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PREVENTION HIGHLIGHT

7 Facts About Stroke and Cognitive Impairment

Stroke is the third leading cause of death, behind heart disease and cancer. Each year, about 700,000 people suffer a stroke. Stroke can be a cause of dementia and cognitive impairment. The following are some facts about stroke and cognitive impairment.

1. Stroke is the second most common cause of cognitive impairment and dementia.
2. A thimble full of damaged brain due to stroke can cause dementia.
3. Stroke begins after age 50 and can gradually build up in the brain for decades. This gradual accumulation of tiny strokes progressively interferes with the brain's function until the individual ends up demented.
4. The risk of developing cognitive impairment is highest in those persons with vascular risk factors, including hypertension, hyperlipidemia, atherosclerotic vessel disease affecting the aorta, carotid, vertebrobasilar, or major cerebral arteries, homocysteinemia, diabetes, heart disease, hypotension, obesity, physical exercise less than two days per week and 30 minutes per session, smoking, alcohol dependence, coagulopathies, and prior stroke.
5. The most common types of cognitive deficits arising from stroke are disturbances of attention, language syntax, delayed recall and executive dysfunction affecting the ability to analyze, interpret, plan, organize, and execute complex information.
6. The risk of vascular cognitive impairment and dementia as well as the rate of cognitive decline in cerebrovascular disease is highly dependent upon the control of the underlying risk factors for stroke.
7. If left untreated, vascular cognitive impairment and dementia worsen. Annual screening for cognitive impairment in attention, memory and executive function starting at age 50 years old will help detect gradually accumulating cerebrovascular disease that may otherwise typically be undetected for many years.

NEW GUIDELINES FOR ALZHEIMER'S DISEASE

New guidelines for treating and managing Alzheimer's disease (AD) were developed by a panel of experts and published as a supplement to the January 2007 issue of the Journal of Geriatric Pharmacotherapy. Although a cure does not currently exist for AD, based on published studies, patients benefit significantly from proper management and treatment of the disease. Within the past few years, clinical trials have demonstrated that anti-dementia drugs play a pivotal role in the treatment and management of patients. These recent findings were incorporated into the panel's recommendations. Some of the key recommendations follow:

Screening, Diagnosis and Management of AD in the Primary Care Setting

Treatment of AD is most effective when diagnosed at the earliest stages and often the burden of diagnosis falls on the primary care physician. To that the panel developed the following screening recommendations:

Age 65–74: Discretionary, driven by signs of cognitive impairment noted by either patients or caregivers

Age 75–84: Screening should be done annually or biannually, or whenever the presence of cognitive impairment is noted

Aged 85 or older: Annually for all patients

Combination Therapy Recommended

Two classes of drugs are available for treatment of AD: Cholinesterase Inhibitors and N-methyl-D-aspartate (NMDA) receptor antagonists. The panel recommends specific treatments and combinations depending on the stage of the disease.

Diagnosed Patients and Caregivers Should Receive Counseling

The mental and physical health of the patient's caregiver should be considered. To that end, caregivers can benefit from counseling provided by geriatric care managers and organizations such as the Alzheimer's Association.

RESEARCH UPDATES

Exercise Slows Decline in Alzheimer's Disease Patients

Nursing home patients with Alzheimer's disease (AD), who participated in a moderate exercise program for one hour, twice a week, showed slower decline in their ability to complete activities of daily living (ADL). The study, conducted by Dr. Yves Rolland and colleagues of Hospital La Grave-Casselardit in Toulouse, France, was published in the February issue of Journal of the American Geriatrics Society. 134 AD patients in nursing homes, who were ambulatory, and had mild to severe disease, were randomized to an exercise program or to routine medical care for 12 months. The exercise program consisted of walking, strength, balance and flexibility training for 1 hour twice weekly. At the end of the 12 week program, the ADL score for individuals in the exercise group was significantly improved compared to that of those in the medical care group.

High Cholesterol Levels Associated with Stroke

A recent report from the Women's Health Study found high levels of total cholesterol, low-density lipoprotein-cholesterol (LDL) and other lipid levels are associated with increased risk of ischemic stroke. The study included data from 27,937 women aged 45 or older. Baseline blood samples were provided for all participants and any occurrence of stroke was confirmed by medical examination. During an 11-year period, 282 ischemic strokes occurred. After adjusting for age, lipid level was strongly correlated with risk for ischemic stroke except for HDL cholesterol. The study was led by Tobias Kurth, MD, ScD, of Brigham and Women's Hospital, Harvard Medical School in Boston and the results were published in the February issue of Neurology.

Daily Dose of Aspirin May Protect the Brain from Alzheimer's Disease

A recent study led by Lee Ryan, PhD departments of psychology and neuroscience for the University of Arizona at Tucson found that aspirin, even in low doses, seems to protect the brain regions typically associated with Alzheimer's disease. The study group was made up of 23 cognitively healthy individuals aged 60 and older who had been taking the equivalent of one baby aspirin (81 mg) per day for up to 15 years. The control group was made up of 25 individuals in the similar age range who were not taking aspirin. Brain imaging scans were completed on all participants using diffusion-weighted MRI. The study showed that aspirin has a significant neuro-protective effect on the brain. The results of the study findings were presented at the annual meeting of the Society of Neuroscience.