Atorvastatin May Slow Alzheimer’s Progression

BY BRUCE JANCIN
Denver Bureau

NEW ORLEANS — High-dose atorva- statin in patients with Alzheimer’s disease slowed progressive cognitive deterioration and improved depressive symptoms in a first-of-its-kind small, randomized, dou- ble-blind trial, D. Larry Sparks, Ph.D., said at the annual scientific sessions of the American Heart Association.

“In phase III, patients who had been on donepezil throughout Phase II occurred in patients who simultaneously ex- perienced cognitive decline as well as in those who remained cognitively stable or showed cog- nitive improvement. “This shows those parameters are not really parallel during the course of the disease,” the psy- chiatrist observed. In phase III, patients who had been on donepezil throughout the AWARE trial showed continued behavioral improvement. However, patients who had been on placebo in phase II showed an attenuated improvement in be- havioral symptoms in phase III. “This shows something that many general practitioners already feel: If you interrupt treat- ment with a drug against de- mentia you lose something—and you can’t win it back later even if you bring in the drug once more,” Dr. Ihl said. He noted that in 1906 when Alois Alzheimer first described the disease that bears his name, the physician stressed that the symptoms of the dementia in- clude not only cognitive but also behavioral and functional prob- lems that worsen with time. “Relevant outcomes in Alzheimer’s disease include all those dimensions: functional abilities, behavioral problems, quali- ty of life, resource utilization. They all relate to an increased burden. It’s not sufficient to look only at cognitive decline. You also have to look at other symptoms where there could be significant benefit,” he said.

Alzheimer’s Cognitive, Behavioral Symptoms May Respond Differentially to Donepezil

BY BRUCE JANCIN
Denver Bureau

ORLANDO, Fla. — Alz- heimer’s disease patients who don’t obtain clear-cut cognitive benefits with donepezil nonetheless often experience significant improvement in behavioral symp- toms of the dementia, Ralf Ihl, M.D., said at the annual meeting of the American Neurological Association.

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CIs Underused in Moderate Alzheimer’s

BY SALLY KOCH KUBETIN
Publication Editor

TORONTO — Neurologists are more likely than are pri- mary care physicians or psy- chiatrists to prescribe a cholinesterase inhibitor for a patient with mild to moderate Alzheimer’s disease, but even neurologists fall short of meeting goals in clinical guidelines, Daniel L. Mur- man, M.D., said at the annual meeting of the American Neurological Association.

“The ANA’s evidence-based guidelines on management of patients with dementia call for physicians caring for ambula- tory patients with mild to moderate dementia to consid- er using a cholinesterase in- hibitor (CI) where appropriate,” said Dr. Murman of the Univer- sity of Nebraska, Omaha. Dr. Murman and his associ- ates reviewed office visit data from the National Ambulatory Medical Care Survey of office- based non-federally employed physicians. They focused on office visits made in 1993-2001 with the ICD-9 codes 331.0 (Alzheimer’s disease), 290.2 (se- nile dementia with delusion or dementia), and 290.3 (senile dementia with delirium). Be- cause the patients were ambu- latory, their dementia was pre- sumed to be mild to moderate. A total of 700,000 office vis- its were made by the study population for Alzheimer’s disease and senile dementia dur- ing the years of the study. About 34% of the office vis- its for patients with senile de- mentia were made to in- ternists, 27% were made to family physicians, 12% were made to neurologists, and 11% to psychiatrists. Only 10% of the office visits were by new patients. Overall, 17% of the visits were by patients re- ferred by other physicians.

On average, physicians spent 34 minutes with a new patient and 20 minutes with an estab- lished patient. Neurologists spent the longest time with new patients (40 minutes dur- ing that first office visit), com- pared with 22 minutes for fam- ily physicians, 32 minutes for internists, and 37 minutes for psychiatrists.

Cholinesterase inhibitors, the only drugs with indica- tion for Alzheimer’s disease, were prescribed for 29% of the patients with Alzheimer’s dis- ease. A CI was prescribed in 48% of office visits to neurologists, 29% of those to family physicians, and 27% of those to internists and psychiatrists.

Women accounted for 65% of the office visits, and 95% of the visits were made by whites; mean age was 79 years. Women and whites were more likely than were other demographic groups to be prescribed a CI.

This study was funded by a grant from the National Insti- tute on Aging of the National Institutes of Health.