

# Dementia Affects Patient's View of Self-Identity Roles

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Persons suffering from dementia rate their distinct self-identity roles in the past and present differently from the way their family or staff caregivers rate those roles, according to Jiska Cohen-Mansfield, Ph.D.

Researchers studied 46 people attending six adult day care centers and 56 residents in two nursing homes in the Washington metropolitan area. A previously developed self-identity in dementia questionnaire was used to interview the participants, their families, and staff caregivers, reported Dr. Cohen-Mansfield, research director of the Research Institute on Aging of the Hebrew Home of Greater Washington, Rockville, Md., and colleagues (Soc. Sci. Med. [Epub ahead of print] 2005. Article DOI number: doi.10.1016/j.socscimed.2005.06.031).

The four self-identity domains investigated were professional, family/social, hobbies/leisuretime activities, and personal attributes/achievements/traits. Of these self-identity categories, family roles ratings were the most likely to be maintained over time, with almost half of the participants (48%) identifying their parental role as the most important of these. In contrast, family members rated the spousal relationship as the most important (31%) with parental role a close second (29%).

The study showed a significant time effect, with a decline in the importance of role identity from past to present, and the family role being the most important throughout. The importance of professional identity declined most.

The greatest discrepancy between family

and participant reports on professional roles involved the category of homemaker. Of the 24 participants categorized by the family as homemakers, only 21% (5) of those participants agreed. The differential was largely attributable to reports of family members who were children of the participants and described their mothers as homemakers, while the mothers described themselves as having other professions. More than a third (38%) of responses from staff members indicating ignorance of the participant's occupation were for those whose family members described them as homemakers, Dr. Cohen-Mansfield reported.

In addition, although no significant gender differences were seen in role importance as assigned by participants and staff caregivers for each role group over time, family members reported significantly higher importance ranking for professional identity for males than for females in the past as well as present.

"Family members generally estimated the importance of role identities in the past to be higher, and that in the present as lower, than did the participants," Dr. Cohen-Mansfield reported.

"Our results show that while general trends of a decline in importance of role-identity domains are the same between family informants and participants, the absolute ratings were significantly influenced by [which group were] informants." This finding indicates a need to obtain as much information as possible from the participants in order to identify their role perceptions. Understanding the changing self-identities of these people with dementia is a crucial first step toward providing tailored care and enhancing their life experience, Dr. Cohen-Mansfield and colleagues reported. ■

# Hypertension Control May Lower Risk of Dementia

Elderly patients with mild to moderate hypertension and lowered cognitive function show greater cognitive decline, compared with equivalent hypertensive individuals with high cognitive function, a posthoc analysis shows.

The first Study on Cognition and Prognosis in the Elderly (SCOPE) analysis showed inconclusive results in demonstrating that antihypertensive treatment, primarily with candesartan, may preserve cognitive function and reduce the incidence of dementia, according to Ingmar Skoog, M.D., of Sahlgrenska University Hospital, Göteborg, Sweden, and colleagues.

The posthoc analysis was performed to compare cognitive and cardiovascular outcomes between 2,070 patients with slightly lower baseline cognitive function (LCF) as defined by Mini Mental State Examination (MMSE) scores of 24-28, and 2,867 patients with higher cognitive function (HCF), defined by MMSE scores of 29-30 (Am. J. Hypertens. 2005;18:1052-9).

Additionally, the analysis separately compared cognitive and cardiovascular outcomes in the candesartan with the control groups for LCF and HCF patients.

Significant cognitive decline was nearly twice as common in patients with LCF (6.6%), compared with patients with HCF (3.6%). Cognitive decline did not differ significantly between candesartan and control groups. (For ethical reasons in the SCOPE trial, control patients also were given off-label active hypertensive therapy when deemed necessary, primarily with hydrochlorothiazide, significantly lowering blood pressure in both treatment groups).

Dementia onset during the study was more than four times as common in patients with LCF (4.4%) as in patients with HCF (1.0%). No difference was seen between the candesartan and control groups, they reported.

Contrary to many physicians' fears that lowering blood pressure in the elderly would cause cognitive decline because of reduction in cerebral blood flow, cognitive function changed very little, even in patients with LCF. Also, dementia incidence in the study was found to be in the lower range of expectation for this age group. Thus, there appeared to be no negative effect of blood pressure control. Such evidence indicates that effective antihypertensive therapy may reduce cognitive decline in these patients, they concluded. ■

**Dementia onset in the study was more than four times as common in patients with lower cognitive function.**

## Low Vitamin E Serum Levels Correlate With Dementia Risk

High vitamin E plasma levels may be protective against cognitive impairment and dementia, the InChianti study shows.

Researchers examined 1,033 participants (56% women) aged 65 and over in two Italian communities in the Chianti region near Florence in an effort to clarify the conflicting role of antioxidants in maintaining cognitive ability in the elderly.

Functional ability was assessed using the Activities of Daily Living (ADL) scale and the Instrumental Activities of Daily Living (IADL) scale, with cognitive function and dementia ascertained using the Mini Mental State Examination (MMSE). Follow-up interviews were also conducted with those participants who reported problems in the ADL and IADL scales, according to Antonio Cherubini, M.D., of the Institute of Gerontology and Geriatrics, Perugia, Italy, and his colleagues (Neurobiology of Aging 2005;26:987-94).

Participants were subdivided into three categories: 807 participants with MMSE scores greater than 23

were deemed to have normal cognitive function; 168 with scores less than 23 and/or any degree of disability in ADL or IADL determined to be attributable to cognitive problems were deemed cognitively impaired; and 58 participants were diagnosed as having a dementia syndrome.

Vitamin E plasma concentration was measured using high-performance liquid chromatography. The plasma level was strongly correlated with total cholesterol and triglycerides, and weakly correlated with dietary vitamin E intake.

In a multivariate analysis of the participants fully adjusted for age, gender, lipid levels, education, total energy intake, vitamin E intake, and smoking, those individuals in the bottom tertile of vitamin E plasma levels were at significantly higher risk not only of being demented (OR 2.6, 95% CI) but also of having impaired cognitive function (OR 2.2, 95% CI), compared with the highest vitamin E tertile, according to the report. ■

## Elderly Psychiatric Patients Often Overlooked or Misdiagnosed

A common perception, based on relatively few published studies, is that most psychiatric disorders other than depression occur much less frequently among the elderly. Community samples, however, suggest that many older adults who experience clinically significant pathologies are overlooked or misdiagnosed, according to Dilip V. Jeste, M.D., and colleagues.

This discrepancy points out the need to develop age-appropriate diagnostic criteria that can assess elderly psychiatric patients, according to Dr. Jeste of the department of psychology at the University of California, San Diego, and associates (Biol. Psychiatry 2005;58:265-71).

Five potential causes of diagnostic confusion in the elderly were detailed:

- ▶ True age-related differences, in which symptoms of the disorder vary according to age. In such cases, application of DSM-IV criteria sets based on the disorder at a younger age results in under-, over-, or misdiagnosis when applied to the elderly.

- ▶ Physical and psychiatric comorbidities, which tend to occur more frequently in the elderly, including general medical conditions such as congestive heart failure or cognitive deficiencies such as dementia.

- ▶ Underreporting of symptoms, which oc-

curs more frequently in the elderly, biasing both epidemiologic and clinical-based studies in the direction of underdiagnosis.

- ▶ Variation through time of onset, such as in major depression, which can show different symptoms in late, compared with early, onset, the investigators said.

- ▶ Subthreshold presentations, in which older patients might experience clinically significant symptoms that fall below standard DSM-IV criteria sets. "For example 'minor generalized anxiety disorder' might have a different significance and outcome in elderly than in younger adults," Dr. Jeste and associates reported.

Several categories of disorder can be subject to these various difficulties in diagnosis. For example, schizophrenia, though typically of early onset, also occurs in a sizeable minority of patients in middle or old age, and is often misdiagnosed as due to "organic" factors. According to the literature, 13% of all schizophrenia had onset between the ages of 41 and 50 years, 7% in patients aged 51-60 years, and 3% after age 60, they reported. Distinctiveness of symptoms in the "very late onset" indicates the illness may belong in a different category.

Anxiety disorders may be particularly difficult to pin down, according to the authors. ■