



Preface: Internists and the older patient with neurologic illness

Internists are treating a growing number of elderly patients who have neurologic diseases. Often these patients seek diagnosis and medical care chiefly from their primary care physician rather than from a specialist in another field. Among the most common neurologic diseases in the elderly are dementia, movement disorders, seizure disorders, and the depression that often accompanies neurologic impairment. In addition, stroke prevention has increasingly come within the purview of primary care physicians.

Advances in the diagnosis and treatment of these conditions enable most older patients to be evaluated and treated effectively by their primary care physician. For this reason, we believe this collection of review articles on recognizing and managing these common conditions in the elderly is a timely update for practicing internists.

Adam Rosenblatt leads off the supplement with a comprehensive and up-to-date review of dementia. He appropriately emphasizes that dementia is a pathologic process, not a normal and acceptable accompaniment of aging. His article explores the differential diagnosis of dementia and considers the relationship between dementia and depression (see also the review by Carson and Margolin). The benefits and limitations of current treatments for the cognitive and behavioral aspects of dementia are also lucidly discussed.

Within the broad field of cerebrovascular disease in the elderly, **Geoffrey Ling** and **Shari Ling** have focused on ischemic stroke and strategies for reducing its risks with advancing age. They explore various risk factors, emphasizing aspects common to both cerebrovascular and cardiovascular disease. Preventive approaches, including modification of predisposing disorders such as hypertension, diabetes, and atrial fibrillation, are reviewed. These authors also evaluate data forming the basis for a rational approach to medical and surgical therapies to minimize the impact of the inevitable effects of aging on cerebrovascular function.

Internists may be less comfortable treating seizure disorders. To this end, **Elizabeth Waterhouse** and **Alan Towne** provide a useful summary of the types of seizure disorders, the differential diagnosis of “spells,” and approaches to the diagnosis and treatment of both epilepsy and status epilepticus in older patients. Internists and geriatricians will find the clear discussion of side effects, special dosing considerations, and comparative characteristics of the newer and traditional antiepileptic drugs particularly helpful.

After Alzheimer disease, Parkinson disease is the most common neurodegenerative disorder in the elderly. **Mark Baron’s** timely and practical review of movement disorders in the older patient helps internists navigate the differential diagnosis of Parkinson disease and other disorders that share features of parkinsonism. Among the other disorders covered are multiple system atrophy (in its major forms), progressive supranuclear palsy, dementia with Lewy bodies, essential tremor, and restless legs syndrome.

Depression is often difficult to diagnose accurately in the older patient, especially in the setting of a coexisting neurologic illness. The review by **Alan Carson** and **Richard Margolin** helpfully illuminates the subtleties of depression diagnosis and management in this population, offering advice on recognizing its manifestations in a variety of neurologic conditions and on the treatment modifications that may be required.

We hope you find these articles practical and relevant, and that they will collectively help internists provide optimal care to their older patients with neurologic disease.

ROBERT M. PALMER, MD, MPH
Section Head, Geriatrics
Department of General Internal Medicine
The Cleveland Clinic

RICHARD J. LEDERMAN, MD, PhD
Department of Neurology
The Cleveland Clinic