

A SELECTION OF TEN READINGS ON TOPICS RELATED TO GERIATRIC CARE 2023

Some are available as free full text, some require payment

Selection of readings made by A/Prof Goh Lee Gan

READING 1 – FUNCTIONAL MOBILITY DECLINE, MILD COGNITIVE IMPAIRMENT, AND EARLY DEMENTIA

Gwee X,¹ Ng TP,^{1,2} Chong MS,² Lee TS,³ Lim WS,⁴ Yap P,⁵ Cheong CY,⁵ Rawtaer I,⁶ Liew TM,⁷ Gao Q,⁸ Yap KB.⁹ Functional mobility decline and incident mild cognitive impairment and early dementia in community-dwelling older adults: the Singapore Longitudinal Ageing Study. *Age Ageing*. 2022 Sep 2;51(9):afac182. PMID: 36074716.

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BACKGROUND: Motor and gait disturbances are evident in early Alzheimer and non-Alzheimer dementias and may predict the likelihood of mild cognitive impairment (MCI) or progression to dementia.

OBJECTIVE: We investigated the Timed-Up-and-Go (TUG) measure of functional mobility in predicting cognitive decline and incident MCI or early dementia (MCI-dementia).

DESIGN: Prospective cohort study with 4.5 years follow-up.

SETTING: Population-based.

PARTICIPANTS: 2,544 community-dwelling older adults aged 55+ years.

METHODS: Participants with baseline data on TUG, fast gait speed (GS), knee extension strength (KES), and performance-oriented mobility assessment (POMA) gait and balance were followed up for cognitive decline (Mini-Mental State Exam; MMSE drop of ≥ 2 , among 1,336 dementia-free participants) and incident MCI-dementia (among 1,208 cognitively normal participants). Odds ratio (OR) and 95% confidence intervals (95% CI) were adjusted for age, sex, education, smoking, physical, social and productive activity, multi-morbidity, metabolic syndrome, and MMSE.

RESULTS: Per standard deviation increase in TUG, POMA, GS, and KES were significantly associated with incident MCI-dementia: TUG (OR=2.84, 95% CI=2.02-3.99), GS (OR=2.17, 95% CI=1.62-2.91), POMA (OR=1.88, 95% CI=1.22-2.92), and KES (OR=1.52, 95% CI=1.15-2.02). Adjusted OR remained significant only for TUG (OR=1.52, 95% CI=1.01-2.31) and GS (OR=1.53, 95% CI=1.08-2.16). Areas under the curve (AUC) for TUG (AUC=0.729, 95% CI=0.671-0.787) were significantly greater than GS (AUC=0.683, 95% CI=0.619-0.746), KES (AUC=0.624, 95% CI=0.558-0.689), and POMA (AUC=0.561, 95% CI=0.485-0.637). Similar associations with cognitive decline were significant though less pronounced, and adjusted ORs remained significant for TUG, GS, and POMA.

CONCLUSION: Functional mobility decline precedes incident MCI and early dementia. The TUG appears to be especially accurate in predicting the future risks of adverse cognitive outcomes.

READING 2 – BURDEN IN FAMILY CAREGIVERS OF PERSONS WITH DEMENTIA

Liu Z^{1,2}, Sun W^{1,2}, Zhuang J,² Li P,² Chen X,² Chen H,^{3,4} Wu B,⁵ Xu H,^{6,7} Li J,⁸ Yin Y.⁹ Caregiver burden and its associated factors among family caregivers of persons with dementia in Shanghai, China: a cross-sectional study. *BMJ Open*. 2022 May 24;12(5):e057817. PMID: 35613751.

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ABSTRACT

OBJECTIVE: To assess the level of caregiver burden and factors associated with it among family caregivers of persons with dementia (PWD) living in communities in Shanghai, China.

DESIGN: Cross-sectional study.

SETTING: Communities in Hongkou District of Shanghai, China.

PARTICIPANTS: A random sample of 109 older adults with dementia and their primary family caregivers.

MAIN OUTCOME MEASURE: Caregiver burden measured by the Caregiver Burden Inventory (CBI), and the Caregivers' depressive symptom measured by the simplified Chinese version of Self-rating Depression Scale was the outcome variable of the study. The independent variables, including the cognitive function (measured by Montreal Cognitive Assessment (MoCA)), sleep quality assessed by the Pittsburgh Sleep Quality Index, abilities of daily life assessed by the Activities of Daily Living Scale, and behavioural and psychological symptoms assessed by the Neuropsychiatric Inventory of PWDs, the community service utilisation (measured by the Community Service Utilisation Measurement), perceived social support (assessed by three questions), positive aspects of caregiving (PAC) (assessed by the PAC) of dementia caregivers, were analysed. Multivariate linear regression was employed to determine the factors related to caregiver burden.

RESULTS: The average level of CBI was 65.92±16.74. The score of MoCA, PAC and perceived social support of caregivers were negatively associated with caregiver burden ($\beta=-0.84$, $p<0.001$, $\beta=-3.61$, $p=0.03$ and $\beta=-1.22$, $p=0.001$, respectively). Community service utilisation was positively associated ($\beta=3.46$, $p<0.001$) with caregiver burden. Perceived social support by the caregiver moderated the relationship between caregiver burden and caregivers' depression symptoms.

CONCLUSION: Dementia caregivers experienced a high level of caregiver burden. The cognitive function of PWD, PAC, social support, and community service utilisation were factors associated with caregiver burden. Strengthening social support, providing more high-quality home care services, and promoting PAC are imperative to reduce caregiver burden.

READING 3 – CAREGIVERS' EXPERIENCE IN MANAGING BEHAVIOURAL PSYCHOSOCIAL DISORDERS (BPSD) OF PERSONS WITH DEMENTIA

Kim J, Song JA, Jung S, Cheon H, Kim J. Korean Family Caregivers' Experiences With Managing Behavioral and Psychological Symptoms of Dementia: Keeping Harmony in Daily Life. Res Gerontol Nurs. 2022 May-Jun;15(3):141-150. PMID: 35357982.

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ABSTRACT

Behavioural and psychological symptoms of dementia (BPSD) are symptoms of dementia that family caregivers find difficult to manage. Competence in managing BPSD differs according to individual family caregiver.

The current study investigated the competence in managing BPSD, focusing on family caregivers who were recognised as managing them well.

Twenty-four Korean family caregivers (83% female, mean age=67 years) living with persons with dementia (PWD) were interviewed. Four themes were derived from the content analysis: Entering and Looking into the World of PWD, Keeping Daily Life in Harmony With BPSD, Becoming an Expert in BPSD, and Balancing Between Caregiving and Myself.

Family caregivers minimised the impact of BPSD and maintained life balance. As a result, they were able to continue a harmonious life with PWD.

READING 4 – CARE NEED COMBINATIONS FOR PERSONS WITH DEMENTIA AND MULTIPLE CHRONIC DISEASES

Jhang KM,^{#,1} Wang WF^{#,1,2} Cheng YC^{#,3} Wu HH,^{3,6,7} Tung YC^{#,4} Yen SW.⁵ Care Need Combinations for Dementia Patients with Multiple Chronic Diseases. Psychol Res Behav Manag. 2023 Jan 19;16:179-195. PMID: 36699985.

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ABSTRACT

PURPOSE: The purpose of this study was to find care need combinations for dementia patients with multiple chronic diseases and their caregivers.

PATIENTS AND METHODS: A cross-sectional study was conducted with 83 patients who had multiple chronic diseases. Variables from patients included age, sex, severity of clinical dementia rating, feeding, hypnotics, mobility, getting lost, mood symptoms, and behavioural and psychological symptoms. Moreover, 26 types of care needs were included in this study. The Apriori algorithm was employed to first identify care need combinations and then to find the relationships between care needs and variables from dementia patients with multiple chronic diseases.

RESULTS: Six rules were generated for care need combinations. Four care needs could be formed as a basic care need bundle. Moreover, two additional care needs could be added to provide a wider coverage for patients. In the second stage, 93 rules were established and categorised into three groups, including 2, 6, and 28 general rules with support of 30% but less than 40%, 20% but less than 30%, and 10% but less than 20%, respectively. When the support value is 10% but less than 20%, more variables from patients were found in rules that help the dementia collaborative care team members provide tailor-made care need bundles.

CONCLUSION: Four basic care needs were social resources referral and legal support (Care (1)), drug knowledge education (Care (3)), memory problem care (Care (5)), and fall prevention (Care (8)). Besides, disease knowledge education (Care (2)) and hypertension care (Care (16)) were frequent unmet needs in this specific population. Moreover, care for the mood of the caregiver (Care (11)) should be considered especially in dementia patients with preserved ambulatory function or with symptoms of hallucination. The collaborative care team should pay more attention to those care needs when assessing this specific population.

READING 5 – PSYCHOLOGICAL DISTRESS IN CAREGIVERS OF PEOPLE WITH DEMENTIA

Sugawara N,^{1,2} Maruo K,^{1,4} Shimoda K,² Yasui-Furukori N,^{2,3} Sumiyoshi T.⁵ Psychological Distress in Caregivers for People with Dementia: A Population-Based Analysis of a National Cross-Sectional Study. *J Alzheimers Dis.* 2022;85(2):667-674. PMID: 34864662.

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ABSTRACT

BACKGROUND: Taking care of patients with dementia is often stressful and exhausting. The burden placed on caregivers (CGs) for care recipients with dementia (CRDs) has been reported to cause psychological distress.

OBJECTIVE: The aim of this study was to evaluate the psychological distress experienced by CGs for CRDs and identify the sociodemographic factors affecting that distress.

METHODS: We utilised the 2013 Comprehensive Survey of the Living Conditions for CRDs and CGs. Linked data from 643 pairs of CRDs and CGs were extracted. Serious psychological distress experienced by CGs was measured by Kessler's Psychological Distress scale (K6) with a cutoff point of 13. Factors predictive of psychological distress were evaluated using multivariable logistic regression analysis with the forward selection method.

RESULTS: Overall, the mean age of the CGs was 63.5±11.6 years, and 5.3% (34/643) experienced serious psychological distress. Male sex of CRDs, knowing how to access consulting services, spending almost all day for nursing care, and having subjective symptoms within a few days of completing the survey were associated with having serious psychological distress, while older age, participating in shopping as part of the nursing activities, and having their own house were related to freedom from serious psychological distress.

CONCLUSION: Clinicians should be aware of the risk factors for psychological distress in CGs and consider providing support to reduce the distress imposed by modifiable factors. Further studies are warranted to examine whether such efforts would improve the mental health of CGs for CRDs.

READING 6 – IS LONELINESS A PREDICTOR OF MODERN GERIATRIC GIANTS?

Giné-Garriga M,¹ Jerez-Roig J,² Coll-Planas L,³ Skelton DA,⁴ Booth J,⁴ Inzitari M,⁵ Souza DLB.⁶ Is loneliness a predictor of the modern geriatric giants? Analysis from the survey of health, ageing, and retirement in Europe. *Maturitas*. 2021 Feb;144:93-101.

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ABSTRACT

BACKGROUND: The modern Geriatric Giants have evolved to encompass four new syndromes, of frailty (linked to fatigue and physical inactivity), sarcopenia, anorexia of ageing, and cognitive impairment. In parallel, loneliness has been established as a risk factor for adverse mental and physical health outcomes among older adults.

OBJECTIVE: To analyse loneliness as a predictor of the modern Geriatric Giants in European older adults, using a longitudinal design of nationally representative data.

DESIGN: Longitudinal population-based cohort study.

SUBJECTS: Data from countries that participated in waves 5 and 6 of the Survey of Health, Ageing, and Retirement in Europe project. The sizes of the subsamples analysed ranged from 17,742 for physical inactivity to 24,524 for anorexia of ageing.

METHODS: Loneliness (measured from wave 5) was the independent variable of interest. The dependent variables were incidence of fatigue, physical inactivity, sarcopenia, anorexia of ageing, and cognitive impairment from wave 5 (baseline) to wave 6. Poisson regression models were used for multivariable analysis, obtaining Relative Risk (RR) and 95% confidence intervals (CI).

RESULTS: The prevalence of loneliness ranged from 9.2%-12.4% at wave 5. The 2-year incidence of fatigue was 16% (95% CI: 15.5-16.5), physical inactivity 9.8% (95% CI: 9.4-10.3), sarcopenia 5.6% (95% CI: 5.3-5.9), anorexia of ageing 5.4% (95% CI: 5.1-5.7), and cognitive impairment 10.3% (95% CI: 9.9-10.8). The multivariable analysis showed that loneliness was a predictive factor for fatigue (30%, CI: 17-45% higher risk), physical inactivity (24%, CI: 7-43% higher risk) and cognitive impairment (26%, CI: 9-46% higher risk), adjusted by age, sex, number of chronic diseases, education level, region, and depression.

CONCLUSIONS: Loneliness is an independent risk factor for fatigue, physical inactivity, and cognitive impairment in older adults. The incidence of anorexia of ageing and sarcopenia was not associated with loneliness over the 2-year observation period.

READING 7 – PARKINSON'S DISEASE PRIMER PART I – DIAGNOSIS

Frank C,¹ Chiu R,² Lee J.³ Parkinson disease primer, part I: diagnosis. *Can Fam Physician*. 2023 Jan;69(1):20-24. PMID: 36693741.

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ABSTRACT

OBJECTIVE: To provide family physicians an updated approach to the diagnosis of Parkinson disease (PD).

SOURCES OF INFORMATION: Published guidelines on the diagnosis and management of PD were reviewed. Database searches were conducted to retrieve relevant research articles published between 2011 and 2021. Evidence levels ranged from I to III.

MAIN MESSAGE: Diagnosis of PD is predominantly clinical. Family physicians should evaluate patients for specific features of parkinsonism, then determine whether symptoms are attributable to PD. Levodopa trials can be used to help confirm the diagnosis and alleviate motor symptoms of PD. "Red flag" features and absence of response to levodopa may point to other causes of parkinsonism and prompt more urgent referral.

CONCLUSION: Access to neurologists and specialised clinics varies, and Canadian family physicians can be important players in facilitating early and accurate diagnosis of PD. Applying an organised approach to diagnosis and considering motor and nonmotor symptoms can greatly benefit patients with PD. Part 2 in this series will review management of PD.

READING 8 – PARKINSON'S DISEASE PRIMER – PART 2 – MANAGEMENT OF MOTOR AND NON-MOTOR SYMPTOMS

Frank C,¹ Chiu R,² Lee J.³ Parkinson disease primer, part 2: management of motor and nonmotor symptoms. *Can Fam Physician*. 2023 Feb;69(2):91-96. PMID:36813521.

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ABSTRACT

OBJECTIVE: To provide family physicians with an approach to the management of motor and nonmotor symptoms of Parkinson disease (PD).

SOURCES OF INFORMATION: Published guidelines on the management of PD were reviewed. Database searches were conducted to retrieve relevant research articles published between 2011 and 2021. Evidence levels ranged from I to III.

MAIN MESSAGE: Family physicians can play an important role in identifying and treating motor and nonmotor symptoms of PD. Family physicians should initiate levodopa treatment for motor symptoms if they affect function and if specialist wait times are long, and they should be aware of basic titration approaches and possible side effects of dopaminergic therapies. Abrupt withdrawal of dopaminergic agents should be avoided. Nonmotor symptoms are common and underrecognised and are a major factor in disability, quality of life, and risk of hospitalisation and poor outcomes for

patients. Family physicians can manage common autonomic symptoms such as orthostatic hypotension and constipation. Family physicians can treat common neuropsychiatric symptoms such as depression and sleep disorders, and they can help recognise and treat psychosis and PD dementia. Referrals to physiotherapy, occupational therapy, speech language therapy, and exercise groups are recommended to help preserve function.

CONCLUSION: Patients with PD present with complex combinations of motor and nonmotor symptoms. Family physicians should have basic knowledge of dopaminergic treatments and their side effects. Family physicians can play important roles in management of motor symptoms and particularly nonmotor symptoms and can have a positive impact on patients' quality of life. An interdisciplinary approach involving specialty clinics and allied health experts is an important part of management.

READING 9 – STATIN USE AND RISK OF PARKINSON'S DISEASE – UPDATED PERSPECTIVE

Al-Kuraishy HM,¹ Al-Gareeb AI,¹ Alexiou A,^{2,3} Papadakis M,⁴ Alsayegh AA,⁵ Almohmadi NH,⁶ Saad HM,⁷ Batiha GE.⁸ Pros and cons for statins use and risk of Parkinson's disease: An updated perspective. *Pharmacol Res Perspect.* 2023 Apr;11(2):e01063. PMID: 36811160.

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ABSTRACT

Parkinson's disease (PD) is the second most frequent neurodegenerative brain disease (NBD) after Alzheimer's disease (AD). Statins are the most common lipid-lowering agents used in the management of dyslipidaemia and the prevention of primary and secondary cardiovascular diseases (CVD) events. In addition, there is a controversial point regarding the role of serum lipids in the pathogenesis of PD. In this bargain, as statins reduce serum cholesterol, so they affect the PD neuropathology in bidirectional ways either protective or harmful.

Statins are not used in the management of PD, but they are frequently used in the cardiovascular disorders commonly associated with PD in the elderly population. Therefore, the use of statins in that population may affect PD outcomes. Concerning the potential role of statins on PD neuropathology, there are conflicts and controversies either protective against the development of PD or harmful by increasing the risk for the development of PD.

Therefore, this review aimed to clarify the precise role of statins in PD regarding the pros and cons from published studies. Many studies suggest a protective role of statins against PD risk through the modulation of inflammatory and lysosomal signalling pathways. Nevertheless, other observations suggest that statin therapy may increase PD risk by diverse mechanisms including reduction of CoQ10.

In conclusion, there are strong controversies regarding the protective role of statins in PD neuropathology. Therefore, retrospective and prospective studies are necessary in this regard.

READING 10 – IMPACT OF ADVANCED PARKINSON'S DISEASE ON CAREGIVERS

Martinez-Martin P,¹ Skorvanek M,^{2,3} Henriksen T,⁴ Lindvall S,⁵ Domingos J,⁵ Kandukuri PL,⁶ Chaudhari VS,⁶ Patel AB,⁶ Parra JC,⁶ Alobaidi A,^{6,7} Pike J,⁸ Antonini A.⁹ Impact of advanced Parkinson's disease on caregivers: an international real-world study. *J Neurol.* 2023 Apr;270(4):2162-2173. PMID: 36633671.

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ABSTRACT

BACKGROUND: Caring for a partner or family member with Parkinson's disease (PD) negatively affects the caregiver's own physical and emotional well-being, especially those caring for people with advanced PD (APD). This study was designed to examine the impact of APD on caregiver perceived burden, quality of life (QoL), and health status.

METHODS: Dyads of people with PD and their primary caregivers were identified from the Adelphi Parkinson's Disease Specific Programme (DSP™) using real-world data from the United States, Japan, and five European countries. Questionnaires were used to capture measures of clinical burden (people with PD) and caregiver burden (caregivers).

RESULTS: Data from 721 patient-caregiver dyads in seven countries were captured. Caregivers had a mean age 62.6 years, 71.6% were female, and 70.4% were a spouse. Caregivers for people with APD had a greater perceived burden, were more likely to take medication and had lower caregiver treatment satisfaction than those caring for people with early or intermediate PD; similar findings were observed for caregivers of people with intermediate versus early PD. Caregivers for people with intermediate PD were also less likely to be employed than those with early PD (25.3% vs 42.4%) and spent more time caring (6.6 h vs 3.2 h/day).

CONCLUSIONS: This real-world study demonstrates that caregivers of people with APD experience a greater burden than those caring for people with early PD. This highlights the importance of including caregiver-centric measures in future studies, and emphasises the need for implementing treatments that reduce caregiver burden in APD.