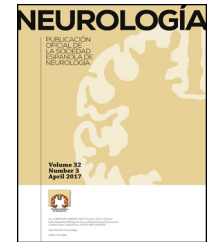




NEUROLOGÍA

www.elsevier.es/neurologia



ORIGINAL ARTICLE

Prevalence and concordance between the clinical and the post-mortem diagnosis of dementia in a psychogeriatric clinic[☆]

B. Grandal Leiros^{a,*}, L.I. Pérez Méndez^b, M.V. Zelaya Huerta^c, L. Moreno Eguinoa^d, F. García-Bragado^e, T. Tuñón Álvarez^e, J.J. Roldán Larreta^d

^a Servicio de Geriátria, Hospital Universitario Nuestra Señora de Candelaria, Santa Cruz de Tenerife, Spain

^b Unidad de Investigación, Hospital Universitario Nuestra Señora de Candelaria, Santa Cruz de Tenerife, Spain

^c Navarrabiomed Fundación Miguel Servet, Complejo Hospitalario de Navarra Osasunbidea, Pamplona, Spain

^d Clínica Psicogeriátrica Josefina Arregui, Alsasua, Navarra, Spain

^e Departamento de Anatomía Patológica, Complejo Hospitalario de Navarra Osasunbidea, Pamplona, Spain

Received 8 March 2016; accepted 16 April 2016

KEYWORDS

Dementia prevalence;
Dementia diagnosis
accuracy;
Alzheimer's disease;
Cerebrovascular
disease;
Post-mortem
diagnosis;
Mixed brain
pathologies

Abstract

Introduction: The aim of our study is to describe the types of dementia found in a series of patients and to estimate the level of agreement between the clinical diagnosis and post-mortem diagnosis.

Material and methods: We conducted a descriptive analysis of the prevalence of the types of dementia found in our series and we established the level of concordance between the clinical and the post-mortem diagnoses. The diagnosis was made based on current diagnostic criteria.

Results: 114 cases were included. The most common clinical diagnoses both at a clinical and autopsy level were Alzheimer disease and mixed dementia but the prevalence was quite different. While at a clinical level, prevalence was 39% for Alzheimer disease and 18% for mixed dementia, in the autopsy level, prevalence was 22% and 34%, respectively. The agreement between the clinical and the autopsy diagnoses was 62% (95% CI, 53%-72%).

Conclusions: Almost a third of our patients were not correctly diagnosed in vivo. The most common mistake was the underdiagnosis of cerebrovascular pathology.

© 2016 Sociedad Española de Neurología. Published by Elsevier España, S.L.U. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

[☆] Please cite this article as: Grandal Leiros B, Pérez Méndez LI, Zelaya Huerta MV, Moreno Eguinoa L, García-Bragado F, Tuñón Álvarez T, et al. Prevalencia y concordancia entre diagnóstico clínico y anatomopatológico de demencia en una clínica psicogeriátrica. Neurología. 2016. <https://doi.org/10.1016/j.nrl.2016.04.011>

* Corresponding author.

E-mail address: beatrizgrandal@hotmail.com (B. Grandal Leiros).

PALABRAS CLAVE

Prevalencia de demencia;
 Fiabilidad diagnóstica en demencia;
 Enfermedad de Alzheimer;
 Enfermedad cerebrovascular;
 Diagnóstico post-mortem;
 Comorbilidad cerebral

Prevalencia y concordancia entre diagnóstico clínico y anatomopatológico de demencia en una clínica psicogerítrica

Resumen

Introducción: Describir los tipos de demencia en una serie de pacientes valorados en una clínica psicogerítrica y estimar el grado de acuerdo entre el diagnóstico clínico y el anatomopatológico.

Material y métodos: Realizamos un análisis descriptivo de la prevalencia de los tipos de demencia entre los pacientes valorados en nuestro centro y establecemos el grado de concordancia entre el diagnóstico clínico y el anatomopatológico. Los diagnósticos se establecieron en función de los criterios diagnósticos vigentes en cada momento.

Resultados: Ciento catorce casos cumplieron los criterios de inclusión. Los diagnósticos más frecuentes tanto a nivel clínico como anatomopatológico fueron enfermedad de Alzheimer y demencia mixta, pero la prevalencia se invirtió pasando de un 39% y 18% a nivel clínico a un 22% y 34% a nivel anatomopatológico respectivamente. La concordancia entre el diagnóstico clínico y el anatomopatológico fue de un 62% (IC 95%: 53-72%).

Conclusiones: Casi un tercio de nuestros pacientes no tenía un diagnóstico certero en vida, fundamentalmente a expensas del infradiagnóstico a nivel clínico de la enfermedad cerebrovascular.

© 2016 Sociedad Española de Neurología. Publicado por Elsevier España, S.L.U. Este es un artículo Open Access bajo la licencia CC BY-NC-ND (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

Introduction

Dementia has severe consequences for patients and families in particular, and for a country's healthcare system and economy in general.

Alzheimer disease (AD) has traditionally been considered the most frequent cause of dementia in Western countries. However, recent studies suggest that vascular dementia (VD), either isolated or in combination with AD, may be at least equally frequent.^{1,2}

The diagnosis of dementia in daily practice is based on clinical findings and not on anatomical pathology (AP). Findings in AP are frequently more heterogeneous than might be expected. Almost 46% of the brains in a sample of subjects with a clinical diagnosis of AD displayed several pathological entities, although one clearly predominated.³

This article shows the distribution of types of dementia among patients from our clinic who agreed to donate neurological tissue. We also assess the concordance between clinical and AP diagnoses, and analyse the similarities and differences between our data and those reported in other studies.

Material and methods**Study population and clinical evaluation**

We analysed the brains of 114 patients from our clinic with a diagnosis of dementia or mild cognitive impairment (MCI). They or their families agreed to our request for tissue donation. We duly informed them about the procedure, its aim,

and the possible implications, and they signed the applicable informed consent form.

We included the following variables in the database: sex; family history of dementia; age at symptom onset, diagnosis, and death; the baseline, final, and AP diagnoses; and complementary test results (neuropsychological examination [NPE], Mini-Examen Cognoscitivo⁴ [MEC], cranial computed tomography [CT], brain nuclear magnetic resonance imaging [MRI], single photon emission computed tomography, and electroencephalography).

We included the diagnosis made after the first examination at our clinic or at another centre as the baseline diagnosis; final diagnosis was established after our assessment and follow-up. Dementia was diagnosed according to DSM-IV⁵ criteria. To determine the type of dementia, we used the NINCDS-ADRA criteria for the diagnosis of possible and probable AD.⁶ NINDA criteria were also used for the diagnosis of VD and AD with VD. Other dementias were diagnosed according to the commonly-used criteria applicable at each time. Diagnosis of MCI was based on Petersen criteria.⁷

We established that there was concordance between clinical and AP diagnoses not only when both coincided, but also when, in the case that AP findings pointed to various pathologies, one clearly predominated over the others and clinical diagnosis was correct according to clinical data and the complementary tests available. Diagnoses were considered not to be concordant when final and AP diagnoses did not coincide, or when cerebrovascular comorbidity was not studied or considered in the final clinical diagnosis but was detected in the AP diagnosis.

Regarding MCI, we considered there to be concordance when AP findings were not decisive enough to meet the criteria for any type of dementia, so MCI was considered in the AP diagnosis of those cases.

Download English Version:

<https://daneshyari.com/en/article/8689428>

Download Persian Version:

<https://daneshyari.com/article/8689428>

[Daneshyari.com](https://daneshyari.com)