Clinical Characteristics and Cognitive Functions of Late Life Psychosis in a Sample of Egyptian Geriatric Population

A Thesis Submitted for the Partial Fulfillment of MD Degree in Geriatric Medicine

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List of Abbreviations

AD	:	Alzheimer's disease
ADL	:	Activities of daily living
CAMCOG	:	Cambridge cognitive examination scale
CAMDEX	:	Cambridge Mental disorders of the elderly examination
CBF	:	Cerebral blood flow
CSF	:	Cerebrospinal fluid
CT	:	Computed tomography
FMRI	:	Functional magnetic resonance imaging
GHQ	:	General Health Questionnaire
IADL	:	Instrumental assessment of daily living
LBD	:	Lewy body disease
MRI	:	Magnetic resonance imaging
NMDA	:	N-methyl-D-aspartate
PANSS	:	Positive and Negative Syndrome Scale
PET	:	Positron emission tomography
PTBI	:	Post traumatic brain injury
PTSD	:	Posttraumatic stress disorder
SPECT	:	Single photon emission computed tomography
VaD	:	Vascular dementia
VBR	:	Ventricle-to-brain ratio
VLOSLP	:	Very late-onset schizophrenia-like psychosis
WAIS	:	Wechsler adult Intelligence scale

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INTRODUCTION

Worldwide, the number of persons aged 65 and older has increased from 17 million in 1900 to 342 million in 1992 and is expected to increase to 2.5 billion and they will comprise (20% of the total population) by 2050 ***(Olshansky et al., 1993).***

Life expectancy has increased dramatically in the Western Countries and United States, and it is expected to increase more ***(Folsom et al., 2006)***.

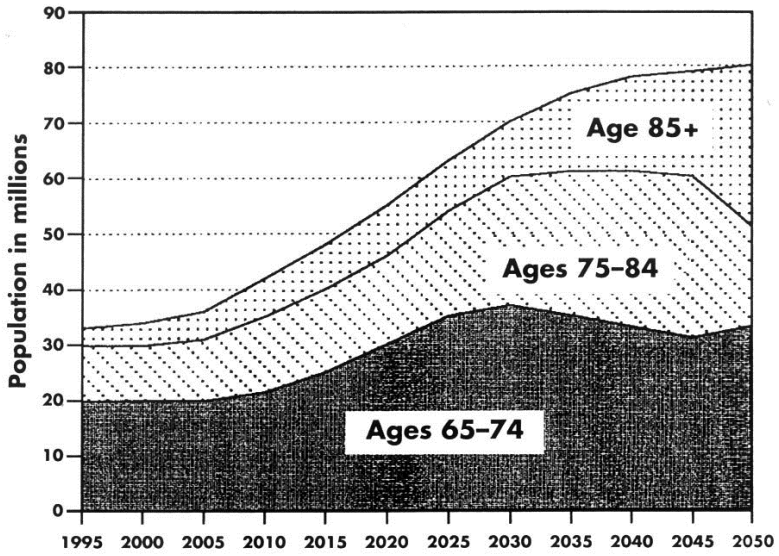

Figure (A1): Projected populations of older adults
(Federal Interagency Forum on Ageing Related Statistics 2000).

Most people age 65 and older have at least one chronic medical illness, and many have also multiple medical conditions. Elderly people are affected more often than middle-aged people by arthritis and orthopedic conditions, hypertension and heart conditions, and hearing or visual impairment. Each of these conditions can limit independent function and detract from quality of life ***(Olshansky et al., 1993; Federal Interagency Forum on Aging-Related Statistics 2000)***. Death rates from heart disease and stroke decreased by approximately one-third from 1980 through 1997, whereas rates of death due to cancer, pneumonia, and influenza increased slightly, and deaths due to diabetes and chronic obstructive pulmonary disease increased substantially (by 32% and 57% respectively) ***(Federal Interagency Forum on Aging-Related Statistics, 2000).***

In 1992, people age 65 and over were hospitalized nearly four times as often as those ages 15 to 44, and they remained in hospital an average of three days longer than younger adults. Older adults visited their doctors II times a year on the average, compared with 5 times for 15 to 44 year olds. About 65% of all visits to physicians by persons 65 and older, and more than 80% of all mental health visits, involve continuation or prescription of drugs ***(Federal Interagency Forum on Aging-Related Statistics, 2000)***.

In 1994, about 21% of older adults were chronically disabled as a result of health problems, about 4% had limitations in higher-order activities of daily living (e.g., financial management, transportation, medication schedules) only, 6% had impairment in one or two basic activities of daily living (e.g., eating, bathing, toileting), another 6% were impaired in three to six basic activities, and 5% were institutionalized ***(Federal Interagency Forum on Aging Related Statistics, 2000)***.

Psychotic symptoms arising in elderly people are of increasing clinical interest ***(Howard et al., 1997).*** There has been a more than century-long controversy regarding the diagnosis and aetiology of psychosis which develops late in life ***(Miller et al., 1991; Hybels et al., 2002)***. The conceptualization of these syndromes stimulate a number of research questions regarding current hypotheses of neural mechanisms implicated in the patho-physiology of these psychotic disorders ***(Barak, et al., 2002).***

In the arena of brain research, the questions of early and late life psychosis may reflect similar neurobiological or neurodevelopmental models of schizophrenia also await future study ***(Pearlsan and Petty, 1994; Karim and Burns, 2003).***

It has been postulated that psychoses in late life are associated with varieties of neurologic abnormalities e.g. white matter diseases or vascular lesions ***(Breitner et al., 1990, Miller et al., 1991; Jeste and Finkel, 2000; Ross and Bowen, 2002)***.