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Predictors of weight change in Alzheimer's disease.

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Journal

JOURNAL OF THE AMERICAN GERIATRICS SOCIETY, 45(9)

ISSN

0002-8614

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Publication Date

1997-09-01

DOI

10.1111/j.1532-5415.1997.tb05962.x

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Peer reviewed

- P164 **PREDICTORS OF WEIGHT CHANGE IN ALZHEIMER'S DISEASE** C. Kuttner-Sands, MD*; K. Carson, ScM; C. Kawas, MD*; Johns Hopkins Geriatric Center, 5505 Hopkins Bayview Circle, Baltimore, MD 21224.
- Objective** To examine predictors of weight change in subjects with moderate Alzheimer's disease (AD).
- Methods** Subjects were 118 outpatients meeting NINCDS-ADRDA criteria for AD at the Johns Hopkins Alzheimer's Disease Research Center, and having weight recorded at baseline and 18 or 24 months follow-up. Binary outcome measurements of > 4% weight loss, > 4% weight gain, and weight stability were computed from each subject's baseline. Independent variables were sex, age, body mass index (BMI), use of antidepressants (primarily tricyclics), neuroleptics or both, Mini-mental State Exam score, a dependency scale, Hamilton depression, incontinence, gait disturbance, and nursing home placement. Logistic regression analysis adjusting for age, sex, and BMI was used.
- Results** Weight loss was associated with incontinence (odds ratio (OR)=3.2, confidence interval (CI)=1.3-7.5) and nursing home placement (OR=2.7, CI=1.0-7.3). Antidepressant use increased the likelihood of weight stability (OR=3.5, CI=1.3-9.8) and nursing home placement decreased the likelihood (OR=0.3, CI=0.1-0.9). Only BMI was associated with weight gain (OR=0.9, CI=0.8-1.0). No outcome was significantly associated with age, sex, or the other variables.
- Conclusions** Significant weight loss in AD patients occurs with incontinence and nursing home placement. Use of tricyclic antidepressants to treat depression, dysthymia, or behavior problems is correlated with weight stability. Further study is needed to evaluate other antidepressants and interventions for weight loss in AD patients.