

Cognitive Stimulation Program (PEC) - Our Experience from January to June 2018

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Received: June 22, 2020; **Published:** November 28, 2020

Abstract

Cognitive impairment is a prevalent pathology at present because our population lives longer due to advances in medicine. The following data were obtained in the 2010 census [1]. 10.2% of Argentines are over 65 years of age (approximately 4,000,000 people). It is estimated that by 2025 there will be 12.7% of people over 65 years of age and by 2050 there will be 19%. Due to these data, we had the need to create the Cognitive Stimulation Program (PEC) in order to help our patients with cognitive impairments and neurodegenerative diseases. In our work we reached the following results: sex (woman 68.9%); age (60 years); onset of symptoms (1 year); schooling (7 years); personal and family history (psychiatric disorders); polypharmacy (3 drugs); psychotropic drugs (clonazepam); MMSE (27 points); diagnosis (multiple amnesic DCL); treatment (cognitive stimulation and memantine).

Keywords: *Cognitive Stimulation Program (PEC); Clonazepam; Cognitive Impairment*

Introduction

Cognitive impairment is a prevalent pathology at present because our population lives longer due to advances in medicine. The following data were obtained in the 2010 census:

1. 10.2% of Argentines are over 65 years of age (approximately 4,000,000 people):
 - a. 2% institutionalized
 - b. 5% home hospitalization
2. 23,483 are between 95 and 99 years old
3. 3,487 are over 100 years old.

It is estimated that by 2025 there will be 12.7% of people over 65 years of age and by 2050 there will be 19%.

Due to these data, we had the need to create the Cognitive Stimulation Program (PEC) to be able to help our patients with cognitive impairments and neurodegenerative diseases.

Goals of the Study

Determine the epidemiology of our population (sex, age, onset of amnesic episodes, schooling, personal and family history, polypharmacy, psychotropic drugs, MMSE, diagnosis and treatment).

Materials and Methods

The study is observational, the workplace is in the Alte Brown municipality (CAPS), the study began in January 2018. There are 62 patients who consulted for amnesic episodes. 29 patients entered the work. Which were able to do the requested studies and began with pharmacological and non-pharmacological treatment. Data collection was done in consultation with the neurologist at CAPS Barrio lindo, CAPS Rafael calzada and CAPS Don Orione. After consultation with the neurologist, patients with Antonella Mellino were referred to CAPS in Perón 888 Adrogue to perform the Neurocognitive Tests. The patients were also referred to do the imaging studies (Meléndez, Oñativia, El Cruce) and the laboratory (Meléndez and Oñativia). Once the patients completed the initial studies they returned to the neurologist to determine the diagnosis and treatment. Cognitive stimulation is done with Antonella Mellino at the CAPS in Perón 888 Adrogue

Results

Sex: Woman 20 (68.9%), man 9 (31%).

Age: 60 years (10 patients: 34.4%), 50 years (7 patients: 24.3%), 40 years (6 patients: 20.6%), 70 years (5 patients: 17.2%).

Onset of symptoms: 1 year ago (15 patient: 51.7%), 2 years (5 patients: 17.2%), 3 years (3 patients: 10.3%), 4 years (3 patients: 10.3%), 5 years (1 patient: 3.4%), 6 years (1 patient: 3.4%) and 9 years (1 patient: 3.4%).

Schooling of our patients: 2 years (1 patient: 3.40%), 3 years (3 patients: 10.30%), 4 years (1 patient: 3.40%), 5 years (1 patient: 3.40%), 6 years (1 patient: 3.40%), 7 years (12 patients: 41.30%), 10 years (1 patient: 3.40%), 11 years (5 patients: 17.20%), 12 years (4 patients: 13.70%).

Personal and family history: HT (13 patients: 44.8%), DBT (9 patients: 31%), hypothyroidism (6 patients: 20.6%), previous MCI (4 patients: 13.7%), smoking (10 patients: 34.4%), psychiatric disorders (16 patients: 55.1%), CVA (7 patients: 24.1%).

Polypharmacy: 11 medications (1 patient: 3.4%), 7 medications (2 patients: 6.8%), 6 medications (3 patients: 10.3%), 5 medications (4 patients: 13.7%), 4 medications (4 patients: 13.7%), 3 medications (13 patients: 44.8%), 2 medications (2 patient: 6.8%).

Psychotropic drugs: Clonazepam (7 patients: 24.1%), paroxetine (2 patients: 6.8%), fluoxetine (1 patient: 3.4%), risperidone (1 patient: 3.4%), alprazolam (1 patient: 3.4%).

MMSE: 11 points (1 patient: 3.40%), 12 points (1 patient: 3.40%), 13 points (1 patient: 3.40%), 17 points (1 patient: 3.40%), 19 points (2 patients: 6.80%), 21 points (1 patient: 3.40%), 22 points (3 patients: 10.30%), 23 points (1 patient: 3.40%), 25 patients (2 patients: 6.80%), 26 points (1 patient: 3.40%), 27 points (5 patients: 17.20%), 28 points (5 patients: 17.20%), 29 points (2 patients: 6.80%), 30 points (3 patients: 10.30%).

Diagnosis

Simple amnesic MCI (6 patients: 20.60%), multiple amnesic MCI (9 patients: 31%), mood MCI (5 patients: 17.20%), Major neurocognitive disorders (4 patients: 13.70%), MCI simple non-amnesic (1 patient: 3.40%), multiple non-amnesic MCI (1 patient: 3.40%), preserved cognitive functions (3 patients: 10.30%).

MCI and depression (16 patients: 55.1%), MCI (8 patients: 27.5%), MCI with impaired executive functions (20 patients: 68.9%).

Treatment: PEC (24 patients: 82.7%), memantine (24 patients: 82.7%), donepezil (5 patients: 17.2%).

Conclusion

In our study we collected the following data: Most of our population are women, the prevalent age is 60 years, the schooling reached is 7 years, they started the symptom 1 year ago, the main risk factors found were AHT, DBT, polypharmacy, clonazepam, altered executive

functions. The most frequent diagnosis is multiple amnesic DCL. And the therapeutic indication was memantine 10 mg x 30 comp (1 comp per day) and psychostimulation mostly. A small group received donepezil 5 mg x 30 tablets (1 tablet per day).

Bibliography

1. "National Population, Households and Housing Census 2010". Bicentennial Census. INDEC. Buenos Aires (2012).

Volume 12 Issue 12 December 2020

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