The effect of functional capacity and concomitant medications on life expectancy in Alzheimer’s disease.

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The Swedish Alzheimer Treatment Study (SATS) is a prospective, observational, multicenter study for the long-term assessment of inflammatory drugs (NSAIDs)/acetylsalicylic acid, antidepressants, and anxiolytics/sedatives/hypnotics). The study estimated the association of these concomitant medications and the life expectancy in AD patients in clinical practice.

Background
The time from AD diagnosis to death was longer in patients with antipsychotic therapy (6.1 ± 2.7 years, p < 0.001) and at the time of diagnosis (75.1 ± 6.8 vs 77.4 ± 5.9 years, p < 0.001) and younger at the onset of AD (mean ± SD; 71.9 ± 7.3 vs 74.5 ± 5.9 years, p < 0.001). The non-users of antidiabetics died at an older age (81.9 ± 6.2 vs 78.5 ± 6.8 years, p < 0.001) and at the time of diagnosis (75.9 ± 6.2 vs 77.4 ± 5.9 years, p < 0.001). Antipsychotic therapy was a strong risk factor for reduction in life expectancy among AD patients.

Methods
The Swedish Alzheimer Treatment Study (SATS) is a prospective, observational, multicenter study for the long-term assessment of inflammatory drugs (NSAIDs)/acetylsalicylic acid, antidepressants, and anxiolytics/sedatives/hypnotics) at baseline were not significant independent predictors of life expectancy after AD diagnosis, in addition to male sex, older age, and lower cognitive ability, which are factors that are commonly associated with a shorter life-span. We aimed to study the impact of functional capacity and concomitant medications on the life expectancy of AD patients in clinical practice.

Results
In Table 1, a t-test was performed to analyze two independent groups, and a χ2 test was used to analyze categorical variables. Antidiabetic therapy was a strong risk factor for reduction in life expectancy among AD patients. The time from AD diagnosis to death was longer in patients with antipsychotic therapy (6.1 ± 2.7 years, p < 0.001) and at the time of diagnosis (75.1 ± 6.8 vs 77.4 ± 5.9 years, p < 0.001) and younger at the onset of AD (mean ± SD; 71.9 ± 7.3 vs 74.5 ± 5.9 years, p < 0.001). The non-users of antidiabetics died at an older age (81.9 ± 6.2 vs 78.5 ± 6.8 years, p < 0.001) and at the time of diagnosis (75.9 ± 6.2 vs 77.4 ± 5.9 years, p < 0.001). Antipsychotic therapy was a strong risk factor for reduction in life expectancy among AD patients.

Conclusions
Instrumental activities of daily living capacity (ADL) but not basic ADL, was an important predictor of life-span after diagnosis of Alzheimer’s disease (AD) and should be considered by clinicians and community-based services when estimating prognosis in AD. Antidiabetic therapy was a strong risk factor for reduction in life expectancy among AD patients.