

Seizures May Present as Subtle Cognitive Changes

BY DOUG BRUNK
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SAN DIEGO — Seizures in elderly patients may present as subtle changes or unexplained fluctuations in cognitive abilities, results from a small study demonstrated.

The finding suggests that physicians “need to consider subtle or subclinical seizures in the differential diagnosis of cognitive deficits in the elderly,” researchers led by Dr. Eliot A. Licht wrote in a poster presented at the annual meeting of the American Neuropsychiatric Association. “Epilepsy is a potentially reversible cause of dementia.”

In an interview, Dr. Licht of the department of neurology at the Veterans Affairs (VA) Greater Los Angeles Healthcare System, said the finding “introduces another possible treatment intervention for patients who might otherwise be receiving standard cholinesterase inhibitor therapy. We’re trying to expand the window of investigation to identify alternative treatments that might help to improve their cognitive functions.”

Over a period of 6 months, he and his associates identified six patients aged 64-

83 years who presented to the VA’s memory disorders program for an evaluation of dementia.

All patients underwent clinical examinations for seizure activity and received standard awake and drowsy electroencephalograms (EEGs). One of the six was known to have epilepsy.

EEGs showed recurrent epileptiform activity in all six patients. “This is not to say that in every case the epileptiform activity was causing all of their cognitive

deficits, but it’s possible that it was contributing to it,” Dr. Licht said. “This is a source of information that would not have been available had we not done EEG.”

Risk factors for seizures included stroke or ischemic changes, history of tumor, and history of electroconvulsive therapy.

Although Dr. Licht acknowledged that access to EEG may be easier for elderly patients in the VA system, “in non-VA facilities it would not be considered unreasonable for patients who come in with

significant memory complaints or disturbed behavior to have an EEG included as part of the regular baseline workup,” he said. “Sometimes you may need to do more than one study to get an idea of what’s going on in terms of the fluctuations. That is, on day 1 someone may come in and have a small amount of activity that’s not too common. But on day 10 [the activity] may be much more common. You would not necessarily know that unless you have multiple studies.” ■

Jelly Beats Water For Swallowing Pills, Study Finds

SCOTTSDALE, ARIZ. — Using jelly, applesauce, or another semisolid chaser instead of water is a better way to have patients swallow pills or tablets, particularly in patients with dysphagia.

Pills swallowed with water tend to get stuck in the esophagus fairly often, but a pill swallowed with jelly is more likely to travel the entire way down the esophagus into the stomach, Dr. Hiromi Chisaka said at the annual meeting of the Dysphagia Research Society.

In a pilot study, Dr. Chisaka and colleagues found that when volunteers swallowed barium pills with water, the fluoroscope showed that the pills became stuck in the esophagus 30% of the time.

The researchers were interested because it has been estimated that 15% of nursing home residents have difficulty swallowing pills and tablets, said Dr. Chisaka of the University of Occupational and Environmental Health, Kitakyushu City, Japan, in a poster presentation.

Dr. Chisaka’s controlled study involved 20 elderly volunteers who did not have dysphagia. The volunteers swallowed hard gelatin capsules filled with barium sulfate and were observed with videofluoroscopy. Capsules were taken three times with 15 mL of water and three times with jelly.

When volunteers swallowed the capsules with water, seven pills were retained in transit, defined as a capsule that remained in the same position for at least 15 seconds. Only two pills swallowed with jelly were retained anywhere in the esophagus.

—Timothy F. Kirn

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