Perceptions Differ on Roles of Dementia Patients

BY MARK S. LESNEY
Senior Editor

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/leisure-time 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 over time.

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." Understanding the changing self-identities of these people with dementia is a crucial first step toward providing tailored care and enhancing their life experience. ■

Hypertension Control May Preserve Cognition in Some

BY MARK S. LESNEY
Senior Editor

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 in the international SCOPE study group.

The post hoc 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.

Despite fears that lowering blood pressure would cause cognitive decline because of reduction in cerebral blood flow, cognitive function changed very little.

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 found to be over four times as common in patients with LCF (4.4%) as in patients with HCF (1.0%). Here, too, no difference was seen between the candesartan and control groups, Dr. Skoog and colleagues reported.

Contrary to perceived fears by many physicians 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, the authors reported. In addition, 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, according to the report.

Such evidence, coupled with the observation that mild to moderate hypertension and slightly impaired cognitive function in the elderly at baseline were associated with increased risk of significant cognitive decline and dementia, indicate that effective antihypertensive therapy may reduce cognitive decline in these patients, Dr. Skoog and colleagues concluded. ■