

Development of screening batteries for neuropsychiatric comorbidity in elderly

The neuropsychiatric conditions are prevalent in the elderly and associated with reduced quality of life.^[1,2] Depression, anxiety, and dementia are the most frequent neuropsychiatric comorbidities in the people aged >65 years. In this age group, depressive symptoms can be concomitant to advances in somatic illnesses, such as chronic heart failure, chronic renal failure, chronic stroke, etc.^[3] or be the manifestation of major depressive disorder.^[4] In the case of major depressive disorder, a dramatic reduction of the health-related quality of life by up to 50% was reported.^[4] In vascular diseases, which are the main causes of death and disability in the elderly, depression is associated with unfavorable outcome and reduced quality of life. The prevalence of depression in stroke-survivals is assessed to be up to 40%.^[5] The presence of depressive symptoms is a major predictive factor for the long-term reduction of health-related quality of life after stroke.^[6] Along with cerebrovascular diseases, neurodegenerative diseases represent the most prevalent neurological diseases in the elderly. Depression and anxiety are widely known as nonmotor symptoms of neurodegenerative disorders, such as Parkinson's disease. In neurodegenerative disorders, depression can not only be an important predictor of reduced health-related quality of life but it can also be associated with increased socioeconomic burden and care dependence.^[7-9]

Dementia is another major neuropsychiatric condition in the elderly. Alzheimer dementia is the most common type of dementia in persons >65 years followed by vascular dementia. In both Alzheimer and vascular dementia, depressive symptoms are highly prevalent and associated with reduced quality of life.^[2]

Identification and treatment of neuropsychiatric conditions in the elderly population of developing

countries and rural regions are challenged by limited health-care resources. The burden caused by neuropsychiatric comorbidity in these regions is high and the development of screening batteries for their early detection is of a major importance. In their recent study, Sabanand *et al.* from the National Institute of Mental Health and Neurosciences, Bangalore, suggested a set of four adopted commonly used screening instruments for identification of neuropsychiatric problems, which they called the Instruments for Comprehensive Evaluation of the Elderly (ICE-E).^[10] The ICE-E consists of following compounds:

- General Health Questionnaire (GHQ-12).
- AD8, a brief 8-item measure to identify cognitive impairment among older adults.
- A 12-item neurological screener developed for the Bangalore Urban and Rural Neuroepidemiological (BURN) survey.
- A 4-item psychosis screening.
- A checklist for common medical illnesses.

Sabanand *et al.* found the following advantages of the ICE-E: brief and easy to administer set of tests, the possibility to be applied by nonmedical personnel with adequate training and assistance for clinicians in better planning of management strategies. Although, the ICE-E has not still undergone a comprehensive validation procedure, the first results are promising and further development of this screening battery is strongly encouraged.

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