Screening for dementia in the older Chinese with a single question test on progressive forgetfulness

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SUMMARY

Objectives To assess the utility of asking for presence of progressive forgetfulness (PF) prior to administering the Abbreviated Mental Test (AMT) when screening for dementia in the community-dwelling elderly Chinese.

Methods This was a two-phased community-based survey of elderly subjects (≥ 50 yrs). In phase one, subjects were asked for PF and administered the AMT. Those having PF or an impaired AMT performance were evaluated clinically for dementia in phase two, which also included a randomly selected sample of 35 subjects with no PF and who passed the AMT.

Results 2566 subjects completed phase one interview, of which 128 subjects completed phase two. Overall prevalence of PF, failed AMT and dementia were 2.4%, 2.2%, 0.9% respectively. The sensitivity of PF for dementia was 95.7% with specificity of 45.1%. PF was significantly associated with depression in the young-old (50–74 yrs) but not in the old-old (≥ 75 yrs) age group, after adjusting for dementia. The probability of subjects (%) in the four possible diagnostic combinations of PF and AMT in the young-old and (old-old) age groups were 0 (0.06) in the no PF/ passed AMT, 0 (0.44) in the no PF/failed AMT, 0.23 (9.2) in the PF/passed AMT and 3.6 (43) in the PF/failed AMT groups.

Conclusion In screening for the most common dementias, AMT administration is not required if PF is absent. AMT is also of no added utility for diagnosing dementia in older subjects with PF. Younger subjects with PF should be closely evaluated for depression especially if they passed the AMT, and dementia, if they failed the AMT. Copyright © 2006 John Wiley & Sons, Ltd.

KEY WORDS — diagnosis; aged; cognitive disorders

INTRODUCTION

An estimated 25 million persons in the world have Alzheimer's disease and this number is expected to increase to 63 million in 2030 and a staggering 114 million by 2050 (Wimo et al., 2003). In Singapore, the prevalence of at least moderately severe dementia is expected to triple with its rapidly ageing population: from approximately 7000 in 2000 to 24 000 in 2030 (Ministry of Health, 1997). In these circumstances, detection of early dementia becomes increasingly important as affected patients are more amenable to treatment advances and caregiving plans more effectively implemented at that stage, leading to delays in institutionalization and lowered healthcare expenditure (Mittleman et al., 1996; Lim et al., 1999).