Memantine May Reduce Agitation in AD Patients

Patients taking the drug showed improvements on the Neuropsychiatric Inventory agitation domain.

BY DOUG BRUNK
San Diego Bureau

Memantine may reduce agitation in Alzheimer's disease, Dr. Mok said.

Hallucinations May Predict Impairment in Alzheimer's

Hallucinations were a significant independent predictor of impairment as measured by Lawton's Instrumental Activities of Daily Living.

BY NORRA MACREADY
Los Angeles Bureau

Hallucinations are a significant predictor of functional impairment in patients with Alzheimer's disease, said Dr. Mok. The hallucinations, as well as a low score on the Mini-Mental State Examination (MMSE), were independent predictors of problems in activities of daily living, said Dr. Mok, a resident in the department of medicine at Queen Mary Hospital in Hong Kong.

Cognitive impairment is known to affect functional capacity, but the impact of noncognitive symptoms, such as hallucinations, has not been studied as extensively, she said.

The patients were recruited from the memory clinic at Queen Mary Hospital. They underwent a series of tests to assess various aspects of their cognitive and functional abilities, including the MMSE, the Barthel Index of Activities of Daily Living (BADL), and Lawton's Instrumental Activities of Daily Living (IADL). They were also examined for noncognitive psychiatric symptoms, including hallucinations, delusions, anxiety, euphoria, and apathy.

The BADL measures the patient's ability to perform basic daily activities, such as bathing, eating, and grooming without assistance. Scores range from 0, suggesting complete incapacitation, to 20, complete independence. The patients in this study had a mean score of 18.4.

The IADL assesses the patient's ability to perform tasks that require some planning and abstraction, such as doing laundry, shopping for groceries, and managing money. Scores range from 0, suggesting inability to perform the task at all, to 8, meaning no help is needed with any of the activities. These patients had a mean score of 5.9.

The MMSE measures cognitive function by asking the patients the date and place, having them name various objects, remember words, and subtract a series of numbers. Scores vary depending on the patient's age and level of education, but mean scores for unimpaired 80-year-olds range from 24 to 28, for those with up to a fourth-grade education, to 27, for those with a college degree. The mean MMSE score for these patients was 15.1.

In a multiple linear regression analysis, the presence of hallucinations was a significant independent predictor of impairment as measured by the IADL, but not the BADL. A low score on the MMSE correlated strongly with low scores on the BADL and the IADL and was another independent predictor of poor functional status.

Screening for and managing hallucinations could improve functional status in this patient population, Dr. Mok said.

Medicare to Cover PET Scans in Cases Where Dementia Diagnosis Is Unclear

BY KERRI WACHTER
Senior Writer

Medicare is extending coverage of PET scans to include patients who meet the criteria for both frontotemporal dementia and Alzheimer's disease, but for whom the diagnosis remains unclear.

The Centers for Medicare and Medicaid Services concluded in September that (1Hfluorodeoxyglucose PET (FDG-PET) imaging can be useful in patients with a documented cognitive decline of at least 6 months and a recently established diagnosis of dementia.

To be eligible for the new coverage, these patients must meet criteria for both frontotemporal dementia (FTD) and Alzheimer's disease (AD), but have an unclear diagnosis even after extensive clinical evaluation and alternative imaging (MRI and CT).

The specific conditions required to receive PET scan coverage to distinguish FTD and AD include:

- The onset, clinical presentation, or course of impairment is atypical for AD, and FTD is suspected as an alternative neurodegenerative cause.
- The patient has had a comprehensive clinical evaluation—as defined by the American Academy of Neurology—encompassing a medical history from both the patient and a well-acquainted informant, a physical and mental status examination aided by cognitive scales or neuropsychological testing, laboratory tests, and structural imaging.
- The patient has been evaluated by a physician experienced in the diagnosis and assessment of dementia.
- The evaluation did not identify a likely specific neurodegenerative disease that is causing the clinical symptom.

It's estimated that 12%-16% of patients with degenerative dementia may have FTD, which is often misdiagnosed as AD. FTD is characterized by the formation of microvacuoles, gliosis with or without inclusion bodies, and swollen neurons.

FDG-PET imaging can be particularly useful in distinguishing frontotemporal dementia from Alzheimer's disease.

FDG-PET imaging assesses brain activity, with regions of atrophy appearing inactive.

FTD leads to frontotemporally predominant atrophy, while AD pathology is typically more severe in posterior temporoparietal regions—patterns that are distinguishable in a PET scan.

"This is important because the treatments for Alzheimer's disease do not help patients with frontotemporal dementia," Gary W. Small, M.D., the director of the Center on Aging at the University of California, Los Angeles, said at a recent symposium on imaging sponsored by the Institute of Molecular Technologies.

Alzheimer's symptoms of memory and cognitive function impairment appear gradually.

Signs of frontotemporal dementia tend to appear as deficits in judgment and conduct, appearing early in disease development.

"There tends to be sort of a loosening of personality," Dr. Small said.

CMS also concluded that although there are not adequate data to support the use of PET imaging for the diagnosis of patients with mild cognitive impairment or early dementia, the technique shows promise.

BY NORRA MACREADY
Los Angeles Bureau

Hallucinations are a significant predictor of functional impairment in patients with Alzheimer's disease, Wing Yee Mok, M.D., said at the annual meeting of the American Geriatrics Society.

In a retrospective analysis of 100 patients at a mean age of 80 years and with a mean 3 years of education, the presence of hallucinations, as well as a low score on the Mini-Mental State Examination (MMSE), were independent predictors of problems in activities of daily living, said Dr. Mok, a resident in the department of medicine at Queen Mary Hospital in Hong Kong.

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