Reversible dementia—the implications of a fall in prevalence

When I took my oral exams in geriatric medicine in the mid 1980s, according to the literature which we then parroted, the percentage of dementias considered to be reversible was at least 20% [1]. However, only a few years later and in the same month, two separate reviews were published pointing out that the prevalence was in fact much lower, that is, just over 11% [2, 3]. By the mid-1990s, [4] and again just over 8 years later in 2003 [5] which updates the 1988 meta-analysis [3], the prevalence of reversibility was reported to have decreased to less than even 1%.

What can explain such a rapid fall and what are the clinical implications? Firstly, it is possible that some of the conditions which make up most of the underlying causes of reversibility such as the use of drugs which can cause reversible cognitive decline (benzodiazepines, alcohol, etc.), metabolic causes (such as B12 deficiency or hypothyroidism) or cognitive decline secondary to depression, have fallen for reasons not entirely clear to us. Secular trends often confound our understanding of disease processes. On the other hand, the prevalence may have stayed the same but these conditions are now being diagnosed earlier and treated more effectively. Finally, there may have been changes in reporting.

To begin with the possibility of a change in the natural history of the reversible dementias, there is little evidence that the prevalence of the underlying diseases has fallen. It is, however, possible that the elderly are indeed better cared for today. For example, Weytingh et al. [4] adduce some indirect evidence that improvements in primary care may have contributed to fewer patients with reversible dementia being referred to the relevant diagnostic frameworks. In support of this proposition, if one compares the data from the 2003 study [5] which updates the 1988 meta-analysis [3], in the more recent study there is evidence of less selection bias in that far fewer studies now emanate from inpatient units. Many more patients were examined either in outpatient settings or in the community where Alzheimer’s disease [AD] (the most common cause of dementia and to date still irreversible) is much more likely to be found [6]. As well, patients who made it into the more recent meta-analysis were both older and more likely to be female than those reported earlier, more clearly reflecting the dementia seen in the community, almost all of which will turn out to be AD [6].

There is also some evidence that better general education for primary care physicians in the principles of geriatric pharmacology has had a positive effect. For example, while medication as a cause of dementia (not necessarily reversed) was reported in 1.5% of all cases of dementia in 1988, by 2003 this particular aetiology had dropped almost to zero.

Perhaps a more careful use of standardised assessment instruments, consensus diagnosis and sufficient follow-up as a positive spin-off from the increasing number of drug trials for dementia has increased our diagnostic accuracy, both of dementia and of reversibility. Again, support for

References

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References


