



Title	Association between vascular risk factors and incident significant cognitive impairment in Chinese older people in Hong Kong in a six-year study
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scores for severity of disease were assessed and the levels of plasma and CSF $A\beta_{1-40}$, $A\beta_{1-42}$, T-tau, P-tau₂₃₁ were measured from all subjects by means of a sandwich enzyme-linked immunosorbent assay.

Results: At baseline, there were significant differences in mean levels of CSF T-tau ($t = 2.580$, $p = 0.016$), CSF P-tau₂₃₁ ($t = 4.014$, $p = 0.000$), and CSF $A\beta_{1-40}$ ($t = 2.766$, $p = 0.010$) between the 2 groups. At 6-month follow-up, plasma $A\beta_{1-40}$ levels had significantly increased from the baseline in the AD group ($t = -2.735$, $p = 0.041$). CSF P-tau₂₃₁ levels were negatively correlated with duration ($r = -0.485$, $p = 0.026$) and GDS scores ($r = -0.482$, $p = 0.027$) in AD group; CSF $A\beta_{1-42}$ levels were positively correlated to MMSE scores ($r = 0.565$, $p = 0.008$) and inversely correlated with duration ($r = -0.565$, $p = 0.008$) and GDS scores ($r = -0.634$, $p = 0.002$) in AD group.

Conclusions: The levels of CSF T-tau, CSF P-tau₂₃₁, and CSF $A\beta_{1-40}$ were significantly higher in the AD group than the VD group. Plasma $A\beta_{1-40}$ levels increased significantly in AD group after the 6-month follow-up. CSF P-tau₂₃₁ and CSF $A\beta_{1-42}$ levels showed an association with severity of dementia and cognitive impairment.

Association between Vascular Risk Factors and Incident Significant Cognitive Impairment in Chinese Older People in Hong Kong in a Six-year Study **F2.2.3**

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Objective: This study aimed to examine the association between vascular risk factors, namely hypertension, diabetes mellitus and hypercholesterolemia, and incident significant cognitive impairment in community-dwelling Chinese older people in Hong Kong.

Methods: Community-dwelling Chinese older people aged 65 years and above who attended Nam Shan Elderly Health Centre in 2005 with no history of dementia or stroke constituted the baseline sample. Retrospective data retrieval for the presence of vascular risk factors at baseline was conducted. Annual clinical assessment on cognition was offered in the 6-year study period. Significant cognitive impairment was defined by presence of dementia in accordance with DSM-IV-TR, scoring below the cut-off point on the Cantonese version of the Mini-Mental State Examination, and / or a global Clinical Dementia Rating score of 1-3.

Results: A total of 1925 subjects were recruited into our study; 161 (8.4%) subjects developed significant cognitive impairment in the 6-year study period. Subjects with incident significant cognitive impairment was older (75 vs. 73 years; Mann-Whitney U test, $p < 0.001$) with lower education attainment (30.4% vs. 23.9% of illiteracy; χ^2 test, $p = 0.06$).

However, there was no statistically significant difference in the point prevalence of pre-existing hypertension (χ^2 test, $p = 0.68$), diabetes mellitus (χ^2 test, $p = 0.21$), and hypercholesterolemia (χ^2 test, $p = 0.31$) between subjects who developed significant cognitive impairment and those who remained cognitively stable. Interestingly, baseline pulse pressure, but not systolic or diastolic blood pressure, was found to be higher among subjects with incident significant cognitive impairment (70 mm Hg vs. 66 mm Hg; Mann-Whitney U test, $p = 0.03$).

Conclusions: This study did not have evidence to show that hypertension, diabetes mellitus, and hypercholesterolemia were associated with incident significant cognitive impairment in the Chinese older people in Hong Kong. Further studies are needed to examine the role of pulse pressure in contributing to cognitive decline in late life.

An Open Trial of a Transdiagnostic Group Treatment for Mood-related Disorders in a Chinese Community Centre **F2.2.4**

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Objective: There has been an increasing interest in transdiagnostic cognitive-behavioural therapy for mood-related disorders. This effectiveness study is an open clinical trial of a pilot transdiagnostic group treatment for mood-related disorders in a Chinese community centre.

Methods: Twenty Chinese female participants with mood-related disorders were recruited from the Integrated Community Centers of Mental Wellness in Hong Kong to participate in a transdiagnostic group treatment for mood-related disorders, which was divided into Part A (7 sessions) and Part B (7 sessions) with a break of 1 to 2 months in-between, during which an individual session was offered to each participant. Assessments using Beck Depression Inventory-II, Beck Anxiety Inventory, Positive and Negative Affect Scale, Penn State Worry Questionnaire, and Work and Social Adjustment Scale were administered at 3 time-points, which were pre-treatment, post-Part A treatment, and post-Part B treatment.

Results: Valid data were obtained from 18 participants; 6 of them completed Part A treatment, while 12 completed both Part A and B treatments. The results showed a significant improvement and large effect sizes with respect to depressive and anxiety symptoms, positive affect, as well as work and social functioning. Half of the participants no longer met clinically significant levels of depressive and anxiety symptoms.

Conclusions: This pilot study on the effectiveness of group transdiagnostic treatment for mood-related disorders in the Chinese community is promising. It contributes empirically and theoretically to current research on the transdiagnostic treatment.

A Multidisciplinary Intervention Aimed at Reducing Inappropriate Antipsychotic Prescribing **F2.2.5**