

Age-Related Ailments Flag Depression

BY MIRIAM E. TUCKER
Senior Writer

NATIONAL HARBOR, MD. — Weight loss, verbally abusive behavior, and moderate pain were all significant predictors of a new diagnosis of depression among established nursing home residents in a longitudinal analysis.

Studies have shown that depression affects 20%-55% of nursing home residents, but the condition frequently goes unrecognized. Developing a set of observable indicators of depression may facilitate earlier diagnosis and treatment by nursing home staffs, said Dr. Lorraine J. Phillips and her associates in a poster at the annual meeting of the Gerontological Society of America.

The data were taken from 13,588 nursing home residents who were among the 127,587 in the Missouri Minimum Data Set (MDS) from Jan. 1, 2003, to March 31, 2005. Among the inclusion criteria were two sequential assessments 90 days apart (excluding admission and discharge), age 65 years and older, no prior diagnosis of depression or use of antidepressants, and no severe cognitive impairment.

Mean age of the study population was 85 years, 74% were female, and 88% were white. More than 66% were widowed, 19.5% married, and 12% had never married. About 49% had less than a high school education, 37% had finished high school, and 14% had a college education.

Documentation of weight loss at the study's first assessment was associated with a significantly increased chance of being diagnosed with depression between the first and second assessments (odds ratio 1.68). Verbally abusive behaviors, such as threatening, screaming, or cursing at others, also predicted a depression diagnosis between the assessments (OR 1.44). Moderate pain was a third significant predictor (OR 1.43), reported Dr. Phillips of the Sinclair School of Nursing at the University of Missouri-Columbia, and her associates.

Conversely, frequent urinary incontinence was significantly associated with a lower incidence of depression (OR 0.70). Post hoc analysis showed a correlation between incontinence and cognitive impairment, suggesting that the lower incidence of depression being diagnosed in nursing home residents can be explained by cognitive impairment impeding the recognition of depression, the investigators said.

Never being married also predicted a lower incidence of depression (OR 0.66), as did age 95 and above (OR 0.70).

The University of Missouri MDS and Quality Research Team funded the research. The team began work in 1993, and members have received funding since 1994 through the Missouri Division of Aging, the Health Care Financing Administration, the National Institute for Nursing Research, the Agency for Health Care Policy and Research, and other groups. ■

Exemestane Shows Scant Effect on Cognition

BY KERRI WACHTER
Senior Writer

SAN ANTONIO — Adjuvant exemestane appears to have little effect on cognitive function in postmenopausal women with breast cancer, but women on adjuvant tamoxifen perform significantly worse than do healthy controls in several cognitive domains after 1 year of treatment, based on results of a sub-study of the TEAM (Tamoxifen Ex-

emestane Adjuvant Multicenter) trial.

After 1 year, researchers found that there were no significant differences in cognition between women who received adjuvant exemestane (Aromasin) and healthy controls after adjustment for baseline neurocognitive test scores and other covariates.

However, those women who received adjuvant tamoxifen performed significantly worse on verbal memory and executive functioning than did

healthy controls. In addition, the tamoxifen groups also performed worse than exemestane users on information processing speed, Dr. Christina M. Schilder reported in a poster presentation at the San Antonio Breast Cancer Symposium.

"Our results suggest that 1 year of adjuvant exemestane treatment is advantageous, compared with 1 year of adjuvant tamoxifen treatment with respect to cognitive functioning in post-



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menopausal breast cancer patients,” wrote Dr. Schilder, of the Netherlands Cancer Institute in Amsterdam, and her colleagues.

Investigators in the TEAM trial compared the efficacy of 5 years of exemestane with 2.5 years of tamoxifen followed by 2.5 years of exemestane in postmenopausal women who had hormone-sensitive breast cancer. This sub-analysis included Dutch patients involved in the study—80 women who were on tamoxifen and 99 who were on exemestane. They were compared with 120 healthy controls.

The study patients underwent neuropsychologic assessments at baseline and again after 1 year of adjuvant endocrine therapy. A healthy control group underwent the same assessments with a similar time interval.

The comprehensive test battery consisted of 18 test indices that were designed to assess eight cognitive domains including verbal, visual, and working memory; information processing speed; executive functioning; verbal fluency; and reaction speed.

Cognitive test scores at baseline and at 1 year were converted to standardized

z scores, based on the mean and standard deviation of the healthy control group. The analyses were adjusted for anxiety, depression, fatigue, and menopausal symptoms.

Among women who were aged 65 years and younger, 30 tamoxifen users performed significantly worse on executive functioning than did 60 healthy controls.

Among women who were older than 65 years, 50 tamoxifen users performed worse on verbal memory and information processing than did than 60 healthy controls. Also in this age group, ta-

moxifen users performed worse on information processing speed than did exemestane users.

Further research is needed to determine cognitive effects of the drugs over a longer period of time and to establish whether exemestane's lack of an effect on cognition is a specific property of exemestane or whether it is a result of all aromatase inhibitors, the investigators noted.

Dr. Schilder reported that she has received grant support from Pfizer Inc., which manufactures Aromasin. The TEAM study is funded by Pfizer. ■

Antidepressants Rated for Major Depression

Escitalopram and sertraline were the most effective of a dozen second-generation antidepressants for treating major depression in adults, results of a review of randomized controlled trials that included more than 25,000 patients show.

Previous studies of the effectiveness of second-generation antidepressants have been inconsistent, said Dr. Andrea Cipriani of the University of Verona (Italy). Dr. Cipriani and his colleagues reviewed 117 randomized, controlled trials using a multiple-treatment meta-analysis, so they could compare treatments within and between trials.

The average length of treatment was 8 weeks, and the average sample size was 110 patients. The studies included a total of 25,928 adults (65% women) who participated in studies for the treatment of acute unipolar major depression between 1991 and 2007.

The review included the following drugs: bupropion, citalopram, duloxetine, escitalopram, fluoxetine, fluvoxamine, milnacipran, mirtazapine, paroxetine, reboxetine, sertraline, and venlafaxine (Lancet 2009 [doi: 10.1016/S0140-6736(09)60046-5]).

Overall, some of the medications were significantly and clinically different in their effectiveness and acceptability. The four medications that were best tolerated were escitalopram, sertraline, citalopram, and bupropion. But the four drugs that were the most effective were mirtazapine, escitalopram, venlafaxine, and sertraline. Reboxetine was significantly less effective than any of the other 11 medications.

“The results indicate the two of the most efficacious treatments (mirtazapine and venlafaxine) might not be the best for overall acceptability,” they said.

“Our findings might help to choose among new generation antidepressants for acute treatment of major depression,” they noted.

The study results were limited to 8-week acute-phase treatment of depression and did not include a formal cost-effectiveness analysis, but the researchers suggested that sertraline may be the first choice financially in many countries.

Dr. Cipriani had no financial conflicts to disclose.

—Heidi Splete

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