Hyperbaric Chamber May Aid Post-CABG Cognition

By Bruce Jancin
Denver Bureau

Los Angeles — Cancer patients call it “chemo-brain”—a soggy mental state that seems to be a frequent side effect of chemotherapy. It is rarely studied and poorly understood, but as the number of cancer survivors grows, the impact of chemotherapy on cognitive function will become an increasingly important concern, Curley Bonds, M.D., said at a review of psychiatry and psychopharmacology update sponsored by the University of California, Los Angeles.

Chemotherapy has been reported to affect severely or moderately the executive function and verbal memory when compared with the normative controls, with scores of –.93 and –.91, respectively. A significant effect on motor function was also seen (J. Int. Neuropsychol. Soc. 2003;9:967-82).

In other controlled research, conducted mostly on patients who underwent hyperoxygenation not only had less neuropsychologic impairment; they also showed significantly less postoperative anxiety and depression symptoms, Dr. Alex added.

Chemotherapy’s Cognitive Link Prevalent, but Poorly Understood

By Norra Macready
Los Angeles Bureau

Los Angeles — Cancer patients call it “chemo-brain”—a soggy mental state that seems to be a frequent side effect of chemotherapy. It is rarely studied and poorly understood, but as the number of cancer survivors grows, the impact of chemotherapy on cognitive function will become an increasingly important concern, Curley Bonds, M.D., said at a review of psychiatry and psychopharmacology update sponsored by the University of California, Los Angeles.

Chemotherapy has been reported to affect severely or moderately the executive function and verbal memory when compared with the normative controls, with scores of –.93 and –.91, respectively. A significant effect on motor function was also seen (J. Int. Neuropsychol. Soc. 2003;9:967-82).

In other controlled research, conducted mostly on patients who underwent hyperoxygenation not only had less neuropsychologic impairment; they also showed significantly less postoperative anxiety and depression symptoms, Dr. Alex added.

Cancer Drugs Carry Neurotoxic Effects

Chemotherapy Agents Associated With Neurotoxicity

1. Methotrexate, cyclophosphamide, and fluorouracil
2. Vinca alkaloids
3. Cytarabine
4. Platinum analogues
5. Ifosfamide
6. Taxol
7. Taxotere
8. Fludarabine
9. Suramin

Agents Associated With Occasional Reports Of Cognitive or Motor Impairment

1. Asparaginase
2. Busulfan
3. Hexamethylmelamine
4. Procarbazine
5. Thiotepa

*Also associated with cognitive impairment individually

Source: Dr. Bonds

Dispensing Confusion Prompts Name Change for Reminyl

By Elizabeth Meachat
Senior Writer

Janssen Pharmaceutica has agreed to change the name of its Alzheimer’s disease medication Reminyl in its place with resulting cases of severe hypo-glycemia and other serious adverse events, including one fatality. In a Dec. 22, 2004, letter, the FDA acknowledged Janssen’s intention to change the name of all Reminyl products. At press time, the new name had not been announced. Aremy has been the trade name for glupemide, which is approved for treating type 2 diabetes and is marketed by Aventis. Reminyl is the trade name for galantamine, which is approved for mild to moderate dementia of the Alzheimer’s type and is marketed by Janssen Pharmaceutica. Spontaneous reports submitted to the FDA and the U.S. Pharmacopeia have described prescriptions that have been “incorrectly written, interpreted, labeled, and/or filled due to the similarity” between the two trade names, according to a “Dear Healthcare Provider” letter issued by Janssen. The letter was posted on the FDA’s MedWatch Web site (www.fda.gov/medwatch). The starting dose of Reminyl is 4 mg b.i.d., while the starting dose of Aremy is 1-2 mg b.i.d., with a maximal starting dosage of 2 mg, the latter states. Physicians should spell out the medication name when prescribing over the phone, and clearly print when writing the script.

Errors should be reported by calling the USP Medication Errors Reporting Program, at 800-23ERROR or 800-FAIL-SAF; or the FDA’s MedWatch Adverse Event Reporting Program at 800-FDA-1088. Errors also can be reported to the manufacturers: 800-526-7716 (Janssen) or 800-633-1610 (Aventis).

Treatable Autoimmunity Presented as Dementia

Budapest, Hungary — Autoimmune striatal dysfunction may be the underlying cause of dementialike presentations, in rare cases. This was the case for a 48-year-old woman, who presented with a 1-year history of progressive multifocal difficulties with attention and memory, said Gabriel C. Léger, M.D., speaking at the 4th International Congress on Autoimmunity.

Her history noted a profound change in her personality. She had become uninterested and exhaustingly hypersexual and had progressive difficulties functioning at home and at work—finally losing her job.

Her medical history included an episode of self-limiting, ballisticlike movements of the right side of her body during her early 20s. Exhaustive testing turned up no cause. The condition resolved spontaneously after a few months. She had no history of rheumatic fever or childhood chorea. However, at the age of 17 years her mother had Sydenham’s chorea, which lasted about 1 year.

Cognitive testing also revealed attention and memory (acquisition) deficits. Additionally, the patient displayed frontal network dysfunction, which psychologic testing confirmed. Her physical exam was unre- markable, except for mild psychomotor activity of the right hand and right side of the face, said Dr. Léger, a neurologist at the University of Montreal.

The clinicians initially diagnosed frontotemporal dementia, but “the presence of a very mild focal examination bothered us just a little bit,” said Dr. Léger. An FDG-PET scan revealed a dramatic increase in metabolism in the left striatum—70% more metabolic activity than in the right striatum.

Hypermetabolic lesions have traditionally been associated with diseases of autoimmunity, he noted. They treated her with a 3-day course of pulsed methylprednisolone sodium succinate, followed by a 2-week prednisone taper period.

Within weeks, the woman noted a resolution of her attention deficits. Neurocognitive assessments also indicated improvement. FDG-PET imaging demonstrated a fairly substantial restoration of the asymmetry of the striatum.

Based on the suspicion that autoimmunity against the basal ganglia was involved, the researchers sent for pre- and posttreatment plasma to the laboratory for analysis. High titers of antibodies to the striatum—the antibodies found in Sydenham’s chorea—were found in the pretreatment sample and reduced titers were found in the posttreatment sample.

Unlike this case, previously published studies involving hypermetabolic lesions have also involved previously diagnosed disorders, such as Sydenham’s chorea, Dr. Léger said.

— Kerri Wachter