

Research letter examines pacemaker use in patients with cognitive impairment

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Dr. Nicole R. Fowler and her fellow reserachers have found that patients with dementia were more likely to receive a pacemaker then patients without cognitive impairment.

Older adults with mild [cognitive impairment](#) (MCI) and dementia can have co-existing cardiac illnesses and that makes them eligible for therapy with devices to correct rhythm abnormalities. But the risks and benefits need to be weighed carefully with patients, families and clinicians.

The authors examined data from the National Alzheimer Coordinating Center Uniform Data Set gathered from 33 Alzheimer Disease Centers from September 2005 through December 2011. There were 16,245 participants with a baseline visit and at least one follow-up.

At baseline, 7,446 participants (45.8 percent) had no cognitive impairment, 3,460 (21.3 percent) had MCI and 5,339 (32.9 percent) had dementia. Participants who had dementia at the visit before being assessed for a pacemaker were 1.6 times more likely to receive a pacemaker compared with participants without cognitive impairment and participants with MCI were 1.2 times more likely. Over the seven-year study period, rates of pacemakers were 4 per 1,000 person-years for participants without cognitive impairment, 4.7 per 1,000 person-years for participants with MCI and 6.5 per 1,000 person-years for participants with dementia.

Patients with [dementia](#) were more likely to receive a [pacemaker](#) than patients without cognitive impairment, even after adjusting for clinical risk factors. This runs counter to the normative expectation that patients with a serious life-limiting and cognitively disabling illness might be treated less aggressively. While it is possible that unmeasured confounding by indication explains this observation, future research should explore the patient, caregiver and clinician influences on decision making regarding cardiac devices in this population.

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