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.

even for patients who reported five or more sleep problems (such as insomnia, difficulty falling asleep, early awakening, or restless legs syndrome).

"Sleep problems are so common with aging, yet they're not on the radar screen of most primary care physicians," said Dr. Zee, professor of neurology and director of the sleep disorders center at Northwestern University, Chicago.

Symptoms of some treatable sleep disorders, particularly sleep apnea or rapid eye movement sleep behavior disorder, may be mistaken for cognitive decline or dementia in the elderly, she said.

Multiple factors contribute to the high prevalence of insomnia in the elderly, including medication use, comorbid medical or psychiatric conditions, and psychosocial factors such as bereavement.

An assessment of the quantity and quality of sleep should be integrated into the routine review of systems in all examinations of older adults, with further assessment to look for the causes of any sleep problems, Dr. Zee said. "Sleep in older people really is a barometer of health."

A growing database of studies directly associates sleep disorders with problems of attention and memory, depression, nighttime falls, metabolic dysfunction, and lower quality of life, Dr. Andrew A. Monjan said in the same session at the meeting.

Counter to common misconceptions, sleep disturbances are not a natural part of aging but are associated with comorbidities, according to an analysis of epidemiologic data on more than 10,000 adults, said Dr. Monjan of the National Institute on Aging.

A 2003 telephone poll of 1,500 older people (aged 55-84 years) randomly selected by the institute and the National Sleep Foundation also dispelled the notion that older people need less sleep. They reported needing as much sleep per night as many younger people.

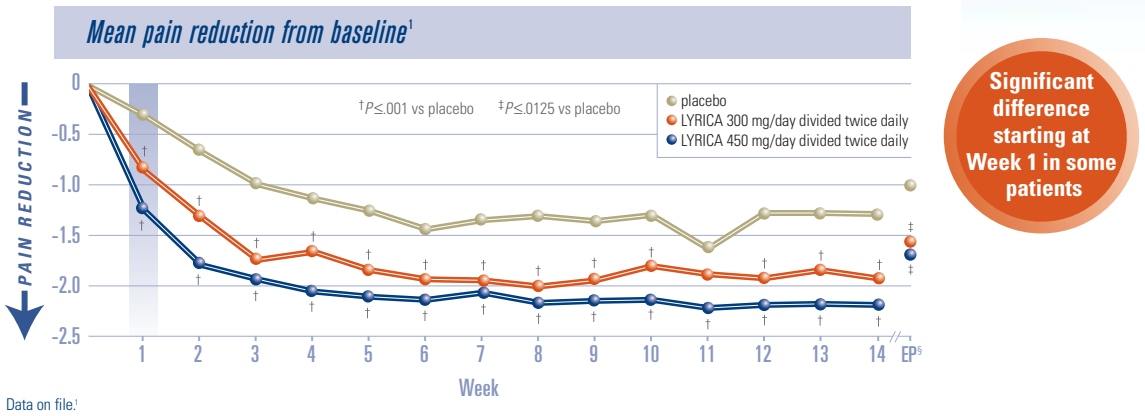
People who had four or more medical problems were more likely to report getting less than 6 hours of sleep or having insomnia or excessive daytime sleepiness. Few said they had been diagnosed with insomnia by their physician, and even fewer had been treated for insomnia, he added.

A University of Chicago study showed that limiting sleep to 4 hours a night for 6 nights in healthy young adults produced evidence of impaired glucose clearance and increased insulin resistance, Dr. Monjan said. The proportion of people in the United States who report getting fewer than 6 hours of sleep per night increased to more than 25% in 2004. Sleep deprivation may be a contributing factor in the epidemics of obesity and diabetes, he suggested. ■

LYRICA—
First agent approved in the management of Fibromyalgia

to calm

Rapid and powerful relief of chronic widespread pain[1]*



Significant difference starting at Week 1 in some patients

Data on file.[1]

*Results from a 14-week, randomized, double-blind, placebo-controlled study of 745 patients to evaluate the efficacy and safety of LYRICA in Fibromyalgia. Criterion for entry into the double-blind phase was absence of a high placebo response (≥30% decrease on the pain VAS) during the 1-week run-in phase. Patients received: LYRICA 300 mg/day (150 mg twice daily), 450 mg/day (225 mg twice daily), 600 mg/day (300 mg twice daily), or placebo. The primary efficacy measure was symptomatic relief of pain associated with Fibromyalgia.

Although LYRICA was also studied at 600 mg/day, there was no evidence that this dose confers additional benefit and this dose was less well tolerated. In view of the dose-dependent adverse reactions, treatment with doses above 450 mg/day is not recommended.

§End point (EP) mean pain score.

Sustained relief of pain in a separate 6-month durability study[1‖]

‖Results from a 26-week, double-blind, placebo-controlled, randomized discontinuation trial of 1051 patients designed to evaluate the time to loss of therapeutic response of LYRICA in Fibromyalgia patients. The study was comprised of 4 phases: baseline, open label, 26-week double-blind treatment, and 1-week follow-up.

Selected safety information:

The most common adverse reactions occurring in ≥5% of all LYRICA-treated patients and occurring at ≥ twice the rate of placebo during Fibromyalgia clinical trials for patients taking LYRICA vs those taking a placebo were dizziness, somnolence, weight gain, blurred vision, dry mouth, constipation, euphoric mood, peripheral edema, balance disorder, disturbance in attention, and increased appetite.

Please see adjacent brief summary of prescribing information.

LYRICA®
PREGABALIN Ⓒ
capsules

Calming the storm