History, Simple Tests Aid Dementia Diagnosis

BY MARY ELLEN SCHNEIDER

BOSTON — Taking a good history and administering a brief cognitive screening test can go a long way toward identifying Alzheimer's disease and other dementias, according to one family physician.

Currently, too many patients with mild to moderate dementia are being missed in the office, according Dr. Kathleen R. Soch, associate professor in the department of family and community medicine at the Texas A&M Health Science Center in Corpus Christi, Texas.

But physicians can improve their track records by following a few simple steps: take a complete history, administer the Folstein Mini-Mental Status Exam (FMMSE), rule out depression, perform routine laboratory testing, and consider ordering an imaging study.

Most physicians know to ask patients and their family members about memory loss, but they do not realize that family members often overlook problems with memory. A family member might think their parent's memory loss is normal for their age, when in fact the memory impairment could be significant. In those cases, families often come to the office because of the behavioral problems sometimes seen in dementia patients.

For patients with symptoms of dementia, Dr. Soch recommends using the FMMSE as a screening tool. The test is one of the most widely used screening tests. It takes less than 10 minutes to complete in the office, and physicians can administer it themselves or train someone else in the office to do it, she said.

The FMMSE is a 30-point test that asks patients to identify where they are, the date and season, repeat words they have heard, recalls words, spell a word backward, demonstrate simple language skills, and perform simple tasks. The cut off score is 24, and most people without any cognitive impairment should be able to score 29 or 30 on the test, she said.

The test has a sensitivity of 87% and a specificity of 82%. Most people who have a score of 24 or less will have some form of cognitive impairment, but the test also will miss a lot of people with early dementia, she said. The FMMSE also is less accurate in patients with higher and lower levels of education.

Dr. Soch said if she sees a patient who is very well educated and scores 28 or 29 points, she is more likely to consider a diagnosis of dementia. On the other hand, patients who are unable to read will have trouble with the test regardless of any dementia diagnosis. The test is also less accurate as patients get older. Dr. Soch said she often scores the test more leniently for a patient over age 80 years.

For those patients who score around the 24-point cut off, Dr. Soch recommends ordering a few simple laboratory screens including CBC, a comprehensive metabolic panel, a test of TSH levels, and a check of the patient's vitamin B_{12} level to rule out reversible causes. Physicians also should order an imaging test, either a CT scan or MRI, to eliminate other possible conditions such as vascular dementia.

Physicians should have a high index of suspicion for depression and consider a trial with a selective serotonin reuptake inhibitor, said Dr. Soch, who reported having no conflicts of interest. ■

Traumatic Injury in Teens Ups Psychiatric Diagnosis

BY DAMIAN McNAMARA

ATLANTA — A single, traumatic injury is associated with more psychiatric diagnoses and more psychotropic medication prescriptions among adolescents than among those uninjured, according to a large, prospective, cohort study.

Researchers studied 20,507 patients aged 10-19 years who were treated at Group Health, a large health maintenance organization based in Seattle. Dr. Doug Zatzick and his associate studied the 6,116 teenagers (30%) who experienced a single traumatic injury in the index year of 2001 and looked for mental health diagnoses and psychotropic prescriptions in these patients for 2002, 2003, or 2004. They compared these factors with the group of 14,391 teens (70%) who were not injured.

"Yes, a single event in 2001 was associated with increased risk for broad range of psychopathology," Dr. Zatzick said at the annual meeting of the International Society for Trauma Stress Studies.

Injury during the index year was significantly and independently associated with an increased likelihood of any psychiatric diagnosis (odds ratio, 1.23) in this population-based study, said Dr. Zatzick, of the psychiatry and behavioral science departments at the University of Washington, Seattle.

Specifically, injured teenagers were more likely to have an anxiety diagnosis (OR, 1.19) or an acute stress disorder (OR, 1.21), compared with the noninjured adolescents, according to adjusted regression analyses. As an example, a significantly higher percentage of injured children had an anxiety diagnosis in 2002, 6.5%, compared with 4.8% of the noninjured group.

A total 6.2% of the injured adolescents were subsequently diagnosed with a disruptive behavior disorder, compared with 4.6% of their noninjured peers, Dr. Zatzick said.

A secondary aim of the study was to look at prevalence of traumatic brain injury (TBI). Of the 30% of the kids who were injured, "only 1% had a traumatic-brain related injury, so it's not that common," Dr. Zatzick said.

A greater percentage of the injured group (15%) received a prescription for a psychotropic medication, compared with the noninjured group (9%). There was an increased odds ratio of 1.35 for psychotropic drug use by the injured teenagers.

"We randomly approach injured adolescents on our trauma ward. About 40% have four or more lifetime trauma [events] when they present, and so do about 50% of their parents—a common story at level 1 trauma centers," said Dr. Zatzick said, a self-described "front-line, trauma center clinician" at Harborview Injury Prevention and Research Center in Seattle. He is director of Attending Consult Services at Harborview.

Misclassification bias of psychiatric diagnosis is a potential limitation of the study, Dr. Zatzick said.

"Injury surveillance would be good way to pick up these kids in general practice," Dr. Zatzick said. "There could be screening on pediatrician charts for one injury, two injuries, etc."

Dr. Zatzick had no conflicts of interest. ■

Personality Disorders Elevate Risk of Substance Abuse

BY BETSY BATES

LOS ANGELES — A new nationwide study has begun to shed light on the complex relationship between personality disorders, and substance use onset and dependence.

The odds of alcohol dependence, drug abuse/dependence, and nicotine dependence were elevated for people with any personality disorder in the National Epidemiologic Survey of Alcohol and Related Conditions (NESARC), a longitudinal study of more than 43,000 Americans, reported Deborah S. Hasin, Ph.D., professor of clinical public health at Columbia University, New York.

Dr. Hasin unveiled results of a selective analysis of substance use prevalence and persistence data from NESARC Waves 1 (2001-2002) and 2 (2004-2005) during a symposium at the annual meeting of the American Academy of Addiction Psychiatrists.

For example, she found that having any personality disorder based on DSM-IV diagnostic criteria increased the odds of meeting criteria for alcohol dependence more than sevenfold at an initial interview during Wave 1 of the study.

The highest baseline rates of alcohol dependence were among individuals with schizotypal personality disorder, dependent personality disorder, or borderline personality disorder, Dr. Hasin said at the annual meeting of the American Academy of Addiction Psychiatrists.

The odds of drug abuse or dependence were elevated more than 13-fold for people with any personality disorder, 13.2, with the highest odds for current use seen among people with schizotypal (odds ratio, 13.2) or borderline personality disorders (see chart).

Nicotine dependence was nine times higher among people with personality disorders as other respondents.

People with schizotypal, borderline, or antisocial personality disorders who initially were identified as dependent on alcohol were at least twice as likely as others in the study to be persistently dependent 3 years later, even after adjusting for demographic factors and comorbid Axis I diagnoses.

The odds of chronic drug abuse also were elevated more than twofold for those with schizotypal or antisocial personality after adjustment.

The persistence of nicotine dependence was even more striking among people with personality disorders, with the odds among those with antisocial, borderline, obsessive/compulsive, and schizoid personality disorders elevated by 3.0, 2.0, 1.5, and 1.4, respectively, over other smokers interviewed in the study.

The study results might have implications for research, particularly with an eye toward substance abuse treatment modalities that might not be ideal for people with personality disorders, Dr. Hasin said.

Dr. Hasin's research and NESARC were government-funded studies. She reported no financial disclosures. ■

Patients With Personality Disorders Are at Increased Risk For Substance Dependence

	Alcohol dependence	Drug abuse/ dependence	Nicotine dependence
Any personality disorder	7.3	13.2	9.3
Antisocial	3.5	4.4	2.7
Borderline	5.1	10.0	4.8
Dependent	5.5	5.2	3.8
Schizotypal	7.3	13.2	9.3

Note: Odds ratios based on a 4-year longitudinal interview study of more than 40,000 individuals with personality disorders.
Source: Dr. Hasin

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