

Troglodyte

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I do a lot of peer reviewing. I probably average about two papers each week, which forces me to closely read and constructively critique a small number of papers rather than review, less critically, a large number to keep up in my field. Perhaps I've been falling behind as I seek to learn more and more about less and less. If so, the various journal editors haven't picked up on it. However, I have a persistent anxiety, which I think I share with the majority, if not the vast majority of older people, that I am declining in both my memory and my cognition. When my patients, mostly

older people with Parkinson's disease (PD), tell me they can't remember names and can't plan things as well, I ask them if this is worse than it is for their friends. Usually it isn't and we move on.

Subjective Cognitive Impairment

Currently I'm reviewing a paper on Subjective Cognitive Impairment (SCI, as it's known in the trade). There's been a lot written about it in recent years. I only chanced upon the topic a year or two ago, at which time it had firmly planted a seed in the dementia literature, but had not yet risen to the

kudzu stage. I thought two things: on the one hand, it was a silly pursuit of a non-problem, on the other, it was a great way for researchers with time on their hands to write some peer-reviewed articles to advance their career. Like the Golem, in James Thurber's classic children's tale, *The Thirteen Clocks*, when asked why he had joined a gold rush in a distant place, having taken responsibility for starting the rumor in the first place that there was gold there, he remarked that so many people were going that there must be something to it. I comfort my patients by relating an

observation I read many years ago, "The older I get, the better I was."

I now have to opine on a research study of the purported problem, which I am unsure exists. So, I am no longer an uninterested party on the sidelines in this SCI business. I have, however, reflected on what I consider an important and persistent problem that seems analogous, which is the memory impairment that a small percentage of patients treated with electroconvulsive therapy report, even when their depression remits. It may be



Restoration of *Le Moustier Homo neanderthalensis* by Charles R. Knight (1920). [WIKIPEDIA, IN THE PUBLIC DOMAIN]

permanent, and is not associated with tangible abnormalities on formal testing. It does not, so far as is currently known, lead to dementia. No one knows what this memory deficit means. Is it physiological, or is it simply a matter of, “the older I get the better I was,” or a nocebo (negative placebo) effect?

When I used to see general neurology patients, 20 years ago, not just those with movement disorders, I often saw patients whose primary complaint was their memory loss, and most had normal exams. They suffered, I thought, from anxiety. Now they would be suffering from SCI.

Many years ago, I attended a small meeting to discuss apathy, a very important issue in psychiatry, particularly in schizophrenia, but also in dementing disorders, particularly Alzheimer’s disease and, to a lesser extent, PD. When the dementia doctors discussed the negative consequences of apathy, I noted that in PD it was a cloud with a silver lining. The absence of emotions softened the blows inflicted by the disease as it robbed people of their dexterity, speech, gait, balance, and even their cognitive skills. When patients were asked how they felt, the usual answer was “fine.” And they meant it. The non-apathetic said, “I’m frustrated. I’m angry.” “I’m depressed.” “I can’t do anything I enjoy. I’m trapped. My life is terrible. I’m a burden.” And on and on. I point out to the families, who are

distraught, that they are suffering more than the patient. They see my point and act as if I’ve lightened their burden to a small degree. When I said this to the group of clinicians, their jaws dropped. What I believed was a thoughtful insight they took as an assault on the received modern psychiatric interface cannon. I was a Neanderthal, apparently invited to the meeting by mistake.

I mention this only to put my thoughts on SCI in perspective. And that perspective is, I fear that my thoughts may be somewhere between those of a troglodyte and a Luddite. I had never thought of myself as an opinionated person until I was in college, when some friends noted that I was, in fact, very opinionated. I thought I wasn’t because I was usually able to see both sides of an argument, which, I perceived, made me sort of “wishy washy.” My friends thought not. I’ve had wrong opinions, of course, and like to think that I’ve corrected them, and I may have wrong opinions about SCI, and I’ll be ready to correct them, too, but right now, I’ve found that every one of my older friends (over 70) has SCI. I’ll bet that almost every reader of this column over age 70, and many a good deal younger, have SCI, too. We used to call them “the worried well.” It is common in people with anxiety, depression, whiplash, chronic fatigue, etc.

The manuscript I reviewed, like many, but not all articles on SCI, has

a long-term follow-up showing that people with this diagnosis are more likely to become demented than those who didn’t complain, or apparently notice, their developing memory impairment. I would have thought that it would have been the opposite, as with driving. Bad drivers don’t worry about their driving because they don’t recognize their deficits, while good drivers track their every mistake.

I’m willing to acknowledge my mistakes, I think. The paper I reviewed is flawed, but acknowledges its flaws. Few papers are perfect and the better papers acknowledge the limitations of their observations, as this one did. However, unless the investigators set out to debunk a theory, they can’t report that they spent their time investigating a silly idea. This puts me in the position of helping decide whether a good investigation of a worthless concept is worth publishing. Although I’m opinionated, I do realize that I’m wrong sometimes, so I voted to help clog up the journals with another contribution of little value. ❖

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