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# Standardized Screening for Alcohol-Related Dementia Can Improve Treatment and Prognosis

Bethesda, MD — Early detection and treatment for alcohol-related dementia (ARD) can improve the likelihood of successful treatment**,** according to the authors of “Alcohol-Related Dementia: A Systemic Review of Epidemiological Studies,”published in *Psychosomatics*, the Journal of the Academy of Psychosomatic Medicine. ARD is characterized with global decreases in intellectual functioning, cognitive abilities, and memory. Its features include frontal executive dysfunction and behavioral changes, commonly creating disorientation, disinhibitions, and carelessness in patients.

“What distinguishes these patients from those with other types of dementia is they are more likely to be younger, unmarried, socially isolated, and male,” said Dr. Chin Cheng, Department of Psychiatry, China Medical University Hospital, Taichung, Taiwan.

The authors conducted a systematic review of articles published between January 1991 and February 2016 to study the epidemiology of ARD. Dementia is the leading cause of morbidity and mortality later in life. The global prevalence was estimated to be as high as 24 million in 2011 and is predicted to double every 20 years through the year 2040. The most common subtypes of dementia are Alzheimer’s Disease, vascular dementia, and other aetiologies, including dementia due to general medical conditions, such as Parkinson’s disease and HIV-related dementia, along with substance-induced dementia, such as heavy metals-related and ARD.

“Due to the lack of defined diagnostic criteria, incidence and prevalence estimates of ARD vary in the literature we reviewed,” said Dr. Cheng. “Our study aimed to describe the epidemiology of ARD over the past 25 years.

The prevalence of ARD ranged from 8.27 per 100,000 to 25.6% in various study populations, with men being the predominant gender. “Male predominance in ARD and the higher ratio of ARD in all-cause dementia in men probably reflect the fact that males are more likely to drink heavily,” said Dr. Cheng. “It may also be because men with ARD more often have co-morbid mental and physical conditions, and these co-morbidities sometimes contribute to dementia,” she added. In addition, individuals with more mental and physical co-morbidities are more likely to be identified through hospital admissions and then later to be diagnosed with having dementia.

The authors cautioned that the results of their review should be interpreted carefully. “The main limitations of the study include a paucity of research on the epidemiology of ARD, heterogeneous age distribution and the source of populations, and inconsistency in ARD diagnosis,” she said.

“Because there are no standard diagnostic criteria for ARD, it is inevitably both subjective and ambiguous, largely dependent on individual clinicians and interviewer bias,” said Dr. Cheng. Diagnosis of ARD is principally based on the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV), provisional clinical diagnostic criteria proposed by Oslin, or the International Statistical Classification of Disease (ICD-10). Detection may be improved by the use of screening tests, such as the Michigan Alcohol Screening Test, combined with other tools, such as the Lifetime Drinking History Interview, suggested the authors.

“Because patients with ARD are usually less cognitively and functionally impaired, compared with patients with other types of dementia, and its course is potentially reversible through timely abstinence and treatment, early and proper detection of the condition will greatly improve treatment and prognosis,” concluded Dr. Cheng.

The Academy of Psychosomatic Medicine, a professional society of more than 1,200 leading physicians, represents psychiatrists dedicated to the advancement of medical science, education, and health care for persons with co-morbid psychiatric and general medical conditions.

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