

A HOLISTIC APPROACH OF MILD COGNITIVE IMPAIRMENT

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Background: The Romanian DESCRIPA Project, developed under EADC auspices and having the European Commission's support in the Framework Program No 5, aims to elaborate a diagnosis guide for Mild Cognitive Impairment. This prospective study includes 700 patients from European Union and 60 patients from Romania.

Objectives: The main goals were to develop clinical criteria for pre-dementia conditions, to assess the prevalence of risk factors and co-morbidity in MCI patients, and to validate in Romania the international pattern of risk factors distribution using internationally recognized diagnosis criteria and follow-up methods.

Methods: On the 60 Romanian patients aged 55 or more, demographic data collection, as well as psychometric tests, risk factors and co-morbidity evaluation was performed at baseline in the Elias University Hospital in Bucharest.

Results: The first year follow-up revealed that 23.3 % of MCI patients developed Alzheimer's Dementia (1.67% in the second year). One death (1.67%) was recorded in the two year Follow-up, caused by cardiac arrest. A percent of 23.3% of the patients were lost due to social reasons.

Conclusions: Hypertension, angina pectoris and dyslipidemia are prevalent co-morbidities in MCI patients, followed by diabetes type II, osteoporosis senile, transient ischemic attack, hypothyroidism and carotid artery stenosis. There is a sex-dependent co-morbidity distribution: except transient ischemic attack, at baseline any co-morbidity is prevailing in women. The efficacy of the applied personalized treatment algorithms is also depending on sex: remarkable decrease of hypertension, dyslipidemia, angina pectoris, transient ischemic attack and diabetes type II in women, and an increase of osteoporosis and hypothyroidism. Poor or no significant men's responsiveness and even an increase of hypertension and transient ischemic attack need further clarifying studies. Depression remains a challenge for MCI and Alzheimer's disease treatment and care. Hypertension and dyslipidemia seem to be main risk factors for AD development in MCI patients.