Three-Step Evaluation Improves Ability to Identify Patients With Dementia, Depression, and Anxiety

During their first year, clinicians at the new Montefiore Einstein Center for the Aging Brain (CAB) saw significant improvements in their ability to identify patients with dementia symptoms and more quickly identify signs of depression and anxiety. This first-year data included 366 patients seen from June 2014 to June 2015 and has been published in the Journal of the American Geriatrics Society. CAB’s model, which follows a 3-step evaluation and management plan from clinicians in geriatrics, neuropsychology, and neurology, examines referred patients for evaluation of cognitive complaints based on daily activities, demographic information, additional medical conditions, and medication review.

Patients receive neuropsychological testing as well as comprehensive geriatric and neurological assessments and diagnosis—services that might not be available in other geriatric clinics or primary care services due to limited resources. By having all key services for patients and caregivers in one place, providers are becoming more attuned to challenges for coordinating care, such as the lack of a designated caregiver or primary care physician. In addition to specialized patient services, caregivers are screened for stress and have appointments arranged for them with social workers, which helps address challenges specific to caring for family members with Alzheimer’s disease (e.g., coordinating the availability of home care services).


Frailty Underrecognized in Older Adults

Identifying frailty in older patients could increase their chances of surviving surgery, as well as improve their overall outcomes, according to a new study in The Annals of Thoracic Surgery.

Researchers examined 125 patients (mean age = 70 years) at The University of Chicago Thoracic Surgery Clinic who were considered candidates for major thoracic surgery, such as lung resection, esophagectomy, or chest wall resection. Researchers conducted frailty screenings using five established characteristics: unintentional weight loss, weakness (e.g., grip strength), exhaustion, low activity level, and slow gait. The most commonly identified characteristic was exhaustion and the least commonly identified was slowness. Most patients (68.8%) were determined to be either pre-frail or frail, suggesting that frailty may be seriously underrecognized within the surgery population.


Information on End-of-Life Forms Found Too Ambiguous

In recent years, Physicians’ Orders for Life Sustaining Treatments (POLST) forms have been seen as an important way to honor the end-of-life wishes of frail older adults or terminally ill patients who cannot speak for...
themselves. Although the goal of completing POLST forms is to let providers know patients’ preferences regarding life-sustaining treatments, the information they contain is often ambiguous, a new study in the *Journal of the American Medical Directors Association* has found.

The study was conducted in the emergency department (ED) of Erie County Medical Center. One hundred POLST forms were collected from patients arriving at the ED. Items included on the form cover whether patients requested cardiopulmonary resuscitation (CPR), do not resuscitate (DNR) orders, intubation, hospitalization, intravenous fluids, feeding tubes, and antibiotic medications. Of the 100 forms collected, 69% were incomplete with at least one section left unanswered, which may compel emergency medicine providers to perform interventions the patient would not have wanted.

The research demonstrates a need for greater training on proper form completion among primary care providers.


**Women May Have Better Verbal Memory Skills Than Men in Early Stages of Alzheimer’s Disease**

Women may have better verbal memory skills than men even when their brains show the same level of problems metabolizing glucose, which occurs in individuals with Alzheimer’s disease, according to a new study in *Neurology*.

The study included participants from the Alzheimer’s Disease Neuroimaging Initiative: 254 individuals with Alzheimer’s disease, 672 individuals with mild cognitive impairment (including memory problems), and 390 individuals with no thinking or memory problems. Participants’ verbal memory skills were tested and positron emission tomography brain scans measured how well their brains metabolized glucose.

The memory test asked participants to remember a list of 15 words read to them, both right away and 30 minutes later. Women scored better than men when they had no, mild, or moderate problems with brain metabolism. Of participants who had more advanced metabolism problems, there was no difference in test scores between women and men.

The study also looked at a rate of glucose metabolism in the temporal lobe relative to glucose metabolism in the pons/cerebellum. This temporal lobe glucose metabolism rate ranges from 1 to 4, with lower scores indicating more dysfunction in brain cells. Women reached the impaired scores at a metabolism rate of 2.2 versus 2.6). The delayed recall test has a maximum score of 15 and scores <8 indicate impairment. Women had impaired scores at a glucose metabolism rate of 2.9 compared to 3.7 for men.


**Studies Needed on Driving Safety for Older Adults With Dementia**

According to a new study in the *Journal of the American Geriatrics Society*, more research is needed on mental or physical tests that can best predict when individuals with dementia should stop driving.

To determine which kinds of tests best evaluate driving safety, researchers reviewed 28 studies that investigated the relationship between driving and cognitive function in individuals with dementia and examined various testing methods, including mental status tests, on-road assessments, tests using computerized and simulated driving, and tests using motor vehicle crash data.

Researchers determined that current testing procedures are only approximately 77% accurate for predicting how safely individuals with dementia can drive. They concluded that better, more accurate testing tools are needed to assess whether individuals with dementia can continue to drive safely. In the interim, older adults and caregivers should continue to work closely with their health care professionals regarding safe driving.