
As prevalent a geriatric neurological disorder dementia is, it only appeals to reason to study its risk factors and epidemiological associations. This article looked at numerous studies assessing the link between vascular risk factors and dementia.

**Objective:** to examine the evidence present to link vascular risk factors and dementia.

**Methods:** The study design included a non-systematic review of these epidemiological associations and their underlying pathophysiological mechanisms (apolipoprotein E, hypertension, diabetes mellitus, obesity and metabolic syndrome, hypercholesterolemia, atrial fibrillation, smoking, atherosclerosis).

**Results:** In the past decade, several vascular risk factors have been found to be associated with vascular dementia but also Alzheimer’s disease. Some longitudinal studies, have found significant associations between hypertension, diabetes mellitus, and metabolic syndrome, assessed at middle age, and dementia. This level of evidence for these associations is highest for hypertension and DM, especially when these factors are assessed in middle age. Studies assessing the link between hypercholesterolemia, atrial fibrillation, smoking, and dementia have given more conflicting results. Furthermore, some studies have highlighted the possible protective effect of antihypertensive therapy on cognition and some trials are evaluating the effects of statins and treatments for insulin resistance.

**Conclusion:** The authors conclude that vascular risk factors and their treatments are a promising avenue of research for prevention of dementia, and further long-term, placebo-controlled, randomized studies, need to be performed.
Effect of a Dementia Diagnosis on Survival of Older Patients After a Diagnosis of Breast, Colon, or Prostate Cancer: Implications for Cancer Care

Presentation by Mike Kelly, PharmD:


Prevalence of dementia in older persons is 1 in 10, while prevalence of cancer is approximately 1 in 4. Unfortunately, dementia affects the realization of problems and may interfere with diagnoses and treatment of cancer. Knowledge that a patient has dementia is a crucial factor in the cancer care decisions.

**Purpose:** was to examine the associations between preexisting diagnoses of dementia and survival from breast, colon, and prostate cancer.

**Methods:** A retrospective cohort study was conducted for 106,061 persons 68 years or older who were diagnosed as having breast, colon, or prostate cancer. Data used was from the Surveillance, Epidemiology and End Results—Medicare database. The risks of mortality from cancer and noncancer causes were assessed. Cox proportional hazards regression was used to adjust for confounding variables.

**Results:** A large sample size was studied; 31,935 persons with breast cancer, 26,891 with colon cancer, and 47,235 with prostate cancer. The prevalence of dementia varied by type of cancer; 7.4% for persons with breast cancer, 10% for colon cancer, and 5.1% for prostate cancer. Findings indicated that persons with preexisting diagnoses of dementia were significantly less likely to be diagnosed at an early stage of cancer. Survival was found to be markedly worse in demented than in nondemented patients. Thirty-three percent of deaths came from noncancer causes. While another 33.3% of those with a dementia diagnosis died within 6 months of a cancer diagnosis. For those without dementia only 8.5% died within 6 months of cancer diagnosis. For all cancers, the presence of preexisting dementia diagnoses attenuated the relationship between stage at diagnosis and survival.

**Conclusions:** Preexisting dementia diagnoses prior to cancer diagnoses was associated with decreased survival for breast, colon, and prostate cancer.

Creating Grander Families: Older Adults Adopting Younger Kin and Nonkin

Presentation by Gretchen Schmuch, MSW:


Children need someone other than a parent to raise them for a variety of reasons including abuse, neglect, parental incarceration, deployment, substance abuse, abandonment. According to the IFAPA (Iowa Foster and Adoptive Parents Association), 13,000 grandparents in Iowa are raising their grandchildren. Some of these arrangements are legally formalized, many are informal.

It is often difficult to find permanent homes for children with special needs. Special needs definitions vary a little state by state but typically children are considered special needs for adoption purposes if they meet one of the following criteria: 8 or older if white, 2 or older if minority or blended, part of sibling group of 3 or more to be placed in same home, or diagnosed with mental retardation or a disability, psychiatric condition, behavioral or emotional disorder which requires intervention/impedes their functioning.

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Creating Grander Families:  (continued from Page 2)

Because older adults are increasingly providing homes/families to special needs children, and with November being National Adoption Month the article I selected this article.

**Purpose:** 1) to describe adoptive families headed by older parents; they call these intergenerational households “grander families”, 2) to explore how pre-adoptive kinship affects post adoptive outcomes for families who have become “grander families” through special needs adoption.

**Methods:** Participants in the Florida Adoption Project which follows special needs/subsidized adoptions were surveyed. From this pool of 9,170 parents and 14,746 kids, 6,782 families were eligible but only 22% participated in the study. Of those 1,694 adoptive parents caring for 2,382 adoptees the authors identified 310 aged 60+ nonkin and 98 older kin adoptive parents.

The survey was developed by an expert panel and incorporated items from standardized checklists and information suggested to be relevant based on the adoption literature: household size, severity of child’s needs, parent’s income and education, ethnicity, adoptees’ ages and the difference in years between a child’s placement with the adoptive family and adoption finalization.

**Instruments:** Two standardized instruments were used. The Child Behavior Checklist, developed for clinical or parent assessment of children’s behaviors. It consists of 118 items with each rated on a 3 point scale i.e. “hurts animals or is physically cruel to them” “argues a lot” – rating the item often true, sometimes true, or not true. The Family Function Style Scale (FFSS), designed to assess positive aspects of family functioning and coping. It contains 5 domains - interactional patterns, family values, coping strategies, family commitment and resource mobilization which respondents rate on a 5 point scale from not at all like my family to almost always like my family; a 6-item scale related to parent-child attachment to assess the quality of the relationship between adoptee and adopter.

**Results:** Survey results indicated that most older adopters were female. Most older adopters were satisfied with the adoption experience. Kin adopters reported lower incomes (by $6,000 annually), less education, smaller household size, and were less likely to have an adult male in the household than nonkin adopters.

Adoptee information was similar across the 2 groups. Reflective of other studies more negative externalizing behaviors in the children had a negative impact. The older a child was when adopted, the more likely the adopting family was less likely to embrace doing it again. Older age at adoption was also associated with poorer adoptive parent-child relationship satisfaction. Although the authors found that pre-adoptive kinship predicted more negative family impact from the adoption than did any other characteristic, kin were more likely to say they’d go through it all again.

**Limitations:** The authors relied on self report of who’s kin or not although the 24% kinship finding is consistent with other prevalence data. The survey was administered only once although the authors suggest this is just the first wave of surveys. The sample size was small however that is typical for this type of study. The researchers did not look address potentially key issues including ongoing contact with birth parents, strains on household resources, impact on older adult’s health, relationship between adoptive parent and child pre adoption, reliance on or access to public assistance, services.

**Conclusion:** The authors conclude that grander families generally work well but contain challenges and older adoptive parents would benefit from pre and post adoption interventions targeting those challenges. Family functioning processes and child’s behavior appear to be more important outcomes than pre-adoptive history. The system should not overlook the potential value of older adoptive parents, both kin and nonkin. The 1997 Adoption and Safe Families Act demanded innovative approaches to achieve the goals of safety, permanency, well being of children in the social welfare system and this study demonstrates that older adults should be utilized more in adoption situations.
Next Journal Meeting:
December 19, 2008

Presenters:
Jason Wilbur, MD
Will Saxena, MD
Susan Duffy, MD