ABSTRACTS


METHODS
This study investigated a community-based age cohort of elderly born between May 1925, and June 1926. Each individual, aged 75 years old, underwent neuropsychological testing at the Consortium to Establish a Registry for Alzheimer’s Disease (CERAD), (which tests verbal- and non-verbal memory, naming, fluency and constructional praxis), and the Trail Making Test B (which tests executive function). A total of 440 (72.7%) subjects performed normally on all six tested cognitive dimensions. A total of 141 subjects (23.3%) showed cognitive impairment without dementia after one or more cognitive tests (1.5 standard deviation paradigm). These subjects were assigned to four subtypes of mild cognitive impairment (MCI): amnestic MCI single type, n = 21; amnestic MCI multiple type, n = 27; non-amnestic MCI single type, n = 69; and non-amnestic MCI multiple type, n = 24. After a period of 30 months (at the age of 78 years), patients are examined for AD, applying the NINCDS-ADRDA criteria.

RESULTS
Of the 390 cognitively healthy subjects at baseline, 49 (13%) converted to possible/probable AD, 43 (11%) to MCI, and 35 (9%) died. Of the 39 subjects with amnestic MCI at baseline, 19 (49%) converted to AD, 10 (26%) were classified again with MCI, and 6 (15%) converted to cognitive health (2 subjects died, 1 non-demented subject was unclassifiable, 1 subject converted to vascular dementia without AD). Of 82 non-amnestic MCI subjects at baseline, 20 (24%) converted to cognitive health, 30 (37%) were again diagnosed with MCI at follow-up, 22 (27%) converted to AD, and 8 (10%) died (1 converted to vascular dementia without AD). It was concluded that amnestic MCI and, to a lesser degree, non-amnestic MCI, significantly predicted conversion to AD between the ages of 75 and 78 years. A diagnosis of MCI at 75 years old did not increase mortality for the next 30 months.


METHODS
This study evaluated whether treatment for vascular risk factors slows cognitive decline in Alzheimer’s disease (AD), AD with vascular component (ADVC) and vascular dementia (VaD). The study comprised of patients who attended a memory clinic for the first time in 1997, with at least two mini-mental status examinations (MMSE) more than six months apart and with a final diagnosis of AD, ADVC or VaD. Mention of high blood pressure, diabetes, dyslipidemia or atherosclerotic vascular disease was sought at their first complete evaluation. Vascular risk factors were considered treated if they received, respectively, an antihypertensive, an oral antihyperglycemic or insulin, a statin or a fibrate, an antiplatelet or an anticoagulant.

RESULTS
Within the 142 cases included, 125 (88%) had at least one vascular risk factor; 59 (47.2%) were treated and 66 (52.8%) were not treated or only partially treated. Dyslipidemia was the vascular risk factor least likely to be treated (25% treated). The treated and untreated groups were similar in age (72.3 years old), gender (55.2% women), education level (72% low level), time since symptoms first appeared (4.5 years), diagnosis (54.4% AD, 20.8% ADVC and 24.8% VaD), acetylcholinesterase inhibitor exposition (61.6%) and follow-up time (4.1 years). MMSE mean annual decline (±standard deviation) was respectively 1.47±2.59 and 2.80±4.03 points (p = 0.029, bilateral student t-test). It was concluded that treatment for vascular risk factors is associated with a slower decline of MMSE.

METHODS
This was a double-blind, placebo-controlled clinical trial, where 204 Alzheimer disease (AD) patients (74±9 years) with acetylcholine esterase inhibitor treatment and a mini-mental status examination (MMSE) score > 15 points were randomized to daily intake of omega-3 fatty acids (Ω3 FA), docosahexaenoic acid (DHA) 1.7g and eicosapentaenoic acid (EPA) 0.6g, or placebo for six months. After this time, patients received the Ω3 FA for six additional months. The primary outcome was global function (assessed with the Clinical Dementia Rating (CDR) scale), safety, tolerability and blood pressure.

RESULTS
A total of 174 patients fulfilled the trial. At baseline, mean CDR, MMSE, and ADAS-cog values in all patients were similar. At six months the decline in cognitive functions, as assessed by the two latter scales, did not differ between the groups. However, in a subgroup (n = 32) with very mild cognitive dysfunction (i.e., MMSE > 27 points), a significant reduction in MMSE decline rate was observed (p < 0.05) in the Ω3 group compared to the placebo group. A similar arrest in decline rate was observed in this placebo subgroup when receiving Ω3 FA between 6 and 12 months. Safety and tolerability was excellent. It was concluded that Ω3 FA given to moderate AD patients did not delay the rate of cognitive decline according to MMSE or ADAS-cog scales. However, positive effects were observed in a small group of patients with very mild AD (MMSE > 27).


METHODS
This study’s objective was to determine the apparent efficacy of two cholinesterase inhibitors, rivastigmine and donepezil, through the rate and reasons for cessation of treatment. A retrospective study design was used, including medical record reviews and telephone call to the patients and caregivers as needed.

RESULTS
Data were collected on the severity of disease, type and duration of treatment and reasons for discontinuation in 125 patients (66 females) who were treated in an out-patient clinic between 2000 and 2004. Of the 66 patients who had started treatment on donepezil, 30 discontinued (45%), 21 due to apparent lack of efficacy, 2 due to side effects and 7 due to other reasons. The mean duration of treatment was 35.7±20.3 months, median 34. The results of the MMSE at onset of the treatment were mean 20±4.3, median 22, and at discontinuation were mean 13±4.9, median 11. Rivastigmine was given to 59 patients, of whom 33 discontinued (56%) treatment. Of those, 14 discontinued due to apparent lack of efficacy, 2 due to side effects and 7 due to other reasons. The mean duration of treatment was 27.7±18.8 months, median 26. The results of the MMSE at onset of the treatment were mean 21±3.5, median 23, and at discontinuation mean 17±4.7, median 16. A two-tailed t-test for differences of duration of treatment between the two groups favored donepezil (p = 0.041). It was concluded that patients seem to be maintained longer on donepezil than on rivastigmine. Apparent lack of efficacy was the main reason for the discontinuation of both agents. The efficacy of both treatments seemed similar.