The aim of the study was to answer the question whether peg-IFNalpha/RBV-induced cognitive functions' disturbances resolve eight weeks after treatment discontinuation.

26 CHC patients were consecutively enrolled in the study. They were given peg-IFNalpha/RBV treatment for 48 weeks in the standard doses recommended by manufacturers. Patients underwent neuropsychological examination consisting of Stroop Color Word Test (SCWT), Trail Marking Test (TMT), Auditory Verbal Learning Test (AVLT), Attention d2 Test (d2) and Hooper Visual Organization Test (HVOT) three times: before the beginning (t=0), after 12 weeks of medication (t=1) and 8 weeks after treatment discontinuation (t=2).

Cognitive performance measured by means of all mentioned tests decreased significantly after 12 weeks of combination therapy. However, no significant differences in the results of TMT, AVLT, HVOT and SCWT color words subtest between t=0 and t=2 were seen, significance between these two time points in d2 and SCWT colors and words subtests performance was observed. SCWT subtests results revealed a trend towards normalization but d2 performance in t=2 was ever poorer comparing with t=1.

The findings suggest that most cognitive disturbances observed during peg-IFNalpha/RBV therapy in CHC patients resolve eight weeks after treatment discontinuation, but attention abnormalities may persist up to 8 weeks after treatment of discontinuation. The complete resolution of attention abnormalities observed during peg-IFNalpha/RBV therapy may require longer period or may be the effect of the permanent anterior cingulate cortex damage.

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Normal and pathological aging of attention in huntington's disease and normal elderly subjects

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Background and aims: Recent attention models view exogenous and endogenous attention as separate components of attention. Exogenous attention is defined as automatic, involuntary, directed by external stimulation and unaffected by memory load, while endogenous attention is defined as executive, voluntary, directed by voluntary acts and affected by memory load. Methods. Two studies were designed to examine if decline in these two components of attention is similar in normal aging and Huntington's disease (HD). Standardized tests derived from Posner's model of visuospatial attention were administered to normal elderly subjects (n=13), patients with HD (n = 17) and matched control subjects (n = 42).

Results: In healthy elderly subjects, both exogenous and endogenous attention were found to decline within normal limits, and the decrease was greater for endogenous attention, particularly in situations of perceptual conflict. Patients with HD showed marked impairment of endogenous or voluntary attention components, while exogenous or automatic components were preserved.

Conclusions: Our results suggest that anterior executive and posterior automatic neuronal networks for attention are differentially vulnerable to the effects of normal aging and neurodegenerative diseases, despite the fact that both normal aging and HD are characterized by decreased endogenous attention in situations of perceptual conflict.

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Carotid doppler ultrasound modifications in alzheimer disease

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Objective: Triplex ultrasound evaluation of CCA in Alzheimer.

Methods and results: Our study group, consisted of 52 patients (32 male, mean age 68.2+/-2.2 yr), confirmed with Alzheimer dementia (AD) according to DSM IV-R criteria, was evaluated by triplex ultrasonography at the common carotid arteries (CCA) level and, also, by a cerebral CT-scann. The results were compared with a controlled matched group of similar age. In the AD group, 62.2% of patients presented ultrasonographic modifications: a larger CCA diameter (8.2+/-0.6 mm) and an increased arterial impedance (RI 0.82+/-0.05), significantly higher ($p<0.001$) compared with the values obtained from the controlled group (D 7.2+/-0.5 mm; RI 0.76+/-0.02). Also, IMTh was more echogenous, diffuse or patchy thickened, with a mean maxIMTh 1.6 +/-0.02 mm in AD group, compared with 0.8+/-0.02 mm in the controlled group. We underline the absence of arterial atherosclerotic plaques in the all length of CCAs in AD group. The augmentation of arterial impedance correlated with the presence of cortical atrophy releved by cerebral CT-scann. In the AD group with these ultrasonographic aspects, we recommended vasodilatator drugs in association with cholinomimetics.

Conclusion: The vascular modifications (increased resistivity and decreased regional cerebral blood flow) in AD, draw attention on the early Doppler evaluation of these cathegory of patients. The ultrasonografic CCAs modifications, even in the stage of minimal cognitive deficit (when the criteria for establishing the diagnosis of dementia are not fulfilled), represent a factor of therapeutic indication for cholinomimetics, with a possible influence in the clinical and mental disease prognosis.

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Spanish validation of the adult ADHD self-report scale-version 1.1

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Adult attention deficit hyperactivity disorder (ADHD) has a prevalence up to 4% of the general adult population, however in Spain adult ADHD is underdiagnosed. Screening instruments can help clinicians to detect adult ADHD. The World Health Organization Adult ADHD Self-Report Scale-Version 1.1 (ASRS v1.1) is a 6-question scale designed to screen for adult ADHD.

A validation of Spanish version of the ASRS v1.1 was performed.

A case control study was carry out (adult ADHD vs non ADHD) in the Adult ADHD Program of the Hospital Universitari Vall d'Hebron (Barcelona). ADHD evaluation was performed using Conners Adult ADHD Diagnostic Interview for DSM-IV (CAADID-Part II) and the diagnosis was compared with the ASRS v1.1 responses. Logistic regression study was made to evaluate the sensitivity,

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