Alzheimer's Cognition Falls as Depression Spikes

BY MITCHEL L. ZOLER Philadelphia Bureau

PHILADELPHIA — Patients with mild to moderate Alzheimer's disease have a faster rate of cognitive decline as they accumulate more symptoms of depression, Ann Marie Hake, M.D., reported in a poster at the Ninth International Conference on Alzheimer's Disease and Related Disorders

This relationship held regardless of the

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patient's gender or the treatment received, said Dr. Hake, a neurologist at the Indiana University Center for Aging Research, Indianapolis.

The patients Dr. Hake and her associates studied were enrolled in a trial with the primary aim of testing the efficacy of transdermal selegiline. Cognition of all patients was assessed at baseline and after 48 weeks of treatment using the Alzheimer's Disease Assessment Scale-cognitive subscale (ADAS-cog). The study failed to show a sig-

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nificant treatment effect of selegiline on cognition among the 265 patients who completed 48 weeks of treatment.

All patients were also assessed for depression at baseline using the Hamilton Depression Scale. Symptoms of depression were assessed during the study and at week 48 using the Cornell Scale for Depression.

When average changes in the ADAS-cog scores over the 48 weeks were correlated with changes in the Cornell depression

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Pediatric Use Preliatric Use The safety and effectiveness of EQUETROTM in pediatric and adolescent patients have not been established. Geriatric Use No systematic studies in geriatric patients have been conducted.

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scores, the researchers found a highly significant, positive association: As the Cornell total score increased from baseline through week 48, the patients' decline in cognition became greater, Dr. Hake reported at the conference, which was presented by the Alzheimer's Association.

The degree of depression at baseline did not predict the extent of deterioration in cognition over the following 48 weeks.

Results from several prior studies have shown a link between depression and dementia, but this study provides additional information about the nature of this relationship. Depression affects 20%-30% of people older than 65 years; more than 60% of elderly people with depression do not receive treatment.

Among people with dementia, up to 20% have major depression and up to 30% have dysthymia, she said.

Diabetes Drug Appears to Slow **Cognitive** Decline

PHILADELPHIA — The diabetes drug rosiglitazone appears to preserve cognitive function in patients with mild cognitive impairment and Alzheimer's disease, G. Stennis Watson, Ph.D., reported at the Ninth International Conference on Alzheimer's Disease and Related Disorders.

The finding, from a small randomized clinical trial funded by GlaxoSmithKline, suggests that "there may be a therapeutic window ... a novel approach to treating cognitive dysfunction," study coauthor Dr. Suzanne Craft said at a press briefing.

Twenty subjects with either mild cognitive impairment or Alzheimer's disease were randomized to receive 4 mg/day of rosiglitazone for 24 weeks, while another 10 subjects with similar degrees of cognitive impairment were randomized to receive placebo. Tests of cognition were performed at 2, 4, and 6 months, said Dr. Watson of the University of Washington, Seattle.

On the eight-word delayed recall part of the Buschke Selective Reminding Test, subjects who received rosiglitazone remembered significantly more words than did the placebo subjects at 4 months (5.7 vs. 5.4) and 6 months (5.4 vs. 4.9), after adjustment for baseline performance. Similarly, the rosiglitazone group made fewer errors on the Stroop Color-Word Interference test, which measures selective attention. At 6 months, the rosiglitazone subjects made an average of 1.9 errors, compared with the expected 3.2 in the placebo group.

The effects are likely due to the drug's insulin-sensitizing and anti-inflammatory properties, and perhaps also to the amyloid-processing modulation action of rosiglitazone and other agents of the same class, Dr. Watson said at the conference, presented by the Alzheimer's Association.

A larger trial aimed at replicating these findings is underway in Europe, he noted. -Miriam E. Tucker

Brief Summary Prescribing Information Brief Summary Prescribing Information WANNIG AS-ARTIC MEMIA AND AGAPAULCOTOSIS HAVE BEEN REPORTED IN ASSOCIATION WITH THE USE OF CARBAMAZERNE DATA FROM A POPULATION BASED CASE-CONTROL STUDY DEMONSTRATE THAT THE RISK OF POPULATION IN THESE REACTIONS IS A TIMES GREATER THAN IN THE GREAT POPULATION IN HOWEVER. THE OVERALL RISK OF THESE REACTIONS IS AT THE GREATER THAN IN THE GREATER POPULATION IN HOWEVER. THE OVERALL RISK OF THESE REACTIONS IS AT THE UNTERATED GENERAL POPULATION IS LOW. APPROXIMATE'S ISK PATILOTS REA OWNELLION POPULATION PER VERA FOR AGRAAULCOCTOSIS AND TWO PATILOTS FROM MILLION POPULATION FROM PARA TOR ACLASTIC ANEMIA, ALTHOUGH REPORTS OF TRANSLERIT OR PRESSTENT OF CARBAMAZERNE. DATA ARE NOT AVAILABLE TO STIMMET ACCURATELY THEIR INCIDENCE OR OUTCOME HOWEVER, THE VAST MAJORITY OF THE CASES OF LEUKOPINAL HAVE TO TEMOGRESSED TO THE MORE SERIOUS CONDITIONS OF PARASTIC AMEMIA, THE VAST MAJORITY OF MIXON HEMATOLOGIES (PAMAESE OF CARBAMAZERNE). DATA ARE NOT SO IN CARBANAL COTTOSIS. BEAUSE OF THE VERY TWO DESERVED IN MUNTIPING OF PARE TOS ON CARBANEZIEVER AND UNIVELY THEIR INCIDENCE OR OUTCOME OF AGRAMALECTIONS FOR AND THE ON CARBANEZIEVER AND UNIVELY TO SIMAL THE COURREDE OR OUTCOME OF AGRAMALECTIONS FOR ADJUSTICS ON CARBANEZIEVER AND UNIVELY TO SIMAL TO COURTENDE OF OUTCOME OF AGRAMALECTIONS FOR ADJUSTICS ON CARBANEZIEVER AND UNIVELY TO SIMAL THE COURREDE OR OUTCOME OF AGRAMALECTIONS FOR ADJUSTICS ON CARBANEZIEVER AND UNIVELY TO SIMAL THE COURREDE OR OUTCOME OF AGRAMALECTIONS FOR ADJUSTICS ON CARBANEZIEVER AT ENDINGSTOR TO THE DOUBLES DON OF AGRAMALEST ATALET TO NIVEL THE COURSE OF THE COURSE OF THE OUTCOMENT DESTINCTIONS OF APALESTICS ON CARBANEZIEVER AND UNIVELY TO SIMAL THE COURSE OF DESTIMUENT AND ATALET TO ADJUSTICS ON THE COURSE OF THE THE THE DOUBLESS ON DESTIMUENT ON THE ATALET TO NIVEL TO SIMAL THE COURSE OF THE THE DOUBLESS ON DEVICES THAN THE ADJUSTICS ON THE ADJUSTICS ON THE THE OUTCOMENT DESTIMUENT OF THE ADJUSTICS ON DEPENDING DE CONSIDERE OLISIES TO DEVELOPENT DAU Before prescribing EQUETROTM, the physician should be thoroughly familiar with the details of the full presc information, particularly regarding use with other drugs, especially those which accentuate toxicity potential.

Information, particularly regarding use with other drugs, especially those which accentuate toxicity potential. INDICATIONS AND USAGE EDUETROY's indicated for the treatment of acute manic and mixed epipodes associated with Epicotent Display and the experiment of acute manic and mixed epipodes associated with Epicotent In patients meeting USAHV ortents to Display 1 Disorder who currently displayed an acute manic or inmicel episode. The effectiveness of EQUETROY' for longer-term use and for prophytactic use in mania has not been systematically evaluated in controlled clinical traits. Therefore, physicans who elect to use EQUETROY' for extended periods Shadu periodically re-evaluate the long-term risks and benefits of the drug for the individual patient (see DDSAGE AND ADMINISTRATION).

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General General Sectors initiating therapy, a detailed history and physical examination should be made. Therapy should be prescribed only after critical benefit-br-risk appraisal in patients with a history of cardiac, hepatic, or renal damage: advess hematologic reaction to other drugs; or interrupted ourses of therapy with carbamazepine. Subide: The possibility of suicide attempt is inherent in Bipolar Disorder and close supervision of high risk patients should accompany drugs therapy. Prescriptions for CDLIFMO' should be written for the smallest Information for Patients. Patients should be made aware of the analy toxic signs and symptoms of a potential hematologic problem, such as

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