Atypical Form of Alzheimer’s May be Present in Widespread Number of Patients

Neuroscientists have defined a subtype of Alzheimer’s disease (AD) that they say is neither well recognized nor appropriately treated. The variant, called hippocampal sparing AD, comprised 11% of the 1,821 AD-confirmed brains examined by Mayo Clinic researchers, suggesting that this AD subtype is relatively widespread in the general population.

Individuals with hippocampal sparing AD are mostly male and are afflicted at a much younger age. Symptoms can include behavioral problems, such as frequent and sometimes profane angry outbursts, the sensation that one’s limbs do not belong to one’s body, and the belief that one is controlled by an “alien,” unidentifiable force. Individuals with this AD variant may also develop visual disturbances despite the absence of eye problems, researchers said.

Individuals with hippocampal sparing AD decline at a much faster rate than individuals with the most common form of AD, which affects the hippocampus. Many individuals with this AD variant are diagnosed with frontotemporal dementia, which is a disorder characterized by changes in personality and social behavior, or corticobasal syndrome, which is characterized by movement disorders and cognitive dysfunction. Language dysfunction is also more common in individuals with hippocampal sparing AD, although they do not have vocal or aural deficiencies.

Both hallmark proteins of AD—amyloid beta (Aβ), which forms Aβ plaques, and tau, which produces tangles—are found across all subtypes of AD, including hippocampal sparing AD.

The Alzheimer’s Association estimates that 5.2 million Americans are living with AD, and with approximately one half of indi-

Specialized Yoga May Improve Urinary Incontinence in Women

Yoga may help women with urinary incontinence gain control over their urination and avoid accidental urine leakage, according to a study published in Female Pelvic Medicine & Reconstructive Surgery. Researchers recruited 20 women aged 40 and older with urinary incontinence. Ten participants were randomly assigned to participate in a 6-week yoga therapy program, which was designed with input from yoga consultants who have experience teaching women to practice yoga in ways that will improve their pelvic health. The remaining 10 (i.e., control group) did not participate in the program.

The women who took part in the yoga program experienced an overall 70% improvement (i.e., reduction) in the frequency of their urine leakage compared with the control group, which only experienced a 13% improvement. Most of the observed improvement in incontinence was in stress incontinence, or urine leakage caused by activities that increase abdominal pressure, such as coughing, sneezing, and bending over.

Researchers believe that yoga can improve urinary incontinence through more than one mechanism. Because incontinence is associated with anxiety and depression, women with incontinence may benefit from yoga’s emphasis on mindful meditation and relaxation. In addition, regular practice of yoga may help women strengthen the muscles of the pelvic floor, which support the bladder and protect against incontinence.

viduals with hippocampal sparing AD being misdiagnosed, this could mean that approximately 600,000 individuals in the United States have this variant, researchers said.


Researchers Propose New Approach to Manage Unwanted Behaviors in Patients With Dementia

A new approach to addressing agitation, aggression, and other unwanted behaviors in individuals with dementia may help reduce the use of antipsychotic and other psychiatric drugs in this population, according to a study published in the Journal of the American Geriatrics Society.

The new Describe, Investigate, Evaluate, and Create (DICE) model details key patient, caregiver, and environmental considerations and describes the go-to behavioral and environmental interventions that should be considered.

The components are:
• **Describe.** Ask the caregiver, and the patient if possible, to describe the “who, what, when, and where” of situations in which problem behaviors occur and the physical and social contexts for those situations. Caregivers should take notes about the situations that led to the behavioral issues to share with health professionals during visits.

• **Investigate.** Have the health provider investigate all aspects of the patient’s health, including dementia symptoms, current medications, and sleep habits, as they may be combining with physical, social, and caregiver-related factors to produce the unwanted behavior.

• **Create.** Work together. The patient’s caregiver and health providers should collaborate to develop a plan to prevent and respond to behavioral issues in the patient, including changing the patient’s activities and environment and educating and supporting the caregiver.

• **Evaluate.** Give the provider the responsibility of assessing how well the plan is being followed, if it is working, or what changes need to be made.

The federal agency that runs Medicare and funds many dementia-related care initiatives has made the DICE approach an official part of its toolkit for reducing the use of antipsychotic drugs and other mental health medications in individuals with dementia.

A recent article in the *Journal of Gerontological Nursing* discussed the feasibility and recent trends in the use of nonpharmacological interventions that could be implemented when working with patients with cognitive impairment and behavioral and psychological symptoms associated with dementia.


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