

## KNOW THE FACTS



**41% of all patients had the metabolic syndrome at baseline in the landmark CATIE schizophrenia study.<sup>1</sup>**

Be aware.  
Screen and monitor  
your patients.  
Make a difference.



**Reference:** 1. McEvoy JP, Meyer JM, Goff DC, et al. Prevalence of the metabolic syndrome in patients with schizophrenia: baseline results from the Clinical Antipsychotic Trials of Intervention Effectiveness (CATIE) schizophrenia trial and comparison with national estimates from NHANES III. *Schizophr Res.* 2005;80:19-32.

## Alcohol-Interactive Medicines Tend Not to Deter Drinking

BY KATE JOHNSON  
Montreal Bureau

ORLANDO — Elderly people tend to quit drinking alcohol as their health declines, but their medications play little role in this decision, according to a new study.

“We found no increased likelihood of drinking cessation among people taking alcohol-interactive medications, as opposed to those taking nonalcohol-interactive medications,” said Kristine E. Pringle, Ph.D., who presented that study in a poster at the annual meeting of the Gerontological Society of America.

“Our study really underscores the importance of physicians warning patients about alcohol-interactive drugs and the fact that they can produce serious, even fatal, reactions when mixed with alcohol,” she said in an interview.

The retrospective study included 8,883 subjects in Pennsylvania’s Pharmaceutical Assistance Contract for the Elderly (PACE) program who reported using alcohol in a 2000 survey. Survey data were then linked to prescription drug claims to examine which medications and health factors were associated with drinking cessation over the next 2 years.

Overall, 3.9% (347) of study subjects quit drinking during the study period. The most common reason was entry into a nursing home (odds ratio 4.5), followed by the addition of antipsychotic medications (OR 2.9) and antineoplastic agents (OR 2.67).

A decline in self-reported health increased the likelihood of quitting (OR 1.55),

as did a fall in the previous year (OR 1.28).

But the addition of alcohol-interactive medications was not significantly more likely than the addition of nonalcohol-interactive medications to result in alcohol cessation (OR 1.8 vs. 1.78, respectively), said Dr. Pringle, a research specialist at First Health Services Corporation in Harrisburg, Pa.

“There were many medication classes where 100% of the drugs interacted with alcohol, such as some of the cardiovascular classes or the central nervous system agents. And people who initiated those classes between baseline and follow-up were no more likely to quit drinking,” she said.

“It’s not clear if maybe the physician did warn them, but they disregarded the warning, or possibly they did not receive the warning. The prescription bottle itself would have the warning, but sometimes it’s printed so small that they might have trouble reading it or they don’t understand it. So, especially with older patients, verbal warnings are of paramount importance.”

Dr. Pringle said there were certain classes of drugs that were the least predictive of alcohol cessation, possibly because of the underlying conditions they were treating. These classes included anxiolytics and narcotic analgesics.

Several previous cross-sectional studies have linked poorer health in the elderly to former drinking, rather than current drinking, suggesting that the decision to quit was motivated by declining health. But this is the first longitudinal study to examine the associations with alcohol cessation, Dr. Pringle said. ■

## Cognitive-Behavioral Therapy Eases Fear of Falling, Activity Avoidance

BY KATE JOHNSON  
Montreal Bureau

ORLANDO — Cognitive-behavioral therapy can significantly reduce seniors’ fear of falling and the avoidance of activity that accompanies it, according to the preliminary results of a Dutch study.

CBT may also improve depression and quality of life; however, this data remains to be analyzed, reported Rixt Zijlstra, a Ph.D. candidate at the University of Maastricht, the Netherlands.

Previous work by her group has shown that up to 52% of Dutch adults aged 70 years and older have a fear of falling, regardless of whether they have actually fallen in the past, she said at the annual meeting of the Gerontological Society of America.

Her study randomized 540 community-living adults aged 70 years or older to CBT or no therapy (control group). All participants felt at least some fear of falling and avoided certain activities as a result of that fear. The CBT was designed to challenge the fear through the exploration and management of concerns about falling, the

recognition of risks, and instruction in physical exercises and assertiveness designed to optimize fall prevention.

CBT was delivered in 8 weekly sessions of 2 hours each, followed by one booster session at 6 months. Groups included about 10 participants each and were run by nurses trained in geriatric medicine.

One year after the start of the CBT, fear of falling was reported by 25% of the intervention group, compared with 43% of the control group, a significant difference. Avoidance of activities was reported by 25% of the intervention group and by 35% of the control group, she said. The intervention group also reported better perceived control and more daily activity than did the control group.

About 88% of the intervention group said they behaved more safely as a result of the CBT, 80% said they had more confidence, and 75% reported an increase in their physical activity. Secondary outcomes of general health, life satisfaction, physical functioning, anxiety, depression, social support, feelings of loneliness, and falls—and their clinical significance—have not yet been analyzed. ■