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Clinical Characteristics for Identifying between Mixed Vascular-Alzheimer's Dementia and Alzheimer's Disease in Outpatient Geriatric Patients

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Abstract

The current study aimed to support vascular risk factors and clinical signs in distinguishing MVAD from AD. It is necessary to re-evaluate preceding cardio and cerebrovascular risk factors in elderly pre-dementia geriatric patients in order to to classify MVAD prodromal-dementia population from other neurodegenerative disorders that can be treated early to suppress syndrome-severity, or delay the onset of pervasive dementia symptoms.

Keywords

Cardiovascular etiology and risk factors, Geriatric syndrome, Dementia

Introduction

The significant rise in the number of older adults with multiple diseases, frailty, and physical disabilities due to different neurologic impairments raises the need for ongoing geriatric consultation to monitor or identify the onset of dementia syndrome and cognitive symptoms across ages 60 to 90 [1]. Particularly in older people at higher risk for entering pre-dementia states [2]. Mixed Vascular-Alzheimer's Dementia (MAVD) is coexistence of both neuro-atrophy factors, as in Alzheimer's disease (AD), and cardiovascular risk factors (CVRF) as in vascular dementia, in the same patient [3]. Thus, the current study aimed to compare baseline demographic, etiological, and clinical quantitative features (e.g., peripheral vascular measurements) that may distinguish between those geriatric clinical subgroups suggesting immediate course of treatments that may alleviate symptom severity and functional impairment as the disease progresses.

The study examined 192 geriatric out-patients. Their systemic vascular symptoms were noted during their consultation visit, with ages spanning from 60-97 years-old, with mean age of 83.04. Patients were referred for clinical consultation by their family physician (GP) regarding their medical condition and were diagnosed at the clinic during their visit for medical consultation. All study variable collected during a 90 minutes visit at the clinic by a geriatric physician and nurse. The study represents a point-prevalence study design attempting to identify differences in categorical factors denoting differences in demographic, clinical, and cognitive-state variables.

During the visit at the clinic, the patient's disease etiology was noted according to variables such as socio-demographic characteristics (age, gender and family status), ongoing neuro-cardiovascular risk factors (CVRF) diseases (diabetes mellitus adult type 2, high blood pressure, Ischemic heart disease, hyperlipidemia and brain strokes). Additionally, the prevalence of obesity was noted, along with functional capacity level (High dependency in ADL or IADL), repetitive behavioral problems, gait-instability, arrhythmias such as Atrial fibrillation and noting of no palpation during assessment of peripheral pulses in legs.

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• Page 1 of 4 •