

Geriatric Syndrome May Affect QOL, Compliance

BY TIMOTHY F. KIRN
Sacramento Bureau

SAN FRANCISCO — Screening for the four common problems of old age that constitute geriatric syndrome—cognitive loss, falls, incontinence, and depression—offers a holistic way to meet the needs of elderly patients, William J. Hall, M.D., said at the annual meeting of the American College of Physicians.

These problems affect the patient's quality of life and compliance with treatment for other medical conditions, noted Dr. Hall, director of the Center for Healthy Aging at the University of Rochester (N.Y.).

"The fact is, when elderly people are depressed, they don't take their ACE inhibitors," he said. "It's as simple as that."

A good way to address geriatric syndrome during office visits, Dr. Hall said, is to focus on one of the following components at each visit:

► **Cognitive loss.** The Mini-Mental State Examination (MMSE) is a good screen for cognitive loss. But a new mental status exam

that is even more practical appears to be highly sensitive. The exam includes a category fluency test (in 1 minute, the patient names as many things as possible in a category such as animals or cities) and a phonemic fluency test (in 1 minute, the patient names as many words as possible that start with a given letter).

When a cutoff of 15 words is used for the category fluency test, it appears to pick up about 90% of cases of dementia—even mild dementia (*Neurology* 2004;62:556-62).

The test may provide differential information, because patients with vascular dementia have more impairment in the phonemic test than the category test, Dr. Hall said.

Treatments for cognitive impairment seem to have "reached the end of the line" with the cholinesterase inhibitors and memantine, at least for now, he said.

Much of the initial enthusiasm about the cholinesterase inhibitors has turned to skepticism recently. Donepezil (Aricept) was shown in one influential study to double the time it took for patients to enter a nursing home, but that study has not yet been replicated. In general, there is a dearth of independent studies of cholinesterase inhibitors not sponsored by drug manufacturers.

Combined treatment with memantine and donepezil has become popular based on a study suggesting that it improved quality of life, but many experts looking at the data question whether the degree of improvement is worth the cost, Dr. Hall said.

That does not mean that the drugs are not beneficial, just that the complete data are not in, he added. "I would have a very hard time not trying Aricept in dementia," he said. "There is so little hope otherwise."

► **Falls.** European geriatricians studying the stance and movement of elderly people who have serious falls have identified a

"psychomotor disadaptation syndrome." The characteristic features include a stance with trunk bent forward, toes clenched, and knee flexion, or the presence of reactional hypertonia.

In the office setting, the "get-up-and-go" test offers a practical way to identify patients at risk of falling, Dr. Hall said. The patient is directed to rise from a chair, walk 10 feet, turn around, return to the chair, and sit down. The tester rates the patient's stability.

Muscle weakness appears to be the most important predictor of falls. "It trumps everything else by a substantial order of magnitude," Dr. Hall said.

Even minimal strength training can yield benefits, and several exercises can be used that do not require expensive equipment or supervision. Wall squats done with small weights are helpful and pose little risk of falling, because the patient has his or her back to the wall, he said.

► **Urinary incontinence.** After age 65 years, 15%-30% of women have urinary incontinence, and 50% of all elderly patients living in institutions have it. Even though urinary

incontinence can greatly limit their activities, fewer than half of patients seek medical help without prompting. When patients do seek help, the average time from the beginning of a serious problem to the appointment is 41 months. Thus physicians must be proactive in looking for the problem, Dr. Hall said.

The cough stress test is "really good" at picking up urinary incontinence. Leakage with a cough may signal either stress incontinence or overactive bladder. With stress incontinence, the leakage occurs immediately. With overactive bladder, it takes a few seconds, he explained.

Kegel exercises are highly effective for stress incontinence. A recent major review of the evidence suggested that women who did pelvic floor muscle training were 23 times more likely to have cure or improvement in their incontinence, without the need for other treatments.

► **Depression.** Few elderly people develop full-blown depression that would meet diagnostic criteria. Rather, they are prone to subclinical depression that can almost be described as a "failure to thrive," he said.

According to a Cochrane Collaboration review that has not yet been published, effective screening for depression—even mild depression—can be done with two questions: "Have you been bothered in the past month by low interest in pleasure or doing things?" and "Have you been feeling down, depressed, or hopeless in the past month?"

Selective serotonin reuptake inhibitors can be effective. A recent study of sertraline found that an 8-week course of treatment produced good improvement in the elderly, Dr. Hall noted. But patients not assigned to drug therapy also showed a fairly pronounced improvement—a common finding in studies of depression in the elderly. ■

Lens Implants May Improve Post-Cataract Surgery Focus

BY JANE SALODOF MACNEIL
Southwest Bureau

NEW ORLEANS — A foldable, pseudoaccommodative intraocular lens being tested in Europe shows promise of freeing most users from the need to wear glasses after removal of their cataracts, Thomas Kohonen, M.D., said at the annual meeting of the American Academy of Ophthalmology.

The apodized diffractive lens, known as the AcrySof ReSTOR IOL model MA60D3, was designed to provide a broad functional range, said Dr. Kohonen of Johann Wolfgang Goethe University in Frankfurt, Germany. The lens has 12 diffractive zones, favoring near vision when the pupils contract and distance vision when they expand. "Subtle zone transition provided minimization of visual disturbances and pupil-independent vision," he said in a presentation of preliminary data.

Eight surgeons are participating in the ongoing open-label trial, which has enrolled 127 patients in France, Germany, Italy, and the United Kingdom. Eligibility requirements included healthy eyes except for bilateral cataracts and 1 D of astigmatism. The trial design does not include a control group.

Dr. Kohonen's presentation focused on 118 patients who had the lens implanted in both eyes. All had been followed for 1 year after the first lens was placed in one eye and 6 months after placement of a second lens in the other eye.

The lens appeared to maintain distance vision while enhancing near vision. Only one patient did not achieve

uncorrected distance vision of 20/40 or better with binocular use, and 84% of patients reached 20/25 or better. Uncorrected near vision was at least 20/40 for 98% after 6 months of binocular use, and two-thirds of patients achieved 20/25 without reading glasses.

Visual symptoms fell into the mild to moderate range on a scale of 1-5. The most severe was glare/flare, which registered 1.92. It was followed by halos (1.28), night vision (0.62), blurred near vision (0.47), and blurred far vision (0.4).

Seventy-four percent of 118 patients said they never wore glasses 6 months after the lens was implanted in both their eyes. Distance vision was strong enough for 88% to do without glasses for seeing far objects. Near vision was almost as good, with 84.6% able to give up their reading glasses.

Manufacturer Alcon Inc. of Fort Worth, Tex., is seeking U.S. Food and Drug Administration approval for the ReSTOR IOL, which has been approved in Europe. Dr. Kohonen noted that 100% of patients in the study achieved best-corrected distance vision of 20/40 or better at 6 months after bilateral implantation—exceeding an FDA goal of 92.5%.

Richard Lindstrom, M.D., in private practice in Minneapolis, reviewed the presentation, calling the objective outcomes excellent and the subjective outcomes good. He noted, though, that 10.4% had "significant unwanted vision problems" and two patients had to have the lens removed. Despite concerns about night vision, he concluded that the ReSTOR lens is promising. ■

Calcium, Vitamin D Supplements Didn't Lower Elders' Fracture Risk

Calcium and vitamin D supplements do not appear to reduce the risk of fractures among older, community-dwelling women, according to David J. Torgerson, Ph.D., of the University of York (England), and his colleagues.

Although supplementation with calcium and vitamin D are routinely recommended for fracture prevention in the elderly, this is the second study in recent weeks to call this practice into question.

A secondary prevention trial, also in the United Kingdom, failed to show any benefit of calcium or vitamin D, either alone or in combination, in preventing fractures (*Lancet* 2005;365:1621-8).

Dr. Torgerson's study randomly assigned 1,321 women to receive 1,000 mg calcium plus 800 IU cholecalciferol (vitamin D₃) daily and a leaflet on calcium intake and prevention of falls, and 1,993 women were given the leaflet only.

The women were aged 70 years or older, and had one or more risk factors for hip fracture (*BMJ* 2005;330:1003).

Over an average follow-up of 25 months, there were 149 clinical frac-

tures, which was lower than expected. But the difference in fracture rates between the supplemented and control groups was not significant (58 vs. 91).

In the supplemented group, the odds ratio was 1.01 for all fractures and 0.75 for hip fractures.

There was no evidence that vitamin D supplementation reduced the incidence of falls, as previously hypothesized.

A recent metaanalysis found a 22% reduction in falls with vitamin D supplementation (*JAMA* 2004;291:1999-2006).

Calcium and vitamin D supplements have been shown to reduce hip fractures among older women in French nursing homes.

"People living in sheltered accommodation or nursing homes may be at more risk of a low calcium and vitamin D intake and at higher risk of fracture," the authors suggest.

Limitations of the study were that it lacked a placebo preparation, was underpowered, and had relatively wide confidence intervals, the authors noted.

—Patrice Wendling