Editorial

Letter to Readers

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Over the past year it has been a pleasure reviewing the psychiatric and neurologic literature in geriatrics and abstracting articles for the journal. The vast amount of literature in this field is expanding and appears in various academic journals, not those exclusively dedicated to psychiatry, neurology, or the older population. Abstracts will continue to appear throughout 1992. Please write with suggestions and comments concerning them.

In reviewing the articles published in our journal over the past year a wide spectrum of topics was addressed. However, dementias, especially of the Alzheimer's type, and depression were frequent contributions to each journal.

During 1991 a number of articles and case reports on Alzheimer's disease and other dementias appeared in our journal. Dr Mendez et al. reported on neuropathologically confirmed cases of Alzheimer's disease and the high degree of accuracy in the clinical diagnosis. Psychiatric symptoms of patients with Alzheimer's disease were reviewed by Dr Baker et al. and revealed a high incidence as well as a pre-morbid history approximately 3 years prior to the dementia. Treatments for Alzheimer's disease reported in a pilot study of low-dose l-deprenyl by Dr Schneider et al. noted significant improvement in agitation and depression reported with mild cognitive improvement. Quantitative assessment of the monoclonal antibody ALZ-50 in brain tissue of patients with Alzheimer's disease was significantly elevated as reported by Dr Hyman et al. Dr Mangone et al. reported results from their study of impaired insight in patients with probable Alzheimer's disease. Their speculation is that the impaired insight stems from two areas of neuroanatomical dysfunction; prefrontal dysfunction resulting in confabulation, and right-hemisphere dysfunction resulting in anosognosia. Tardive dyskinesia (TD) in Alzheimer's disease reported by Dr McDaniel and colleagues suggests patients with Alzheimer's disease and significant coexisting pathologic changes in the substantia nigra may be at a higher risk for TD from neuroleptic medication.

Depression in the geriatric population was monitored by Dr Rubin and colleagues who reported that response to treatment of depression in the old and very old was not related to age. Their study concurs that response to electroconvulsive therapy (ECT) was superior to antidepressant therapy. Dr Mulsant and colleagues reported a prospective naturalistic study of ECT in late-life depression confirming the safety and efficacy as well. Patients with psychotic depression demonstrated greater improvement than those with nonpsychotic depression and patients with organic mental disorders experienced the same improvement as other patients. Dr Miller et al. reported on a longitudinal analysis of nortriptyline side effects and suggested that many of the somatic complaints attributed to nortriptyline are somatic complaints of depression.

Two interesting topical review articles last year covered geriatric obsessive-compulsive disorder (OCD) by Dr Jenike and geriatric epilepsy by Drs Sanders and Murray. The latter presented the increasing incidence of patients diagnosed with epilepsy late in life. Dr Jenike reported that the onset of OCD in the elderly is rare, but the percentage of geriatric OCD patients is significant. Drs Sanders and Murray acknowledged an increased incidence of

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Argyrophilic Grain

the CNS of patients with multiple system atrophy (striatoni
gral degeneration, olivopontocerebellar atrophy and Shy-
28. Horoupian DS: Cytoplasmic oligodendroglial inclusions in a
patient with striatoni
gral degeneration, olivopontocerebellar
atrophy and "atypical" Pick's disease, abstract. Neurobiol Aging
crotubular tangles in olivopontocerebellar atrophy. J Neuro-
Langerhans cells to a histochemical marker for demonstration

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new-onset epilepsy in the elderly over 60 years. This population, however, is more likely to have a
known etiology and to present with partial seizures.

Reviewing the past year's issues reminds me of
the abundance of information being researched and
published in our field of geriatric psychiatry and
neurology.

Best wishes for the new year and please write us
with your comments and suggestions.