Background.– Delirium is a major problem after surgical procedures. This study sought to determine the incidence, the contributing factors and the outcome associated with the appearance of postoperative delirium in old subjects submitted to programmed cardiac surgery.
Methods.– Between February 2011 and October 2011, 63 consecutive old patients (mean age 77 ± 4.7 years) referred for open-chest cardiac surgery were evaluated before and after treatment the procedure. The Confusion Assessment Method was used to identify presence of postoperative delirium.
Results.– After surgery, six patients (9.5%) developed delirium and six patients died between day 1 and 41. Contributing factors of postoperative delirium were bronchopulmonary infection ($P = 0.016$) and the increased rate of restraint ($P = 0.001$). Patients who died tended to be older than survivors (80.8 ± 4.5 vs. 76.8 ± 4.7 years, $P = 0.057$). Factors associated with postoperative mortality were the length of the procedure ($P = 0.044$), diabetes ($P = 0.017$), use of benzodiazepine ($P = 0.008$), higher Copper and GSH (increased by 1.5 times) levels ($P = 0.031$; $P = 0.015$), higher rate of postoperative secondary infection (three times greater; $P = 0.049$), and presence of fluid and electrolytic disorders (7 times more frequent, $P = 0.018$). On the contrary, postoperative delirium was not associated with lower postoperative survival. After surgery, autonomy for the activities of daily life was preserved.
Conclusions.– In old patients referred for programmed cardiac surgery, the incidence and the consequences of postoperative delirium are limited, suggesting that open-chest surgery can be performed at a low risk in a carefully selected population.

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Evaluation of the Gineste-Marescotti method of care during practical training

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Background.– Alzheimer's disease is the most common dementia with 850,000 patients in France. Behavioral disorders and mobilization of patients make care difficult. Methodology care Gineste-Marescotti is a non-drug approach consisting of 150 concepts and technical care for patients with cognitive impairment and loss of autonomy.
Object.– To measure the effectiveness of the methodology care Gineste-Marescotti on behavioral and mobilization of patients with Alzheimer's disease and living in institutions.
Design.– Prospective survey before and after.
Method.– Professional caregivers chose women with Alzheimer's disease with most difficulties body washing. A patient questionnaire before training (T1) measured behavioral problems of 17 items, facial expression and personal hygiene. For each studied item, a score was assigned according to the difficulty of carrying out the treatment. Caregivers were trained for 4 days with a theoretical part and an application in the body washing of patients. The same questionnaire was completed after training (T2). The analysis measured the threshold probability of paired data.
Result.– Hundred and eleven patients with Alzheimer's disease were included by 237 caregivers. Before the training, 52% of patients had difficulty mobilizing, 46% had aggressive behaviors. After training, items as verbal aggression, withdrawal, kicking, crying, complaining, general restlessness, hangs everywhere, anxiety, muscle tone, were highly significantly improved. Well-being of caregivers improved significantly too.
Conclusion.– This study in women with Alzheimer's disease showed that 83% of care very usually difficult, improved significantly or very importantly when performed according to the methodology of care Gineste Marescotti and objectifying benefits for both the patients and caregivers.

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Long-term effect of a standardized motor training on cognition in patients with dementia: Results of a RCT

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Objective.– To determine the long-term effect of a standardized motor training program on cognitive function in patients with dementia.
Methods.– Cognition (CERAD-battery including wordlist memory, wordlist recall, wordlist recognition, trail making test, verbal fluency, constructional praxis, recall of constructional praxis) was measured at baseline (T1), after a 3-month training (T2), at 3-month follow-up (T3), and at 9-month follow-up (T4) in geriatric patients with confirmed mild to moderate dementia ($n = 94$). An intensive, progressive strength and functional training (intervention) was compared to a low-intensity group training (control) in an out-patient setting.
Results.– Repeated measure ANOVA showed significant effect of time for some (wordlist memory: $P < 0.001$, partial eta square [eta^2] = 0.155; wordlist recall: $P = 0.006$, $eta^2 = 0.078$; recall of constructional praxis: $P = 0.001$, $eta^2 = 0.188$) but not all cognitive domains tested (wordlist recognition: $P = 0.183$, $eta^2 = 0.019$; trail making: $P = 0.713$, $eta^2 = 0.002$; verbal fluency: $P = 0.053$, $eta^2 = 0.040$; constructional praxis: $P = 0.448$, $eta^2 = 0.011$) for a better performance 12 months after the beginning of the training intervention. However, no significant group differences were seen.
Conclusion.– An intensive motor training as well as moderate physical group activity in a seated position appear to have long-term beneficial effects on specific cognitive domains and prevent the expected cognitive decline in older people with mild to moderate dementia.

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Psycho-education counselling program in a geriatrics day hospital for the caregiver of a patient who suffers from Alzheimer's disease and related diseases: A qualitative analysis

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Introduction.– Caregivers of patients suffering from Alzheimer's disease or related diseases can take part in a counselling and psycho-education program. The objective is to provide information and concrete advice to address the needs of the caregiver and seek solutions regarding the difficulties encountered on a daily basis. Our interventions are based on two principles: improve the life quality of both the caregiver and the patient, develop a drug-free treatment.
Method.– Multicomposed counselling for the caregiver:
– pre-test (1 session);
– group sessions (5): information, group reflexion, experience-sharing based on real-life situations;
– individual sessions (5): establishing the patient's profile, stress management techniques, work on coping strategies;

– post-test (1).
During the sessions, the patient can be taken care of by the occupational therapist.
Results.– We composed a group of 7 caregivers. The themes addressed during the sessions:
– advice regarding new learning processes and technical aids;
– analysis of behaviour disorders;
– work on the feeling of guilt;
– preventing depression;
– consider and prepare the future;
– accessing information;
– positive reinforcement of behaviours and of the set up aids.
Conclusion.– The caregivers express an increased feeling of competence regarding problematic situations of the daily life. The data analysis of the pre- and post-interventions will allow for these first results to be confirmed.

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P642

Seventy-year-olds now and 20 years ago, changes in functional limitations and cognitive performance

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Introduction.– Several studies have found that later-born cohorts are healthier than early-born cohorts. Diseases, symptoms and functional limitations of elder have increased, but functional limitations seem to postpone. Purpose of this study is to find out how self-reported health and memory has changed and is there connection between self-reported memory problems and objective findings of memory problems, functional limitations and coping in daily living.
Methods.– Two cohorts of 70-year-olds living in private households from Turku, Southwest Finland. 1920-born cohort ($n = 1055$) was examined in 1991 and 1940-born cohort ($n = 960$) was examined in 2011. Everyone attended to physical examination, which included meeting with nurse and doctor, laboratory tests and EKG, Mini Mental State Examination (MMSE) and 80 items questionnaire.
Results.– Cohort 1940 performed better in MMSE-test, 23 or less points get 6.7%, 20 years ago 8.0%. Surprisingly in cohort 1940, about 10% was examined earlier because of memory problems. Self-reported mild memory problems were increased both in men and women 60–70%, but serious were decreased in men 15–10% and in women 10–8%. Twenty years ago, almost every fifth did not answer to questions about changes in memory, now only 4% passed these questions.
Conclusions.– Cohort 1940 was in many ways healthier than 1920 born cohort. At age 70, cohort 1940 had less functional limitations compared to cohort 1920 and they were more independent in daily living. Knowledge of memory diseases has increased, especially among women. Results of women tested earlier did not differ from other women, instead earlier tested men did not perform as well as other men and they had objectively more memory problems. Women were examined earlier more just in case, men when they already had obviously problems.

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Cerebrovascular lesion aggravates instrumental activity of daily life in Alzheimer's disease patients

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Introduction.– It has been reported that impairment in activities of daily living (ADL) accompanies cognitive impairment in the Alzheimer's disease (AD) patients. There is most AD as a cause of dementia of elderly individuals, on the other hand, in elderly individuals,there are many AD with cerebrovascular disease (CVD). The aim of this study was to evaluate the influence which CVD has on ADL in AD patients.
Methods.– We retrospectively examined 148 consecutive patients who were admitted to Osaka University Hospital for close investigation of cognitive impairment from August 2011 to April 2013. Cognitive evaluation was based on the Alzheimer's Disease Assessment Scale (ADAS) which incorporates the Mini-Mental-State Examination (MMSE). A neurological examination, comprehensive geriatric assessment (CGA), laboratory screening and brain imaging (magnetic resonance imaging) were also performed.We excluded the patients with physical disabilities which affect the rating of complex ADL.
Results.– Mean age was 74.8 ± 8.1 years old, and the mean score for MMSE was 25.6 ± 3.8. AD patients were 78 people, and the percentage which has coexisted CVD was 38%. Instrumental ADL of men was low in AD with CVD patients, compared with AD patients ($P = 0.013$). And that of women tended to be low in AD with CVD patients ($P = 0.055$). There was no difference in cognitive function between AD and AD with CVD patients.
Conclusions.– Cerebrovascular lesion may aggravate instrumental ADL in AD patients independent of cognitive function.

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Normal-pressure hydrocephalus and underestimated diagnosis

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Text.– According to the guidlines, we diagnosed a normal-pressure hydrocephalus (NPH) in an 83-year-old woman with the following symptoms: gait ataia, dementia and incontinence. These symptoms were reported the first time in 1965 and are called the hakim-triad [1]. We implemented CCT, spinal tap test, spinal fluid and blood analysis as diagnostic test [2]. In retrospective anaylsis for the years 2011/2012, we indicated 58 patients (2011, 27/743, 3.63%) with NPH in dementia patients presenting in our hospital (St. Marien Hospital, Cologne). These numbers are significantly higher than the average 0.4% [3] in the German population. The new diagnosed patients were presented to the department of neurosurgery to plan a ventriculo-peritoneal shunt implantation. We analysed the combination of different symptoms with dementia. Showing which symptom will help us to focus on NPH as a differential diagnosis for the future.
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