Dementia Affects Patient’s View of Self-Identity Roles

Researchers examined 1,033 participants suffering from dementia to determine the importance of role identities in the past to be higher, and that in the present as lower, than did the participants,” Dr. Cohen-Mansfeld 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 was informants.” This finding indicates a need to obtain much more information as opposed to informants 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-Mansfeld and colleagues reported.

Low Vitamin E Serum Levels Correlate With Dementia Risk

High 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 the 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 (Neuropsychology Aging, 1999; 14:267-99).

Participants were subdivided into three categories: 807 participants with MMSE scores greater than 23 were deemed to have normal cognitive function; 168 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 level was strongly correlated with total cholesterol and triglycerides, and weakly correlated with dietary vitamin E intake. 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 25% of vitamin E plasma levels were at significantly higher risk not only of being demented (OR 2.6, 95% CI) but also of having moderate impairment (OR 2.2, 95% CI), compared with the highest vitamin E tertile, according to researchers.

Elderly Psychiatric Patients Often Overlooked or Misdiagnosed

A 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 pathologies are 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 Dr. Jeste of the department of psychology at the University of California, San Diego, and associates (Biol. Psychiatry 2005;58:265-71).

Five potential causes of diagnostic confusion in the elderly were identified.

True age-related differences, in which symptoms of the disorder vary according to age. In such cases, application of DSM-IV criteria sets may reduce cognitive decline in these patients, they concluded.

Hypertension Control May Lower Risk of Dementia

Elderly patients with mild to moderate hypertension and lowered cognitive function show greater cognitive decline, compared with equivalent hypertensive individuals with high cognitive function, a posthoc analysis shows.

The first Study on Cognition and Prognosis in the Elderly (SCOPE) analysis showed inconclusive results in demonstrating that antihypertensive treatment, primarily with candesartan, may preserve cognitive function and reduce the incidence of dementia, according to Ingmar Skoog, M.D., of Sahlgrenska University Hospital, Göteborg, Sweden, and colleagues. The posthoc analysis was performed to compare cognitive and cardiovascular outcomes between 2,070 patients with slightly lower baseline cognitive function (LCF) as defined by Mini Mental State Examination (MMSE) scores of 24-28, and 2,867 patients with higher cognitive function (HCF), defined by MMSE scores of 29-30 (Am. J. Hypertens. 2005;18:1052-9).

Additionally, the analysis separated compared cognitive and cardiovascular outcomes in the candesartan with the control groups for LCF and HCF patients.

Significant cognitive decline was nearly twice as common in patients with LCF compared with patients with HCF (3.6%). Cognitive decline did not differ significantly between candesartan and control groups. (For ethical reasons in the SCOPE trial, control patients also were given off-label active hypertensive therapy 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 (4.6%) as in patients with HCF (1.0%). No difference was seen between the candesartan 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.