3 Tests Show Near-Perfect AD Prediction

In a paper published in *Neurology*, a team of physicians and scientists describe using a combination of broadly available medical tests to produce a much-improved predictive picture of the likelihood of impending Alzheimer’s disease (AD) in patients with mild cognitive impairment. To determine the likelihood of developing AD, researchers compared risk factors based on magnetic resonance imaging (MRI), cerebrospinal fluid (CSF), and neuropsychological testing. Unlike other efforts that have evaluated the predictive capabilities of research-based biomarkers, MRI, CSF, and neuropsychological tests are all technologies widely available to clinicians.

The researchers found that these available biomarkers significantly improved accuracy in predicting near-term conversion to dementia. In combination, their prediction rate was almost perfect: None of the individuals who tested negative on all three measures went on to develop AD in the 3-year follow up. By comparison, almost 90% of individuals who tested positive on all three measures had dementia at the end of 3 years.

The presence of medial temporal atrophy, determined by automated analysis of MRI using a software package approved by the U.S. Food and Drug Administration, was associated with the likeliest chance of near-term dementia, with a median dementia-free survival time of only 15 months.

The Award, which includes a plaque and a $500 cash prize, was established by SLACK Incorporated, publisher of JGN, in recognition of the contributions of Edna M. Stilwell, PhD, RN, C, as Editor of JGN from 1974 to 1997. The purpose of the Award is to continue Stilwell’s tradition of mentoring and recognizing authors in the field of gerontological nursing.

All authors published in JGN are eligible for this Award, given to the author or group of authors of the best article published each year. Entrants are nominated by Editorial Board and Review Panel members during blind peer review, and the winner is selected by a committee.

Dr. Curtin accepted the award in November at the Gerontological Society of America’s annual meeting in Boston. JGN congratulates the author on her outstanding contribution.

Study Examines Pain Treatment Trends

Seventeen percent of adults with chronic pain who have tried to reach their primary pain care providers with questions face difficulties doing so, according to survey results from the American Pain Foundation. The national survey conducted online among 2,118 adults 18 and older, of which 619 currently live with chronic pain, also found that nearly half (43%) of those who have sought out pain treatment options had questions about their treatment after they left their provider’s office.
Among these, the top three questions relate to treatment side effects (62%), duration of treatment (55%), and cost (41%).

The survey found that of those who reached out to their health care providers with questions about treatment, almost everyone (99%) eventually received a response, the same day (83%) or 1 or more days later (16%). Also, nearly everyone (98%) reported that the responses to their questions were “at least somewhat helpful.”

Unfortunately, 14% of adults living with chronic pain who have questions about their pain treatment have not tried to reach out to their providers. Reasons cited among these 52 people for not contacting their providers included: not wanting to “bother” their health care provider (11%), fear of looking like a “complainer” (8%), and fear of looking like a “drug seeker” or “drug addict” (7%).

Of people who reported pain, 92% have sought treatment of any kind for their pain; among those, 72% have ever been treated by a health care provider, but this varies greatly by age. Younger people (ages 18 to 34) are less inclined to seek treatment, with only 45% saying they have ever sought treatment from a health care provider, while 76% of those ages 55 to 64 say they have ever sought treatment from a health care provider for their pain. This increases to 88% in adults 65 and older.


Stroke Risk Shown to Increase with Depression

An analysis of nearly 30 studies including more than 300,000 patients has found that depression is associated with a significantly

Older Cancer Patients Open to Web-Based Survey System

When cancer patients are given the choice, they are significantly more likely to use web-based technology to answer questions about their quality of life 6 months after treatment as opposed to a paper survey, according to a study presented at the annual meeting of the American Society for Radiation Oncology.

This finding challenges the perception that older cancer patients do not have access to or are not comfortable using Internet technology. Investigators found that a significant proportion of cancer patients (mean age = 64) who participated in the study were computer savvy and preferred using a keyboard to a pen or pencil to fill out a questionnaire.

The prospective study is part of a larger Radiation Therapy Oncology Group randomized trial for early-stage prostate cancer patients that included a quality-of-life questionnaire. Findings showed that while 90% of patients completed the paper survey at the end of treatment, only 52% did so 6 months after treatment. The most common reason cited for nonadherence was “institutional error.”

Researchers wanted to find a new approach to increase participation in its quality-of-life questionnaire. The goal of the companion study was to determine whether the adherence rate could increase from 52% to 75% using a web-based system. Investigators used the secure VisionTree Optimal Care, which can be accessed from any computer and offers e-mail reminders to further increase adherence rates.

From September 2008 to December 2009, 49 prostate cancer patients who had an e-mail address were involved in the study. Researchers found that the survey adherence rate 6 months after treatment increased from 52% to 90% (15% higher than their goal) when the web-based technology was offered to patients.

The technology almost eliminated institutional error as a reason for nonadherence, since the system sent automatic e-mail reminders to patients to encourage survey completion. A survey of research associates found that the system saved them an average of 10 minutes per quality-of-life form.

increased risk of developing and
dying from stroke, according to an
article in the Journal of the Ameri-
can Medical Association.

Researchers conducted a sys-
tematic review and meta-analysis
of prospective cohort studies to
describe the association between
depression and risk of total and
subtypes of stroke. The research-
ers conducted a search of the
medical literature and identified
28 prospective cohort studies
that met criteria for inclusion in
the analysis. The studies, which
included 317,540 participants,
reported 8,478 stroke cases during
a follow-up period ranging from 2
to 29 years.

The researchers found that
when the data from the studies
were pooled, analysis indicated
that depression was associated
with a 45% increased risk for total
stroke, a 55% increased risk for
fatal stroke, and a 25% increased
risk for ischemic stroke. Depres-
sion was not associated with an
increased of hemorrhagic stroke.

The corresponding absolute risk
difference associated with depres-
sion based on the most recent
stroke statistics for the United
States was estimated to be (per
100,000 individuals per year) 106
cases for total stroke, 53 cases for
ischemic stroke, and 22 cases for
fatal stroke.

The researchers speculate that
depression may contribute to
stroke through a variety of mecha-
nisms, including having known
neuroendocrine and immuno-
logical/inflammation effects; poor
health behaviors (e.g., smoking,
physical inactivity, poor diet,
lack of medication adherence)
and obesity; having other major
comorbidities, such as diabetes
and hypertension; and antidepres-
sant medication use, which may
contribute to the observed asso-
ciation.

Source. “Depression Associated with
Increased Risk of Stroke and Stroke-
www.newswise.com/articles/depression-
associated-with-increased-risk-of-stroke-
and-stroke-related-death.

Home Health Care
Patients Placed at Higher
Risk for PIMs

Nearly 40% of older adults re-
cieving medical care from a home
health agency are taking at least
one prescription medication that
is considered potentially inap-
propriate, a study in the Journal
of General Internal Medicine has
revealed.

The study’s researchers found
that home health care patients 65
and older are prescribed poten-
tially inappropriate medications
(PIM) at rates three times higher
than patients who visit a medical
office. The researchers’ data show
that home health care patients are
taking 11 medications on average,
and that concurrent use of mul-
tiple medications is a strong indica-
 tor of the presence of PIMs.

The study used data from the
National Home and Hospice Care
Survey, conducted in 2007 by the
Centers for Disease Control and
Prevention, which is the most
recent nationally representative
epidemiological survey of home
health patients. The 2002 Beers
Criteria, an expert-panel-gener-
ated list that itemizes 77 medica-
tions or groups of medications
considered inappropriate for older
adults, was the basis for the PIMs
chosen.

In their review of data of 3,124
home health patients 65 and older,
the researchers found that 38%
were taking at least one PIM.
Patients taking 15 or more medi-
cations were five to six times as
likely to be prescribed PIMs as
patients taking 7 or fewer medica-
tions. Of those taking at least one
PIM, 21% were taking 15 or more
medications.

Source. “Older Adults in Home Health
Care at Elevated Risk for Unsafe Meds.”
(2011, November 21). Retrieved December
articles/older-adults-in-home-health-care-
at-elevated-risk-for-unsafe-meds.

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Alzheimer’s Risk Study Now Enrolling Participants

In a first-of-its kind study, University of Michigan researchers will provide genetic testing and Alzheimer’s disease risk estimates for people who are already experiencing mild cognitive impairment (MCI). Researchers hope to learn how people with MCI and their caregivers respond to health education and genetic testing.

The research team will look specifically at how the information affects the participants’ psychological adjustment and any behavior changes and evaluate how well the participants understand the study’s genetic testing and Alzheimer’s disease risk assessment materials. After receiving their risk estimate, participants will be followed for 12 months.

The study, called the Risk Evaluation and Education for Alzheimer’s Disease, is a multicentered research project funded by the National Institutes of Health. Participants will have the opportunity to learn what it means to have MCI, what their chances are of developing Alzheimer’s disease, and how to cope with problems related to memory loss.

Study investigators hope to enroll individuals ages 55 to 90 who have been diagnosed with MCI and have a study partner willing to participate with them. Recruitment will continue through spring 2012. Those interested in enrolling in the study may contact Lan Le at (734) 615-2422 or revealstudy@umich.edu.