LETTERS TO THE EDITOR

Recoverable Cognitive Dysfunction in Older Persons

To the Editor:—Observed incidence of cognitive deficit in patients hospitalized in the Internal Medicine wards tops 30% among those older than 80 years. Conversely, the percentage of reversible cognitive deficit (RCD) is surprisingly low (0.6–3%).^{1,2}

An important issue for geriatricians, RCD is often a cause of misunderstanding between geriatricians and specialists from other departments (coronary units, Surgery departments, etc.)³ who tend to treat the condition with too many sedatives.

The comment “Recoverable cognitive dysfunction at hospital admission in older persons during acute illness” on a recently published paper⁴ follows our own clinical observation, which revealed that proper treatment of underlying acute illness has also increased and improved the cognitive function of patients.⁵

More specifically, a certain number of patients, most of whom were admitted to the hospital for cardiovascular disorders, presented “dementia-like” symptoms. Part of the reason for seeing this simulation of dementia in some patients was a result of poor adaptation, i.e., disorder in psychosocial “homeostasis.” One of the future tasks for geriatricians will be to find the solution to the problem of adaptation of patients to the new environment. In addition, we should look for ways to remove or avoid dramatic changes in the cognitive functions of the elderly who are admitted to hospitals for other reasons like heart attacks, strokes, etc.⁶

Finally, the timely and accurate diagnosis of RCD and proper treatment of its underlying causes are of paramount importance in everyday clinical practice. This requires a multidisciplinary approach and coordinated teamwork of geriatricians and other specialists.

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