Diagnosis and Treatment of Old Age Dementias

Modern Problems of Pharmacopsychiatry

Founded 1968 by F.A. Freyhan, N. Petrilowitsch, and F. Pichot

Vol. 23

Series Editors
T.A. Ban, Nashville, Tenn.; A.M. Freedman, Valhalla, N.Y.;
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Symposium on Diagnosis and Treatment of Old Age Dementias,
Milan, June 6, 1987

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H.E. Lehmann, Montreal, Que.

45 figures, 2 color plates and 22 tables, 1989

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Modern Problems of Pharmacopsychiatry

Library of Cataloging-in-Publication Data
Diagnosis and treatment of old age dementias / Symposium (Round Table) on Diagnosis and Treatment of Old Age Dementias, Milan, June 6, 1987 (Modern problems of pharmacopsychiatry, vol. 23)
Includes bibliographies and index.
I. Senile dementia - Diagnosis - Congresses. 2. Senile dementia - Chemotherapy - Congresses. 3. Glycosaminoglycans - Congresses. I. Ban, Thomas A.
II. Lehmann, Heinz E. (Heinz Edgar) III. Title. IV. Series.


BI M0168 P v. 23 / WT 150 S9815d]
RC483.M6 1988 616.89'18 88-8445
ISBN 3-8055-4844-3

Bibliographic Indices
This publication is listed in bibliographic services, including Current Contents® and Index Medicus.

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Printed in Switzerland by Thûr AG Offsetdruck, Prattein
ISBN 3-8055-4844-3

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Foreword

The rapid increase of the elderly in the general population directed attention to gerontology - a term introduced by the Russian medical scientist Elie Metchnikoff - for the scientific study of the aging process, and to geriatrics - a term introduced by the American pediatrician Ignaz Nasher - for the medical specialty concerned with the study, prevention and treatment of pathologic conditions in the aged. Gerontology deals with primary aging or senescence, which is a biologic process rooted in heredity. Geriatrics deals with secondary aging, or senility, i.e., defects and disabilities resulting from trauma, including disease.

The high incidence of psychiatric morbidity in old people has created a need for the development of geropsychiatry, or psychogeriatrics, specially concerned with psychiatric disorders in the aged; and the high prevalence of chronic organic brain syndrome in this population has led to a re-evaluation of priorities in medical practice, education and research.

It is estimated that of every 1,000 persons over 65 in the United States, at least 9 are living in mental hospitals and 27 in nursing or rest homes. Over 60% of institutionalized patients suffer from chronic organic brain syndrome and possibly as high as 90% of nonpsychiatric nursing home patients show
Psychopathologie symptoms. It is difficult to determine the number of elderly persons living at home with chronic organic brain syndrome, but even with conservative estimates it is at least 10-20%. A considerably higher percentage of old people have sufficient cognitive decline to impede activities and compound the normal problems of aging.

A great variety of drugs has been tried with limited success in the treatment of old age dementias. Included among them are cerebral vasodilators, nootropics, drugs with an effect on cerebral metabolism, ribonucleic acid and related compounds, neuropeptides and other hormones, drugs with an effect on neurotransmitter functions, vitamins and trace elements. With all these drugs, adverse drug reactions and drug-drug interactions are frequent because of the alterations in pharmacokinetics and changes in receptor sensitivity in the aged.

Foreword VIII

There has been an increasing interest recently in glycosaminoglycan polysulfate (Ateroid®) in the treatment of old age dementias. Ateroid is a natural mixture of sulfomucopolysaccharides with hypolipidemic activity. As an exogenous glycosaminoglycan it may also protect the blood-brain barrier from autoimmune injury. Since findings in the initial clinical studies were strongly suggestive that Ateroid produced favorable changes in elderly patients with compromised brain functions, a Symposium on Diagnosis and Treatment of Old Age Dementias was held in Milan on June 6, 1987, on which different aspects of old age dementias, with special reference to treatment with glycosaminoglycan polysulfate, were presented. The Proceedings of this Symposium are presented in this volume.

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