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The Prevalence of Parkinsonism in the Oldest Old: A 90+ Study (P4.005)

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Abstract

Objective: To estimate prevalence of parkinsonism in the oldest-old and assess its association with age, gender, dementia, and falls. Background: Prevalence of parkinsonism increases with age up to age 85. However, whether it plateaus after age 90 is not clear, possibly due to the low number of these participants examined in previous studies or views that these features are attributable to the aging process. Methods: In-person clinical exams using modified UPDRS and Tinneti scales were analyzed in 966 participants from The 90+ Study, a population-based study of aging and dementia in people aged 90 and above. Parkinsonism was defined as meeting at least 2 of 4 core clinical criteria for parkinsonism (bradykinesia, resting tremor, rigidity, postural instability). One must be bradykinesia and all with at least mild severity. Dementia was diagnosed from in-person examinations by trained examiners using DSM-IV criteria. Results: The overall parkinsonism prevalence was 14.0[percnt]. People aged 90-94 had a prevalence of 12.4[percnt], significantly lower than those older than 95 (18.1[percnt]). Parkinsonism was significantly more frequent in participants with dementia (32.3[percnt]) compared to those who were cognitively-impaired-non-demented (7.9[percnt]) or normal (5.1[percnt]). Parkinsonism was more prevalent in those who reported a fall (15.6[percnt]) compared to non-fallers (11.5[percnt]) and was even higher in those with multiple falls in the last year (18.7[percnt]). Parkinsonism prevalence did not differ by gender. A multivariable logistic regression on gender, age, and dementia showed that dementia had the strongest association with parkinsonism. Conclusions: Despite analyses showing that prevalence of parkinsonism may plateau after age 90, it continued to increase in this study. Parkinsonism is associated with falls, frequent hospitalizations, and greater caregiver burden. Because higher fall rates and dementia are strongly associated with parkinsonism, early identification may lend opportunity to prevent adverse events and intervene in those with dementia. Study Supported by: The 90+ Study

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Tuesday, April 19 2016, 8:30 am-7:00 pm