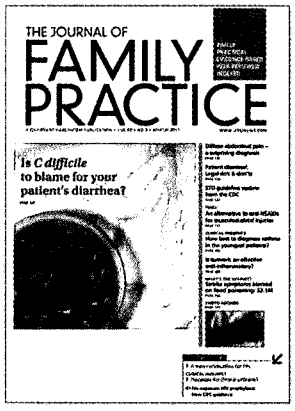
Forget the mental status test—and learn to listen



My wife was diagnosed with Alzheimer's disease (AD) at age 63. Unfortunately, her AD went misdiagnosed for several years while I repeatedly tried to convince her doctors that she was experiencing dementia. For 3 years, doctors administered the Mini-Mental State Exam (MMSE) and other cognitive tests, but she consistently did very well (on one occasion scoring 29 out of a possible 30 on the same day that she couldn't remember our granddaughters' names). An MRI of her brain showed no definitive signs of AD. Thus, she was treated for stress, anxiety, and depression, although I told both our primary care physician (PCP) and a neurologist that her symptoms couldn't possibly be due to any of these conditions.

I documented my wife's behaviors in weekly logs and brought copies to each visit, but invariably my notes went unread or were quickly dismissed. When I told the PCP I thought the medications prescribed by the neurologist weren't working because she was declining further, he deferred to the specialist, who advised us to "stay the course." Finally, I convinced my wife to see a psychiatrist affiliated with a major medical center who requested copies of my logs even before our first visit.

At that visit, the psychiatrist interviewed us at length, reviewed previous tests, and administered his own cognitive, physical, and neurological tests. He then ordered a new battery of tests and referred us to his facility's AD center, where my wife finally received a diagnosis of early-onset Alzheimer's.

Doctors can improve their chance of accurate diagnosis simply by listening to the spouse or significant other. One recent study found that the AD8, an 8-question, 2-minute screening test given to a close friend or family member, was superior to conventional testing in its ability to detect signs of early dementia.[1]

Although doctors can't identify the cause of AD or offer hope for a cure, early diagnosis is important. The sooner the patient starts taking medication designed to help slow the degenerative progression, the more effective the drugs may be.

So please, doctors, if a family member or loved one reports worrisome symptoms of possible dementia, listen carefully. The observations of someone close to the patient just may be more accurate than any screening test you could give.

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1. Galvin JE, Fagan AM, Holtzman DM, et al. Relationship of dementia screening tests with biomarkers of Alzheimer's disease. *Brain*. 2010;133:3290-3300.

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Topical diclofenac for sprains? These doctors say No

"An alternative to oral NSAIDs for acute musculoskeletal injuries," (PURLs, *J Fam Pract.* 2011;60:147-148) promotes an unreasonable conclusion. The Cochrane review on which it is based found a 50% response rate to topical diclofenac for ankle sprains, compared with a 25% response to placebo. (A response was defined as ≥50% reduction in pain.) The authors of the Cochrane review seem to think this is adequate, and the authors of this PURL apparently agree.

First, they overstate the benefit. If we consider that 1 in 4 patients respond to placebo, we find that only 1 in 4 patients actually have what the authors describe as an adequate response to topical diclofenac. That still means that half the patients I see for ankle sprain could be calling at 11:00 PM to complain about inadequate pain relief.

Second, the Cochrane reviewers did not use an active control group with oral NSAIDs, leaving us to guess whether oral NSAIDs are equally effective, worse, or better than topical agents. The great majority of people I treat for ankle sprains obtain adequate pain relief with oral therapy. Studies have compared topical and oral NSAIDs, but the authors make no mention of these comparisons.

I trust and rely on the Cochrane reviews, but they are not the word of God. This review did not provide useful information. The space