another type of dementia with striking signs of typical memory loss, visual disturbances and sleep disorders. Enzymes fragment the APP (Amyloid Precursor Protein) and deposit it on the senile plaques. Similarly, another Tau protein is present in the brain tissue and by it aggregation (Taupathy), chemical changes are generated, forcing a disintegration of the neuron transport system and its death by disrupting the cell’s calcium ion homeostasis. It is believed that various inflammatory mechanisms with cytokines participate in this process, bringing tissue damage locally. Infrequently, Herpes virus simplex (HSV-1) has been also found on amyloid plaques suggesting that Alzheimer’s could be treated or prevented with an antiviral medication. Finally, Fungal infection has been described by Carrasco, a microbiologist in different brain regions on the plaques, suggesting perhaps an immune system response.

Alzheimer’s disease is diagnosed through the patient’s medical history, behavioral observations, relative’s history or confirmed with characteristic neurological and neuropsychological features supporting the condition. Physicians may look for tests pointing at thyroid dysfunction, vitamin deficiency, a tumor and even a stroke, prior to bring the diagnosis of Alzheimer. Patients or
family may opt for a spinal tap to confirm the presence or the absence of the amyloid proteins. Advanced scanning with CT, MRI, PET, SPECT have been used to exclude other cerebral pathologies. The SPECT (single proton emission computed tomography) appears to be superior in differentiating Alzheimer’s disease from other type of Dementia. PET remains investigational but has promising hope in locating the offending protein in the brain. The accumulation of proteins has been detected in selective patients more than 10 years prior to the beginning of their symptoms. MRI can detect better the size of a brain lesion. Many have looked for diagnostic criteria to facilitate the practitioner in recognizing the symptoms. Other have used assessment of intellectual functioning memory test. A “functional assessment staging tool” (FAST) has allowed people caring for these patients to stage the disease progression.

Unfortunately, the diagnosis can be only confirmed with accuracy in a post mortem examination of the brain material. The Alzheimer’s Association has established diagnostic criteria since 1984 and updated them in 2007, requiring the presence of cognitive impairment, a suspected dementia syndrome to be confirmed by neuropsychological testing, a histopathologic study of the brain tissue. Memory, Language, Perceptual skills, Attention, Problem solving and Executive functional abilities are looked for as well. The American Psychiatric Association published a manual: “Diagnostic and Statistical Manual Mental Disorders” to list the criteria. Intellectual activities like playing chess are linked to a reduced risk of Alzheimer’s disease. Reading, or playing board games activities or crossword puzzles, playing a musical instrument or any regular social activities have reduced the risk for developing the disease. Education has a tendency of delaying the symptoms as well as physical activities.

Many believe that a strict diet like the “Mediteranean” diet and/or food low in saturated fat and complex carbohydrates may decrease the risks. Hormones replacement therapy in menopause women may contribute to the disease while anti-inflammatory medications were found to have a protective effect in reducing the inflammation process around the amyloid plaques. It has been stated that red wine, coffee, cocoa and tea may decrease the risk of having dementia. High cholesterol, High blood pressure, Obesity, Diabetes and Cigarette Smoking, Air pollution are associated with higher risk. A questionable relation with celiac disease and Alzheimer’s disease was found doubtful recently.

There is no cure for Alzheimer’s disease and the treatment remains palliative in nature with medications, psychosocial help and care giving. There is no treatment that can make it a long-term manageable disease like Diabetes, HIV or Hepatitis. A professor of Neurology at Harvard University, Reisa Sperling MD, Director of the Research Center for Alzheimer and Treatment at Boston’s Brigham and Women’s Hospital, states that we are facing an epidemic disease. On a pharmaceutical point of view, five medications are being used to treat the cognitive problems: Acetylcholinesterase inhibitors: (Lacrine, Rivastigmine, Galantamine and Donezil) and the other medication is Memantine, an NMDA receptor antagonist with small benefits. No medication has resulted in slowing down the progression of the disease. The first group of medications increase the concentration of acetylcholine into the brain and with it, the most common side effects of nausea and vomiting and less common side effects of muscle cramps, bradycardia, loss of appetite and gastric acid production. Glutamate is an excitatory neurotransmitter of the nervous system and as such, it can lead to cell death by overstimulation. This process is called “excitotoxicity” and can occur in disease like Alzheimer, Parkinson and Multiple Sclerosis. Memantine was used first as an anti-influenza agent and act also the same way than glutamate but produce other side effects like hallucinations, confusions, fatigue, dizziness.

Researchers have also investigated some kind
of immunotherapy or vaccination for the amyloid protein. Antipsychotics maybe used to reduce aggression and psychosis but can generate serious side effects like cognitive decline and stroke. Huperzine has recently been used but will take a while to check on it efficacy in the treatment of Alzheimer Disease. The statins have been ineffective in improving the disease. The use of Vitamins A, C, B12, E and Folic acid and Omega 3 have all failed to show evidences in reducing symptoms associated with Alzheimer disease. Curcumin has not shown any benefit but recently, an interest in the Cannabinoids to improve the symptoms of Dementia, appears to be promising.

Psychological interventions are used as an adjunct to pharmacological treatment to control behavior and emotion. Art, music, pet therapies with recreational activities have been used to change the patient’s routine, but the effects on brain stimulation still remain uncertain. Late in the disease, one will be incapable for tending his own care, so modifications in the living environment and lifestyle need to be done for safety. It will certainly reduce the care giver burden. Safety locks, Food in little pieces or in puree, feeding tubes in patient with swallowing difficulties etc. can be necessary. As the disease progresses other medical issues may surface with dental care or pressure sores, but in the final stages, the treatment will center on relieving pain. Hospice can become the last choice. Alzheimer’s disease may be difficult to diagnose in the early stages but once the patient starts showing cognitive impairment in his/her daily living activities with memory loss, there will be no more doubt. He/she may still remain independent but until the symptoms progress, then, the life expectancy is reduced to a seven to twelve years. Two-third of these patients are women mainly because they tend to live longer than men and the risk of Alzheimer increase with age. Men have a more favorable survival prognosis than women. Pneumonia, Malnutrition and Dehydration are more common causes of death compared to cancer in the general population.

Epidemiologic studies have tried to estimate a rate of 10-15 per thousand person-years for all dementia while 5-8 per thousand person-years for Alzheimer’s disease. Advancing age, older than 85 especially in women, is a risk factor in the United States. About one in ten adults over the age of 65, suffers of Alzheimer’s disease, an estimated 6 million American. This is the sixth leading cause of death in the country. The World Health Organization in 2005 stated that .379% of people worldwide have dementia, around 25 million but the prevalence rate would triple or quadruple by 2050. Taking care of patients with dementia can become costly in USA, Europe and other industrialized countries. The cost of living in Nursing Home, home daycare and long-term care facilities, may reach more than 100 billions of dollars per year. The role of the caregiver is often played by a spouse or a close relative but it brings a burden on many points of view: social, psychological, physical and economical aspects. They have also a higher rate of suffering from a mental disorder as well. 2/3 of Nursing Home residents have dementia. Rare cases of possible transmission of the disease are also being studied.

In conclusion, Alzheimer is a progressive neurocognitive disease that slowly erodes memory, judgement, learning capability and ability to function in adults older than 85 years of age, although it can be encountered in younger individuals (5 %) presenting genetic or familial particularities. It may appear that little progress in the treatment has been made since 1906, when Alois Alzheimer MD discovered the offending proteins responsible for the symptoms, but we have to remember that to date, medications used in the treatment, were destine to treat only symptomatic patients. It is not like treating a heart condition and wishing that the statins will work eventually at removing atherosclerotic plaques on the vessel’s walls. Researchers may have identified the responsible beta proteins and Tau proteins with their derivatives, so, it will take time to find a solution. Can Science succeed in repairing the damaged DNA in the brain cell to reverse the disease process? Can we look at more effective methods to get rid of these
offending proteins? So many questions that will require concrete answers to implement a cure for such disease affecting so many millions of human beings. As we always wish to say, “help in on the way”.

As part of the generation of the baby-boomers, we have in hand a challenge for years to come. It hurts to see an ageing parent or a friend struggle with Dementia knowing that we are unable to change their condition. If we believe that genetics have an important role to play in the effects of the disease, we will have to face the facts that their suffering may be ours, soon. I wish to dedicate this article to all my friends suffering from the disease. May they be able to understand that we do care for them.

Maxime Coles MD

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Dans l’œil du cyclone Dorian

Il ya de cela deux années, les cyclones Irma and Maria avait sillonné et pilonné la côte Est des États-Unis d’Amérique, y compris un état associé, le Porto Rico, où ils avaient causé des dégâts matériels énormes dont l’île peine encore aujourd’hui à se relever. Cette semaine encore, plus particulièrement ce weekend, le passage du cyclone Dorian vient nous rappeler, si jamais on avait tendance à l’oublier, que de par notre position géographique, notre proximité avec l’océan, que nous sommes bien sur la trajectoire sinon dans l’œil des grands cyclones qui se forment et se défont quelque part au milieu de l’Atlantic et de la caraïbe. Les cyclones se produisent en général lorsque l’air de la mer se réchauffe, surtout près de l’équateur, monte dans l’atmosphère augmentant en vitesse et causant des précipitations énormes accompagnées de grand vent et de pluie intense. Ces précipitations augmentent généralement en grade quand elles se meuvent au milieu de l’océan, et sont classées en plusieurs catégories, dépendant de la vitesse à laquelle elle se déplacent. Plus grande est la vitesse de déplacement, plus élevée est la catégorie du cyclone. 

La saison Cyclonique s’étend généralement du 1er juin au 30 Novembre avec un pic cyclonique observé entre la mi-août et la mi-octobre. D’après les toutes dernières nouvelles, Le cyclone Dorian aurait fait plus de bruit et plus de peur que de mal en Floride. D’abord destiné à passer entre Cuba et la partie ouest de la Floride, il a changé de cap pour viser Miami et la flanc Est de la grande péninsule. Changeant encore de trajectoire, il semble désormais se diriger plus au Nord avec comme points de mire la Géorgie et les deux Carolines Nord et Sud. Dieu Merci, sauf retournement spectaculaire de fortune, la Floride semble être bien épargnée. Si on l’a échappé belle cette fois, ce n’est pourtant pas le moment de crier victoire car nous sommes toujours en pleine saison cyclonique. Il faut surtout s’informer de la conduite à tenir pendant tout le temps cyclonique à venir pour que nul n’en prétexte cause d’une ignorance.....

LES PRECAUTIONS A PRENDRE AUTOUR DE L’ARRIVEE D’UN CYCLONE SONT DE TROIS ORDRES.

D’ABORD AVANT LE CYCLONE:

il faudra surtout s’informer des routes d’évacuation. Cela est d’autant plus important que les zones d’accès limites tels les presqu’îles et les îlots peuvent être difficiles à évacuer une fois que le cyclone a commencé. Pensez à faire le plein d’essence des jours à l’avance car les pompes à essence peuvent
être vidées de leur produit en un rien de temps et les nouvelles livraisons peuvent tarder à venir.

Achetez des produits alimentaires qui peuvent être conservés au sec tels que le noix, les tablettes de pistaches, les céréales et tous autres produits qui n’ont pas besoin d’être congelés ou entreposés dans un réfrigérateur. Ayez de la gazoline en quantité suffisante pour quelques jours ; et si l’usage d’un groupe électrogène s’avère nécessaire, évitez de l’utiliser à l’intérieur de la maison car la fumée qui s’en dégage peut être toxique et fatale. S’assurer que les papiers importants sont dans un coffre ou tout autre endroit inaccessible à l'eau.

En général il est recommandé de faire un inventaire de tout ce qui peut être utile à la maison pendant le cyclone. Par exemple un kit de premiers soins, des flashes à batteries sont d’une extrême importance. Emondez les branches sèches sur les arbres d’à-côté qui peuvent être arrachées par le vent et causer des dégâts matériels. Evitez de rester sur les autoroutes ou dans les rues si ce n’est pas nécessaire.

PENDANT LE CYCLONE :

Evitez de rester près des fenêtres, des portes vitrées et des toitures en verre (Ski light) qui sont des points de faible résistance qui peuvent s’effondrer aisément sous la frappe du vent. Se mettre plutôt à l’abri dans les toilettes et les cuisines où la protection est plus ou moins garantie et le toit moins susceptible de tomber.. Les meubles peuvent être montés à l’étage d’en haut pour éviter qu’ils soient exposés à l’eau au cas où la maison serait inondée. Rationnez les portions alimentaires autant que possible car les ruptures de stock peuvent persister bien au-delà du passage du cyclone..

APRES LE CYCLONE : 

Il faudra faire l’état des lieux pour apprécier l’ampleur des dommages et contacter éventuellement la compagnie d’assurance. En sortant dans les rues, éviter les pôles électriques tombés par terre qui peuvent encore contenir de l’électricité et représenteront un risque grave d’électrocution.. Certains animaux domestiques, des couleuvres ou crocodiles en particulier, qui sont naturellement déplacés par les eaux de leurs gites, terriers ou autres habitats naturels, peuvent se retrouver à tout moment sur la voie publique et compliquer la situation des piétons. Il faudra y prendre garde.

L’eau est parfois contaminée pendant plusieurs jours avant d’être potable à nouveau. S’il faut l’utiliser à tout prix, pensez tout de même à la faire bouillir.

Si quelqu’un est blessé pendant le passage du cyclone, on peut toujours chercher à arrêter le sang.

Il faudra cependant éviter dans certains cas de déplacer soi-même quelqu’un qui est atteint d’un certain type de trauma. Dépendamment du type de lésion que subit la personne, il est préférable de l’immobiliser sur le plancher ou sur tout autre plan fixe plutôt que de s’engager dans des manœuvres imprudentes qui nuiront plus tard à la santé du malade ou compromettent sa survie.

Les saisons cycloniques se succèdent année après année. Elles vont toujours continuer d’entrainer derrière elles ou avec elles leur cortège de destruction et de désolation. Aussi longtemps que l’océan est présent et que nous continuons de vivre dans les parages de l’équateur, nous allons continuer à faire face aux montées cycloniques. Il importe de savoir s’y attendre et de se préparer en conséquence. Peu importe le nom qu’on attribue à un cyclone, c’est sa trajectoire et son intensité qui doivent soulever notre peur. Mais comme l’a toujours si bien le vieil adage, un homme averti en vaut toujours dix. ..

Rony Jean-Mary, M.D.
Coral Springs Florida
le 2 Septembre 2019
Reynald Altéma, MD

Wisdom

What have the halcyon days of youth taught us?
Days of naked belief in invincibility,
Unbridled optimism, spontaneous answers
To questions not asked and solutions
From unsolicited advices.
Father Time and his acolyte, Experience,
Have reined in the panache, hubris, boundless energy
Trough a slow upending
As rubber and road tested each other’s mettle
Heightening life’s learning curve’s sharpness,
Over mastery of ultimate distinction
Of truth versus fluff, apparent versus real.
Or through successive bitter deceptions,
A fizz’s original appeal becoming fuzzed and soon fizzling,
An amorous first encounter’s spark failing to sparkle,
Or worse yet, a sure bet birthing a bust.
Always insidious, adding vinegar to a wound,
Quotidian torment of picking and choosing:
A cunning liar from a contrite and true friend,
An almost impossible task
That pales compared to maddening, exhausting navigation

Through unpredictable rolling and pitch of a frenemy.

Youth’s exuberance, maturity’s wisdom
Two poles vying for each other’s attributes
Separated by Father Time,
Nostalgia by one for time wasted and energy sapped,
Hoping for a redo,
Dreading setbacks for the other,
While touting all it can do.
Wisdom is mold cast by Experience,
The good harvest of a slow-growing seed,
The cream of a milk near curdling,
The prize of successful basic training
At the hands of master sergeant Experience,
The learned brake to slow down impulsive instincts,
Seasoned mind’s tool, ready to think outside the box,
The ability to gauge the virtue of the alternatives,
Powerless against past mistakes,
Potent against commission of new ones.
La Sagesse.

Quelle leçon avons-nous tirée de notre jeunesse?
Jours de notre croyance ostentatoire de notre invincibilité,
D’optimisme débridé, de réponses spontanées
À des questions non posées et des solutions
Offertes comme conseils importuns.
Le Père Temps et son acolyte, l’Expérience,
Ont réduit l’arrogance, la hardiesse, l’énergie inépuisable
Pars un renversement lent,
Lorsque la réalité a pris le dessus
Et a durcit l’apprentissage de la vie,
Pour l’ultime maîtrise de la distinction
Entre la vérité et la feinte, le faux et le réel,
Ou par des déceptions successives et amères,
Telle la merveille d’une mousse, suivie
Par le dépit de sa cuisante faiblesse de pétiller,
L’étincelle d’une première rencontre, incapable
d’allumer un feu sentimental
Un pari certain enfendant un fiasco.
Toujours insidieux, ajoutant du vinaire à une plaie,
Le tourment quotidien de la différenciation :
Entre un rusé menteur et un vrai ami contrit,
Une tâche presque impossible,
Un jeu d’enfant comparé à la navigation énervante
et épuisante
Pendant l’imprévisible roulis et tangage d’un ennemi.

L’exubérance de la jeunesse, la sagesse de la maturité,
Deux pôles rivalisant pour les attributs de l’autre,
Séparation par le Père Temps,
La nostalgie pour l’un du temps perdu
Et de l’énergie dissipée,
Souhaitant une deuxième chance,
L’espèce des revers de la vie par l’autre,
Tout en se vantant de sa compétence.
La Sagesse est le moule coulé par l’Expérience,
La bonne recette d’une semence de croissance lente,
La crème d’un lait près de cailler,
Le trophée de l’entraînement de base,
Aux mains de l’adjudant Expérience,
Le frein appris à ralentir les instincts impulsifs,
L’outil de l’esprit mûr, capable de sortir des sentiers battus,
Ouvert, pour analyser la vertu de chaque option,
Impuissant contre les erreurs du passé,
Fort contre la commission de nouvelles erreurs.
(La version française fut publiée dans la revue littéraire,
Pour Haïti, ce printemps dernier).

Lasajès

Ki sa n aprann de tan jenès nou?
Lè n te kwè no te fò kou towo,
Wa pa t khuze n e nou te gen repons tou pare
A kesyoun yo pa t poze n e solisyoun
Kòm konséy nan zafè ki pa gade nou.
Papa Tan e tokay li Eksperyans
Metè dlo nan diven awogans, radyès, kokennchen enèjì
Pa ranvèsman tipa pa tipa,
Lò realite blayi sou nou li kapte bonsans nou,
Pou li ka fè aprantisaj lavi pi kòryas
Pou n ka madre san bat je distenksyoun
Ant verite e fent, reyel e fo
Ou pa yon seri de kout ba amè kou fyèl,
Espwa yon mous nan boutèy,
Kè grenn lè li pa gen fòs pou fè efèvesans,
Ètenèsèl de yon premye rankont ki pa ka limen boukan
dife lannmou,
Yon bon boul lotri ki tounen madyòk,
Toujou anba chal e pou mete absè sou klou,
Touman kotidyen pou byen trye:
Ant yon mètdam koken e yon bon zanmi ki presante
eskuz,
Yon veritab jòb sèkèy
Men yon jwèt ti moun douvan penitans
Roule m de bò de yon fo zanmi.

Taye banda lajenès, lasajès gran moun,
2 kan k a p chache pran sa lòt la genyen,
Youn, se nostalji tan gaspiye, fòs pèdi
E ki swete yon dezièm chans,
Lòt, swete li pa komèt erê
E li t a p vante tèt li de konpetans li.
Lasajès pran fòm ke Eksperyans chwazi pou li
Se bon rekòlt de semans ki pa pouse vit
Krèm lèt ki pre pou kaye
Twofe aprè kan antrenman avèk adjidan Eksperyans,
Fren pou ralanti ensten enpilsif nou
Zouti espry ködyòm ki pa eta
Ki pare pou analize tout kalte opsyon
Li pòk kont erê ki te fèt avan
Men l a p fè wondoannon pou anpeche n komèt lòt erê.
Published on the AMHE Facebook page last two weeks
Articles parus sur la page Facebook de l'AMHE durant la dernière semaine
Pour l'eradication de la Moniliase du Cacao a Hisoanola (Haïti et Santo Domingo), MC - Receive the "International Surgery", the official journal of the International College of Surgeons, free of charge. Maxime Coles - Les blessures de l'enfance chez les Haïtiens - What we should think about doing more often. MC - What Is Misophonia? - On apprend chaque jour! MC - Learn a little about the diseases that change the brain. Soon the next AMHE newsletter will discuss Alzheimer disease. MC Miss Haiti - Comment s'assurer d'un bon diagnostique au départ, MC

And more…

Photos Videos convention Cuba
Bernard Pivot :

« Jaurais pu dire :
Vieillir, c'est désolant, c'est insupportable,
C'est douloureux, c'est horrible,
C'est déprimant, c'est mortel.
Mais j'ai préféré « chiant »
Parce que c'est un adjectif vigoureux
Qui ne fait pas triste.
Vieillir, c'est chiant parce qu'on ne sait pas quand ça a commencé et l'on sait encore moins quand ça finira.

Non, ce n'est pas vrai qu'on vieillit dès notre naissance.
On a été longtemps si frais, si jeune, si appétissant.
On était bien dans sa peau.

On se sentait conquérant. Invulnérable.
La vie devant soi. Même à cinquante ans, c'était encore très bien... Même à soixante.

Si, si, je vous assure, j'étais encore plein de muscles, de projets, de désirs, de flamme.
Je le suis toujours, mais voilà, entre-temps, j'ai vu le regard des jeunes....
Des hommes et des femmes dans la force de l'âge qui ne me considéraient plus comme un des leurs, même apparenté, même à la marge.

J'ai lu dans leurs yeux qu'ils n'auraient plus jamais d'indulgence à mon égard.
Qu'ils seraient polis, déférents, louangeurs, mais impitoyables.

Sans m'en rendre compte, j'étais entré dans l'apartheid de l'âge.

Le plus terrible est venu des dédicaces des écrivains, surtout des débutants.
« Avec respect », « En hommage respectueux », « Avec mes sentiments très respectueux ».

Les salauds ! Ils croyaient probablement me faire plaisirs en décapuchonnant leur stylo-plein de respect ? Les cons !

Et du 'cher Monsieur Pivot' long et solennel comme une citation à l'ordre des Arts et Lettres qui vous fiche dix ans de plus !

Un jour, dans le métro, c'était la première fois, une jeune fille s'est levée pour me donner sa place...
J'ai failli la gifler. Puis la pria de se rasseoir, je lui ai demandé si je faisais vraiment vieux, si je lui étais apparu fatigué. !!!... ?

- « Non, non, pas du tout, a-t-elle répondu, embarrassée. J'ai pensé que ».
  - Moi aussitôt : « Vous pensez que ? »
- « Je pensais, je ne sais pas, je ne sais plus, que ça vous ferait plaisir de vous asseoir. »
  - « Parce que j'ai les cheveux blancs ? »
- « Non, c’est pas ça, je vous ai vu debout et comme vous êtes plus âgé que moi, ça a été un réflexe, je me suis levée. »
- « Je parais beaucoup... beaucoup plus âgé que vous ? »
- « Non, oui, enfin un peu, mais ce n’est pas une question d’âge. »
- « Une question de quoi, alors ? »
- « Je ne sais pas, une question de politesse, enfin je crois. »

J’ai arrêté de la taquiner, je l’ai remerciée de son geste généreux et l’ai accompagnée à la station où elle descendait pour lui offrir un verre.

Lutter contre le vieillissement c’est, dans la mesure du possible, ne renoncer à rien. Ni au travail, ni aux voyages, ni aux spectacles, ni aux livres, ni à la gourmandise, ni à l’amour, ni au rêve.
Rêver, c’est se souvenir, tant qu’à faire, des heures exquises.
C’est penser aux jolis rendez-vous qui nous attendent.
C’est laisser son esprit vagabonder entre le désir et l’utopie.

La musique est un puissant excitant du rêve. La musique est une drogue douce.
J’aimerais mourir, rêveur, dans un fauteuil en écoutant soit l’Adagio du Concerto n° 23 en La majeur de Mozart, soit, du même, l’Andante de son Concerto n° 21 en Ut majeur,
musiques au bout desquelles se révèleront à mes yeux pas même étonnés les paysages sublimes de l’au-delà.
Mais Mozart et moi ne sommes pas pressés.
Nous allons prendre notre temps.
Avec l’âge le temps passe, soit trop vite, soit trop lentement.
Nous ignorons à combien se monte encore notre capital. En années ? En mois ? En jours ?
Non, il ne faut pas considérer le temps qui nous reste comme un capital.
Mais comme un usufruit dont, tant que nous en sommes capables, il faut jouir sans modération.
Après nous, le déluge ?... Non, Mozart. »

Bernard Pivot - Les Mots de ma vie
https://citations.ouest-france.fr/citations-bernard-pivot-6...
Beau poème de Félix Leclerc sur la vieillesse

Vieillir en beauté, c’est vieillir avec son cœur,
Sans remords, sans regret, sans regarder l’heure.
Aller de l’avant, arrêter d’avoir peur,
Car à chaque âge se rattaché un bonheur.

Vieillir en beauté, c’est vieillir avec son corps,
Le garder sain en dedans, beau en dehors.
ne jamais abdiquer devant un effort.
L’âge n’a rien à voir avec la mort.

Vieillir en beauté, c’est donner un coup de pouce!
A ceux qui se sentent perdus dans la brousse,
Qui ne croient plus que la vie peut être douce
Et qu’il y a toujours quelqu’un à la rescousse.

Vieillir en beauté, c’est vieillir positivement.
Ne pas pleurer sur ses souvenirs d’antan.
Être fier d’avoir les cheveux blancs,
Car pour être heureux, on a encore le temps.

Vieillir en beauté, c’est vieillir avec amour,
Savoir donner sans rien attendre en retour,
Car où que l’on soit, à l’aube du jour,
Il y a quelqu’un à qui dire bonjour.

Vieillir en beauté, c’est vieillir avec espoir,
Être content de soi en se couchant le soir.
Et lorsque viendra le point de non-recevoir,
Se dire qu’au fond, ce n’est qu’un au revoir!

Ne regrette pas de vieillir.
C’est un privilège refusé à beaucoup!
On 8/15/2019, Eddy Moise MD unexpectedly passed away in Fort Lauderdale FL after 12 yrs of hemodialysis. He was a well known and respected anesthesiologist who began his Anesthesia career in 1971 at the State University hospital of Haiti. Soon he become attached to the Department of Anesthesiology at Justinien Hospital in Cap Haiti.

He left his native country of Haiti to pursue more training in the field he enjoyed working in and migrated to the US in 1974. Rapidly, he becomes an Attending in Anesthesiology at NYU after a successful residency. He worked parallelly at the Booth Memorial Hospital in Flushing NY.

He was a Lover of the Haitian Art and did not hesitate to become an artist himself. His collection of Haitian painting was impressive. He enjoyed Baseball and was one of the Mets super Fan. He, rarely will ever miss a game. He was also loved by his peers and many will remember him at the HUEH, at the NYU. He left a void that will be difficult to fill up.

The AMHE would like to express its condolences to his wife Olive, his children Clifford, Christopher, Melissa and Grand-child Liam, to his brother Pierre Faubert MD and sister Mireille Thybulle and to all members of the family and closed friends touched by this loss.

Eddy Moise MD will be with us forever. His mission on earth is over and he went to see his Creator. Rest in Peace old brother and “Bon Voyage”.

A Memorial service will be held in New York will be announced soon at a later date.

Upcoming Events