

FTD Included for the First Time in National Plan to Cure Alzheimer's

The Association of Frontotemporal Degeneration (AFTD) has announced that frontotemporal degeneration (FTD) has been formally included in national research priorities to cure Alzheimer's disease (AD) and other dementias by 2025.

FTD is considered to be the second most common cause of young onset dementia and is often initially misdiagnosed as a psychiatric problem, AD, or Parkinson's disease.

The action coincided with AFTD's release of a comprehensive research white paper, *FTD Research and Drug Development Landscape Analysis* (access <http://bit.ly/1rNKW7r>). The report examines the current state and activity in FTD research, how FTD fits into the larger world view of AD and other dementias, and FTD's role in neurological diseases research.

Federal officials included FTD research priorities in an updated 2014 plan introduced at an advisory council meeting of the National Alzheimer's Project Act, a national strategic framework for advancing research on treatment, prevention, and cures for AD and other dementias.

The increased attention on FTD is expected to lead to additional research funding, as well as improved care and resources for patients and caregivers.

Source. "Rare Brain Disorder Included for First Time in National Plan to Cure Alzheimer's

Slow Gait Speed May Indicate Dementia

A study published online in *Neurology* found that approximately 1 in 10 older adults met criteria for predementia based on a simple test that measures how fast individuals walk and whether they have cognitive complaints. Those who tested positive for predementia were twice as likely as others to develop dementia within 12 years.

The new test diagnoses motoric cognitive risk syndrome (MCR). Testing for the newly described syndrome relies on measuring gait speed and asking a few simple questions about a patient's cognitive abilities.

The test is not reliant on the latest medical technology and can be performed in a clinical setting to diagnose individuals in the early stages of the dementia process.

The *Neurology* study reported on the prevalence of MCR among 26,802 adults 60 and older without dementia or disability who were enrolled in 22 studies in 17 countries. A significant number (9.7%) met the criteria for MCR (i.e., abnormally slow gait and cognitive complaints). Although the syndrome was equally common in men and women, highly educated people were less likely to test positive for MCR compared with less educated individuals.

To test whether MCR predicts future dementia, researchers focused on four of the 22 studies that tested a total of 4,812 individuals for MCR. They then evaluated them annually over a 12-year follow-up period to see which individuals developed dementia. Those who met the criteria for MCR were approximately twice as likely to develop dementia over the following 12 years compared with individuals who did not.

According to researchers, a slow gait is a walking speed slower than approximately 1 meter per second, which is approximately 2.2 miles per hour (mph). Walking less than 0.6 meters per second (or 1.3 mph) is considered abnormal.

Source. "Slow walking speed, memory complaints can predict dementia." (2014, July 25). Retrieved October 2, 2014, from <http://bit.ly/1uuHBwV>.



© 2014 Shutterstock.com

Disease and Other Dementias.” (2014, August 13). Retrieved October 2, 2014, from <http://pmn.to/YUAlMJ>.

Hourly Rounds May Improve Patient Safety and Satisfaction

Adoption of hourly rounds schedules for nurses working in acute care hospitals may improve patient safety and overall satisfaction with care provided, according to research reported in the *Journal for Healthcare Quality*.

Researchers investigated whether a standard hourly nursing rounding process implemented through a formal education program would result in improved efficiencies, patient satisfaction, and quality and safety metrics when compared with a less standardized implementation process. Two 32-bed cardiovascular surgery nursing units (serving as active and control groups, respectively) were chosen for the study. Data were collected for 6 months.

Variables evaluated in the study were:

- efficient delivery of care measured by total number of call lights and steps walked in a shift as documented on pedometers, and from a survey of nursing staff citing perceptions of having enough time to complete their work;
- quality/safety of patient care measured by weekly readmission rates and incidence of patient falls; and
- patient satisfaction gauged by answers from patients for two questions added to discharge phone questionnaires.

Results showed that daily and weekly call light use differed significantly in the two units; however, no difference existed in staff steps logged or perceptions of having enough time to complete work.

Continued on page 33.

Study Examines Relationship Between Depression and Dementia



A study published online in *Neurology* indicates that the association of depression with dementia is independent of dementia-related changes.

The study involved 1,764 individuals from the Religious Orders Study and the Rush Memory and Aging Project. Participants had an average age of 77 and had no thinking or memory problems at the start of the study.

Participants were screened every year for symptoms of depression, such as loneliness and lack of appetite, and took tests on their thinking and memory skills for an average of 8 years.

A total of 680 individuals died during the study, and autopsies were performed on 582 of them to look for plaques and tangles in the brain, which are signs of dementia and other damage in the brain.

During the study, 922 participants (52%) developed mild cognitive impairment (MCI) or mild problems with memory and thinking abilities, which are often a precursor to Alzheimer’s disease. A total of 315 individuals (18%) developed dementia.

Researchers found no relationship between how much damage was found in the brain and the level of depression symptoms individuals experienced; they also did not find a change in depression symptoms over time. Participants who developed MCI were more likely to have a higher level of symptoms of depression before they were diagnosed, but they were no more likely to have any change in symptoms of depression after the diagnosis than individuals without MCI.

Individuals with dementia were also more likely to have a higher level of depression symptoms before the dementia started, but they had a more rapid decrease in depression symptoms after dementia developed.

Having a higher level of depression symptoms was associated with more rapid decline in thinking and memory skills, accounting for 4.4% of the difference in decline, which could not be attributed to the level of damage in the brain.

Source. “How is Depression Related to Dementia?” (2014, July 24). Retrieved October 2, 2014, from <http://bit.ly/1txKknY>.

Continued from page 8.

For the quality of care measures, no differences existed in the incidence of patient falls or weekly readmission rates between the two nursing units. For patient satisfaction, no significant difference existed between patient answers to discharge questions related to satisfaction, although positive feedback was obtained regarding how rapidly call lights were answered.

Researchers concluded that because hourly rounding was one of several quality improvement strategies employed, including workshops and in-service education programs to help improve patient satisfaction, overall improvement in satisfaction was due to the effect of all strategies involved.

*Source. "Study Assesses Impact of Hourly Nursing Rounds on Patient Safety and Satisfaction." (2014, July 31). Retrieved October 2, 2014, from <http://bit.ly/1nSQJjk>.
doi:10.3928/00989134-20141015-03*



© 2014 Shutterstock.com