CNS Drugs And Cognitive Decline Tied

BY SHERRY BOSCHERT
San Francisco Bureau

SAN FRANCISCO — Community-dwelling elderly people were more likely to show cognitive decline over a 5-year period if they took medications that act on the central nervous system, especially with higher cumulative doses or with longer use.

In some patients, physicians may want to consider adjusting drug doses to lower the cumulative CNS medications dose while retaining the benefits of each medication, said Dr. Rollin M. Wright of the University of Pittsburgh, at the annual meeting of the Gerontological Society of America.

In a longitudinal cohort study, Dr. Wright and her colleagues examined 2,737 cognitively intact adults aged 70-79 years old at baseline and again 3 and 5 years later. All of the participants could walk a quarter of a mile and climb a flight of stairs, and were enrolled in the Health, Aging, and Body Composition study. The researchers gathered information about medication use from containers brought in by participants and assessed them for cognitive function using Teng's Modified Mini-Mental State Examination (3MS), they wrote in their poster.

Use of CNS-active medications including benzodiazepines, opioid receptor agonists, antipsychotics, or antidepressants was not linked to new-onset cognitive impairment (an 3MS score below 80) but was associated with new development of cognitive decline (a dip of 5 or more points on the 3MS).

Any use of the CNS-active medications was associated with a 36% increased risk of cognitive decline after adjustment for the effects of sociodemographic factors, health behavior, health status, and the indications for CNS medication use. Long-term use of CNS-active medications, defined as 2 or more years of use, was associated with a 39% increased risk of cognitive decline, compared with no use of the medications.

Participants on the highest cumulative doses of CNS-active medications had the greatest increased risk for cognitive decline. Those using the highest cumulative dose of more than three standardized daily doses had an 82% increased risk of cognitive decline, compared with nonusers.

CNS-active drug use rose from 14% of participants at baseline to 15% of 2,284 subjects at year 3, with 3% of the cohort using the highest doses, 11% reporting long-term use, and 20% showing cognitive decline.

At year 5, 17% of 1,907 subjects were using CNS-active medications, again with 3% on the highest doses and 11% citing long-term use. After excluding those showing cognitive decline at year 3, 14% of subjects at year 5 showed new cognitive decline. Indications for CNS-active medication use included sleep problems (11%), anxiety (34%), osteoarthritis (15%), cancer (18%), depression (4%), and bodily pain (40%). The study cohort was 53% female and 37% black, with a mean age of 74 years.

Dr. Wright has no ties with makers of the drugs used in the study. It was partially funded by the National Institute on Aging. ■

Sleep Guidelines for the Elderly Forthcoming

BY SHERRY BOSCHERT
San Francisco Bureau

SAN FRANCISCO — Sleep should be viewed as a vital sign, and primary care physicians should address sleep disturbances routinely in all visits with older adults, Dr. Harrison G. Bloom said at the annual meeting of the Gerontological Society of America.

"Although there has been more than a decade of discussion about the prevalence and low detection rates of sleep problems, little has changed in primary care practice in recognition of sleep problems in the elderly," said Dr. Bloom of the International Longevity Center, New York.

A first draft of new guidelines for the assessment and treatment of sleep disorders in older people should be ready for discussion within the next few months, produced by his organization in collaboration with other groups, he said.

"Sleep disorders are prevalent in older individuals and have important consequences, yet very seldom are looked at. It should be a vital sign," Dr. Phyllis C. Zee said in a separate presentation at the same session.

She and her associates interviewed older adults aged 65-102 years in 11 primary care offices in the Chicago area and compared the findings with patient charts. Although 70% of the adults complained of some sort of sleep disturbance, only 11% of charts mentioned sleep disturbance,

Selected safety information:

LYRICA is indicated for the management of Fibromyalgia, neuropathic pain associated with Diabetic Peripheral Neuropathy, Postherpetic Neuralgia, and as adjunctive therapy for adults with Partial Onset Seizures.

LYRICA is contraindicated in patients with known hypersensitivity to pregabalin or any of its other components.

There have been postmarketing reports of angioedema in patients during initial and chronic treatment with LYRICA. Specific symptoms included swelling of the face, mouth (tongue, lips, and gums), and neck (throat and larynx). There were reports of life-threatening angioedema with respiratory compromise requiring emergency treatment. LYRICA should be discontinued immediately in patients with these symptoms.

There have been postmarketing reports of hypersensitivity in patients shortly after initiation of treatment with LYRICA. Adverse reactions included skin redness, blisters, hives, rash, dyspnea, and wheezing. LYRICA should be discontinued immediately in patients with these symptoms.

In controlled studies, a higher proportion of patients treated with LYRICA reported blurred vision (7%) than did patients treated with placebo (2%), which resolved in a majority of cases with continued dosing. More frequent assessment should be considered for patients who are already routinely monitored for ocular conditions.

Reference: 1. Data on file. Pfizer Inc, New York, NY.

For more information, please visit www.pfizerpro.com/lyrica.