Elements: in this month’s issue

Co-morbidities and Alzheimer’s disease: the need for vigilance

The burden resulting from Alzheimer’s disease and other forms of dementia for carers, family and health services is considerable. Many countries including the UK have launched dementia strategies with the broad aim of increasing awareness of this chronic disorder among healthcare professionals and the public. Early detection is desirable so that appropriate and comprehensive intervention strategies may be implemented. The review by Soiza and colleagues raises another dimension to the challenge of managing patients with Alzheimer’s. It has been known for some time that Alzheimer’s is associated with a wide variety of co-existing non-psychiatric chronic illnesses. The relationship between certain medical conditions and Alzheimer’s in terms of association and causation is complex. Many chronic illnesses may predispose an individual to the later development of Alzheimer’s. Hence there is an increased risk of dementia in patients with vascular disease, hypertension, type I and type II diabetes mellitus and thyroid disorders. Curiously, Alzheimer’s may have a protective effect for some forms of cancers (and vice versa). The implications following from this review are several. In the first instance, it is essential that those who provide supportive healthcare for patients with Alzheimer’s (who may be largely psychogeriatric professionals) do not overlook the possibility of co-existing medical co-morbidities. Secondly, physicians who provide care for patients with chronic medical disease must be vigilant for the development of Alzheimer’s, especially in older individuals. Finally, further research may more precisely define the role played by chronic illnesses in the aetiology of this debilitating condition.

Autoimmune encephalitic syndrome

Acute presentation of encephalitis represents a relatively common but serious medical emergency. The syndrome may arise from a variety of causes, the most common being infectious Herpes simplex virus, the most commonly implicated causative agent. Apart from the provision of initial life-support, successful treatment requires prompt recognition and treatment of the underlying aetiology. However, encephalitic syndromes may also arise from a variety of non-infectious causes which if undiagnosed may result in adverse outcomes. The review by Wingfield describes a number of case histories where encephalitic syndromes were caused by autoimmune processes. The clinical scenarios illustrate a varied presentation and the need for prompt appropriate management strategies. Autoimmune encephalitis may initially present in a manner similar to encephalitis due to an infectious cause; however there may be subtle differences which may act as vital clues to the astute physician. The authors reaffirm the need for vigilance for the possibility of an autoimmune aetiology where initial investigations do not confirm an infectious cause. A diagnostic protocol is suggested along with a therapeutic regime which, if instituted early, can result in improved outcomes for this group of patients.

Acute liver failure: conclusions from a regional transplant unit

Acute liver failure (ALF) refers to a situation whereby the majority of functioning hepatic cells are rapidly destroyed in the absence of pre-existing hepatic disease. The consequences for the patient may be devastating and ultimately require transplantation. It is considered to be a relatively rare disorder and therefore the large retrospective study of ALF patients who presented to the Scotland Liver Transport Unit between 1992 and 2009 may provide a better understanding of the epidemiology of this disease. Criteria for inclusion included rapid
progression of symptoms and the presence of encephalopathy. Using this definition an incidence of 0.62/100,000 population was observed with a slight female preponderance. Predictably, excessive ingestion of paracetamol represented the most common cause of ALF. A relative minority of cases resulted from viral causes or idiosyncratic drug reactions. Sadly, the outcome for many patients despite vigorous and expert therapeutic measures including transplantation was not particularly encouraging. Perhaps the main message from this large study is that further attention is needed to deal with the public health issue of excessive paracetamol ingestion. This has been the subject of various papers in QJM the most recent being that by Sheen et al.\(^1\) over ten years ago. The question is whether any significant progress has been made with respect to prevention of this most common cause of ALF.

Michael Bannon  
Editor, QJM

\(^1\) Sheen et al. QJM 2002; 95:609–19.