Dementia Affects Patient’s View of Self-Identity Roles

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ersons suffering from dementia rate their self-identity roles in the past and present differently from the way their family or staff caregivers rate those roles, according to Jiska Cohen-Mansfield, Ph.D.

Researchers studied 46 people attending six adult day care centers and 56 residents in two nursing homes in the Washington metropolitan area. A previously developed self-identity dementia questionnaire was used to interview the participants, their families, and staff caregivers, reported Dr. Cohen-Mansfield, research director of the Research Institute on Aging of the Hebrew Home of Greater Washington, Rockville, Md., and colleagues (Soc. Sci. Med. [Epub ahead of print] 2005. Article DOI number: doi:10.1016/j.socscimed.2005.06.031).

The four self-identity domains investigated were: professional/family/social, hobbies/leisure-time activities, and personal attributes/achievements/trait. Of these self-identity categories, family roles ratings were the most likely to be maintained over time, with almost half of the participants (48%) identifying their parental role as the most important of these. In contrast, family members rated the spousal relationship as the most important (51%) with parental role a close second (28%).

The study showed a significant time effect, with a decline in the importance of role identity from past to present, and the family role being the most important throughout. The importance of professional identity declined most.

The greatest discrepancy between family and participant reports on professional roles involved the category of homemaker. Of the 24 participants categorized by the family as homemakers, only 21% (5) of those participants agreed. The differential was largely attributable to the professional and family members who described their mothers as homemakers, while the mothers described themselves as having other professions.

More than a third (38%) of responses from staff members indicating ignorance of the participant’s occupation were for those whose family members described them as homemakers, Dr. Cohen-Mansfield reported.

In addition, although no significant gender differences were seen in role importance as assigned by participants and staff caregivers for each role group over time, family members reported significantly higher importance of ranking for professional identity for males than for females in the past as well as present.

“Family members generally estimated the importance of role identities in the past to be higher, and that in the present as lower, than did the participants,” Dr. Cohen-Mansfield reported.

“Our results show that while general trends of a decline in importance of role-identity domains are the same between family informants and participants, the absolute ratings were significantly influenced by [which group were] informants,” this finding indicates a need to obtain much more information as possible from the participants in order to identify their role perceptions. Understanding the changing self-identities of these people with dementia is a crucial first step toward providing tailored care and enhancing their life experience, Dr. Cohen-Mansfield and colleagues reported.

Low Vitamin E Serum Levels Correlate With Dementia Risk

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igh vitamin E plasma levels may be protective against cognitive impairment and dementia, the InChianti study shows.

Researchers examined 1,033 participants (56% women) aged 65 and over in two Italian communities in the Chianti region near Florence in an effort to clarify the conflicting role of antioxidants in maintaining cognitive ability in the elderly.

Functional ability was assessed using the Activities of Daily Living (ADL) scale and the Instrumental Activities of Daily Living (IADL) scale, with cognitive function and dementia ascertained using Mini Mental State Examination (MMSE). Follow-up interviews were also conducted with those participants who reported problems in the ADL and IADL scales, according to Antonio Cherubini, M.D., of the Institute of Gerontology and Geriatrics, Perugia, Italy, and his colleagues (Neuropsychopharmacology 2005;30:987-94).

Participants were subdivided into three categories: 807 participants with MMSE scores greater than 23 were deemed to have normal cognitive function; 188 with scores less than 23 and/or any degree of disability in ADL or IADL, determined to be attributable to cognitive problems were deemed cognitively impaired; and 58 participants were diagnosed as having a dementia syndrome.

Vitamin E plasma concentration was measured using high-performance liquid chromatography. The plasma strongly correlated with total cholesterol and triglycerides, and weakly correlated with dietary vitamin E intake.

In a multivariate analysis of the participants fully adjusted for age, gender, lipid levels, education, total energy intake, vitamin E intake, and smoking, those individuals in the bottom tertile of vitamin E plasma levels were at significantly higher risk not only of being demented (OR 2.6, 95% CI) but also of having cognitive impairments than in the top tertile (2.2, 95% CI), compared with the highest vitamin E tertile, according to the authors.

Elderly Psychiatric Patients Often Overlooked or Misdiagnosed

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 common perception, based on relatively few published studies, is that most psychiatric disorders other than depression occur much less frequently among the elderly. Community samples, however, suggest that many older adults who experience clinically significant pathological presentations may be overlooked or misdiagnosed, according to Dilip V. Jeste, M.D., and colleagues.

This discrepancy points out the need to develop age-appropriate diagnostic criteria that can assess elderly psychiatric patients, according to Jeste and colleagues (Psychiatr. Serv. 2005;56:1550-1553).

Several categories of disorder can be subject to various difficulties in diagnosis. For example, schizophrenia, though typically of early onset, also occurs in a sizeable minority of patients in middle or old age, and is often misdiagnosed as due to “organic” factors. According to the literature, for example, schizophrenia had onset between the ages of 41 and 50 years, 7% in patients aged 51-60 years, and 3% after age 60, they reported. Distinctiveness of symptoms in the “very late onset” indicates the illness may belong in a different category. Anxiety disorders may be particularly difficult to pin down, according to the authors.

Hypertension Control May Lower Risk of Dementia

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lderly patients with mild to moderate hypertension and lowered cognitive function show greater cognitive decline, compared with equivalent hypertensive individuals with high cognitive function, according to a posthoc analysis of data from the SCOPE trial, control patients also were given off-label active hypertension treatment when deemed necessary, primarily with hydrochlorothiazide, significantly lowering blood pressure in both treatment groups.

Dementia onset during the study was more than four times as common in patients with LCF (4%) as in patients with HCF (1%). No difference was seen between the caregivers and control groups, they reported.

Contrary to many physicians’ fears that lowering blood pressure in the elderly would cause cognitive decline because of reduction in cerebral blood flow, cognitive function changed very little, even in patients with LCF. Also, dementia incidence in the study was found to be in the lower range of expectation for this age group. Thus, there appeared to be no negative effect of blood pressure control. Such evidence indicates that effective antihypertensive therapy may reduce cognitive decline in these patients, they concluded.