

MEDIAL TEMPORAL ATROPHY A RELIABLE PREDICTOR FOR PROGRESSIVE COGNITIVE DECLINE IN MILD COGNITIVE IMPAIRMENT SUBJECTS

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Background: Medial temporal lobe atrophy (MTA) influences the mechanisms of memory. The diagnosis of mild cognitive impairment (MCI) is not clinically useful for predicting the development of severe cognitive impairment.

Objective: To identify if medial temporal lobe atrophy and MMSE can correlate and predict the evolution of a subject from MCI to severe cognitive impairment.

Subjects and method: 31 subjects with MCI and 20 healthy case-control subjects were examined using brain MRI with standardized visual assessment of MTA. The cognitive performance was evaluated using the MiniMentalStateEvaluation (MMSE). Follow-up assessment was performed at 18 months to detect further cognitive decline, or improvement at MMSE.

Results: The MCI group's average age was 70 +/- 2.8 years, 64.5% males. In case-control group the average age was 68 +/- 1.9 years, 60% males. At baseline the mean MMSE score in MCI group was 24.2 points (MCI score 21-26) and 29.7 for case controls. On MRI the MTA was present in 25.8% (n=8) in MCI group and 15% (n=3) in case-controls. At 18 months, 36.66% (n=11) of the subjects in MCI group presented severe cognitive impairment (MMSE < 10), of which 7 with MTA at admission (p < 0.001, CI 95%). In case-controls 2 subjects had severe cognitive impairment, of which 1 had MTA at admission. The association of hypertension (p = 0.023, CI 95%), dyslipidemia (p = 0.012, CI 95%) and diabetes mellitus correlated to cognitive decline at follow-up, but were not associated to progression from MCI to severe cognitive impairment. In the MCI group 4 subjects improved at follow-up on MMSE scale. The MMSE scores did not correlate to a pattern of cognitive decline in none of the two groups.

Conclusions: The neuropsychological testing using MMSE can identify subjects with cognitive decline, but it is not a prognostic tool for cognitive decline progression. The MTA correlated more specific to severe cognitive decline and may serve as a risk assessment tool, maybe more powerful if correlated to other biological parameters.