

Psychoactive Drugs Tied to Increased Risk of Falling

Findings proved consistent, independent of whether subjects lived in long-term facilities.

BY MARY ANN MOON

Three drug classes—sedatives and hypnotics, benzodiazepines, and antidepressants—substantially raise the risk of falling in the elderly, according to a meta-analysis in the Archives of Internal Medicine.

The findings underscore “the need for caution when prescribing these medications to seniors,” said John C. Woolcott of the University of British Columbia, Vancouver, and associates. “Falls and fall-related complications are the fifth leading cause of death in the developed world, and more than 30% of persons older than 65 years will fall at least once annually.”

In performing their meta-analysis, Mr. Woolcott and his colleagues updated the results of two previous meta-analyses conducted by Dr. Rosanne M. Leipzig and her colleagues that included papers published between 1966 and 1996 (Arch. Intern. Med. 2009;169:1952-60).

Mr. Woolcott and his colleagues conducted a Bayesian meta-analysis incorporating the results of this previous meta-analysis with studies published afterward, between 1996 and 2007.

The 22 studies in this meta-analysis included 10 cohort studies, 5 case-control studies, and 7 cross-sectional studies involving 79,081 subjects aged 60 years or older. None of the 22 studies was a randomized, controlled trial. Falls deemed to be “a consequence of sustaining a violent blow, loss of consciousness, sudden onset of paralysis as in a stroke, or an epileptic seizure” were excluded.

The use of sedatives and hypnotics, antidepressants, and benzodiazepines was significantly associated with falling. Of those three drug classes, the investigators found that antidepressants had the strongest association with a fall experience, with an updated Bayesian odds ratio of 1.68.

In contrast, the use of six other classes of drugs—neuroleptics and antipsychotics, antihypertensives, diuretics, beta-blockers, narcotics, and non-steroidal anti-inflammatory drugs—did not significantly raise the risk of falling, the investigators said. Drugs in the narcotics class had an OR point estimate of 0.96, which means narcotics had the lowest association with a fall experience.

These findings were consistent across the studies reviewed, regardless of whether subjects lived in long-term care facilities, the investigators commented.

Mr. Woolcott and his colleagues reported that a strength of their meta-analysis is its use of Bayesian methodology, which allowed the investigators to incorporate information from the previous meta-analysis with more recently completed studies. However, they cited the relatively small number of studies meeting their inclusion criteria of using falls as an outcome as a key limitation.

The investigators hope that future research in this area is able to be completed with larger sample sizes in community and long-term care settings, Mr. Woolcott wrote.

The study was funded partly by the Canadian Institutes of Health Research. The investigators reported no financial disclosures. ■

Office-Based History, Testing Can Help Diagnose Dementia

BY MARY ELLEN SCHNEIDER

BOSTON — Taking a good history and administering a brief cognitive screening test can go a long way toward identifying Alzheimer’s disease and other dementias, according to one family physician.

Currently, too many patients with mild to moderate dementia—patients with significant functional impairment—are being missed in the office, according to Dr. Kathleen R. Soch, associate professor in the department of family and community medicine at the Texas A&M Health Science Center in Corpus Christi.

But physicians can improve their track records by following a few simple steps: take a complete history, administer the Folstein Mini Mental Status Exam (FMMSE), rule out depression, perform routine laboratory testing, and consider ordering an imaging study, she said at the annual meeting of the American Academy of Family Physicians.

Most physicians know to ask patients and their family members about memory loss, Dr. Soch said, but they do not realize that family members often overlook problems with memory. A family caregiver may think their parent’s memory loss is normal for their age and that they are doing well, when in fact the memory impairment could be significant, she said. In those cases, families often come to the office because of the behavioral problems sometimes seen in dementia patients. When taking a history, consider other symptoms such as aphasia, apraxia, agnosia, and problems with executive function.

For patients with symptoms of dementia, Dr. Soch recommends using the FMMSE as a screening tool. The test is one of the most widely used screening tests. It takes less than 10 minutes to complete in the office, and physicians can administer it themselves or train someone else in the office to do it, she said.

The FMMSE is a 30-point test that asks

patients to identify where they are, the date and season, repeat words they have heard, recall words, spell a word backward, demonstrate simple language skills, and perform simple tasks. The cut off score is 24, and most people without any cognitive impairment should be able to score 29 or 30 on the test, she said.

The test has a sensitivity of 87% and a specificity of 82%. Most people who have a score of 24 or less will have some form of cognitive impairment, but the test also will miss a lot of people with early dementia, she said. The FMMSE also is less accurate in patients with higher and lower levels of education.

Dr. Soch said if she sees a patient who is very well educated and scores 28 or 29 points, she is more likely to consider a diagnosis of dementia. On the other hand, patients who are unable to read will have trouble with the test regardless of any dementia diagnosis. The test is also less accurate as patients get older. Dr. Soch said she often scores the test more leniently for a patient over age 80 years.

For those patients who score around the 24-point cutoff, Dr. Soch recommends ordering a few simple laboratory screens including CBC, a comprehensive metabolic panel, a test of TSH levels, and a check of the patient’s vitamin B₁₂ level to rule out reversible causes. Physicians also should order an imaging test, either a CT scan or MRI, to eliminate other possible conditions such as vascular dementia.

In addition, physicians should screen every patient being assessed for dementia for depression. Depression affects between 30% and 50% of dementia patients. Since depression often presents with fatigue, psychomotor slowing, and apathy, it might be misinterpreted as a worsening of dementia.

Dr. Soch advised physicians to have a high index of suspicion for depression and consider a trial with a selective serotonin reuptake inhibitor. He reported having no conflicts of interest. ■

Metabolic Syndrome Lifts Cognitive Aging Risk in Women

BY MARY ANN MOON

Older women with metabolic syndrome are at increased risk of developing cognitive impairment, including dementia, a report in the Archives of Neurology shows.

Given the high rate of metabolic syndrome among Americans, “even a modest association with cognitive impairment could have large public health implications,” said Dr. Kristine Yaffe of the University of California, San Francisco, and her associates.

The researchers assessed the development of cognitive impairment in 4,895 postmenopausal women participating in a clinical trial of osteoporosis that was conducted at 180 clinical centers in 25 countries. The trial included an ancillary study of cognitive impairment.

The participants were screened for the five components of metabolic syndrome—abdominal obesity, hypertriglyceridemia, low HDL cholesterol, hypertension, and high fasting glucose or diabetes—and followed for 4 years. A total of 497 women (10%) had metabolic syndrome.

The study participants underwent screening for dementia and a battery of cognitive tests at baseline and each year afterward. During that time, 217 women (4%) developed cognitive impairment.

The rate of cognitive impairment was 7% among women who had metabolic syndrome, compared with 4% among those who did not have the syndrome, Dr. Yaffe and her colleagues said (Arch. Neurol. 2009;66:324-8).

The investigators also individually an-

alyzed the five components of metabolic syndrome to assess their individual effects on cognitive risk. They found that only a high fasting glucose level/diabetes raised that risk.

“Our findings add to a growing body

Given the prevailing high rate of metabolic syndrome among Americans, ‘even a modest association with cognitive impairment could have large public health implications.’

of literature that suggests the metabolic syndrome is associated with accelerated cognitive aging,” the researchers said.

The mechanism by which metabolic

syndrome raises cognitive risk is not yet known. It is possible that the syndrome raises cerebrovascular risk in the same way in which it is known to raise cardiovascular risk, or that the increased inflammation that often accompanies metabolic syndrome affects brain function as well.

In addition, insulin resistance might accelerate beta-amyloid aggregation, deposition, or clearance. And obesity has been linked to increased neuronal degradation and brain atrophy, they noted.

Future research should determine whether more aggressive clinical control of the components of metabolic syndrome might lessen cognitive risk, the investigators added.

Dr. Yaffe reported no financial disclosures. The parent study was funded by Eli Lilly & Co. ■