Cognitively Impaired Benefit From Exercise

BY PATRICE WENDLING

CHICAGO — A brief exercise program reduced agitated behavior in a pilot study of 50 nursing home residents with severe cognitive impairment.

Other studies have already shown that exercise programs can reduce agitation and depression, and improve the ability to perform activities of daily living.

The current study involved 30 minutes of supervised exercise for 3 days per week for 3 weeks. Residents of locked special needs units at two nursing homes walked outdoors for 15 minutes in large groups and did 5 minutes each of weight lifting, sitting and standing, and throwing a beach ball in small groups.

At baseline, the mean St. Louis Mental Status Examination score among the 50 residents was 1.45 on a 30-point scale, with a score of 30 indicating full cognitive faculty.

Mean Pittsburgh Agitation Scale (PAS) scores improved significantly from 5.8 at baseline to 4.5 post-intervention on a 16-point scale, with 0 meaning no agitation, Edris Aman reported at the annual meeting of the American Geriatrics Society.

Those categorized with the highest PAS scores at baseline had the largest reductions in PAS scores falling from a mean score of 9.1 to 6.1.

"When you have a structured exercise program it seems like it kind of changes the way they think, especially when they interact one-on-one" said Mr. Aman, a medical student at St. Louis University School of Medicine in Missouri.

Continuous activity programming, in which residents are engaged in meaningful activities like exercise or casual conversation whenever they are in the main activity area, has been shown to reduce the number of days with agitation and psychoactive medication use and improve sleep in two dementia special care units (J. Am. Med. Dir. Assoc. 2006 Sep;7:426-31).

Mr. Aman said that anecdotally nurses reported that after a week of exercising patients who were previously up all night began sleeping through the night and remaining awake during the day.

Mr. Aman reported no conflicts of interest. The study was funded by a grant from the American Foundation for Aging Research. ■

Topical Gel Offers Overactive Bladder Option

CHICAGO — Oxybutynin chloride topical gel provides a novel treatment option for patients with overactive bladder, according to the findings of a randomized, multicenter phase III study.

In the trial, 24% of 246 patients, younger than age 65 years, with overactive bladder who applied 1 g of oxybutynin gel once daily achieved complete urinary continence at 12 weeks, compared with 17% of 260 age-matched placebo-treated patients.

Among those participants who were aged 65 years or older, 34% of 143 patients using oxybutynin were continent at 12 weeks compared with 18% of 140 patients using placebo, Dr. Norman Zinner reported in a poster at the annual meeting of the American Geriatrics Society.

Oxybutynin (Gelnique) 10% gel was approved for treating overactive bladder.

Most of the study participants were white women, with a mean duration of incontinence of about 7.5 years. In patients younger than 65 years, oxybutynin gel achieved a significantly greater reduction than placebo in average number of daily incontinence episodes (–3.2 vs. –2.6 per day), said Dr. Zinner, a urologist with Western Clinical Research Inc. in Torrance, Calif. In patients 65 years and older, oxybutynin gel resulted in a greater reduction than placebo in daily incontinence episodes (–2.6 vs. –2.2), but the difference between groups was not significant.

Possible side effects from oxybutynin gel include dry mouth and dizziness.

Dr. Zinner is on the speakers and advisory boards for Watson Laboratories, which manufacturers oxybutynin gel. His colleagues are Watson employees.

—Patrice Wendling

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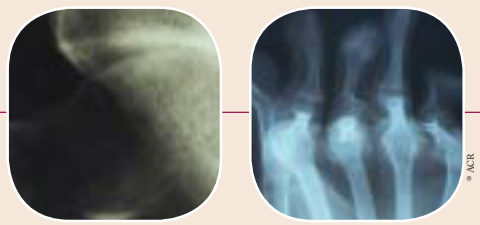

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- Vaccine Use in Vulnerable Patients
- Gout and Hyperuricemia
- Systemic Scleroderma
- Rheumatic Diseases and IBD
- Steroid-Induced Osteoporosis
- Juvenile Idiopathic Arthritis
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This continuing medical education conference is designed for rheumatologists, internists, family practice physicians and healthcare professionals involved in the treatment of patients with rheumatic diseases.

LEARNING OBJECTIVES
At the conclusion of this conference, participants will be able to:
- Identify the therapeutic options in the management of rheumatic diseases
- Explain the connection between rheumatic diseases and CV risk
- Recognize the aspects of care, treatment, and overall outcomes that are important to pediatric patients
- Describe the long-term safety and efficacy of systemic and biologic agents in the treatment of psoriasis and psoriatic arthritis
- Evaluate patients to determine their risk for disease progression that may indicate an increased risk for radiographic progression of rheumatoid arthritis
- Recognize and describe the clinical manifestations and complications of scleroderma
- Develop a strategy for a diagnostic workup to promptly and accurately establish (or rule out) fibromyalgia as a cause of a patient's symptoms
- Discuss the challenges in managing the RA patient with IBD
- List the clinical manifestations and risk factors associated with gout
- Apply the most current and effective treatment practices regarding the pathophysiology of rheumatic disorders to patient care plans

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