

Non-Neurological Causes of Unsteady Gait in Old Patients

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In the past, I had written about 'Three causes of unsteadiness of Gait in Elderly Patients'.

Next time remember that before you send an old patient of unsteady gait to a neurologist who will invariably ask for MRI of the brain. It will invariably be slightly abnormal. Exclude the following 3 causes of unsteadiness in old people-

1. Osteomalacia – in old people osteomalacia can cause weakness of the muscles, tiredness, fatigue and unsteadiness

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of the gait. Therefore, it is worthwhile to ask for Vit D-3 levels in every such patient because it is a curable condition.

2. Lumbar canal stenosis – Initially ask for X-rays of the lumbar spine to exclude lumbar canal stenosis and then if required MRI. Depending on the severity of the complaints, surgery will be the treatment of choice. In mild cases, reduction of weight, reduction of the paunch, physiotherapy of the spine and using a walking stick will help.

3. All old people presenting with slight ataxia must have TSH and T4 done to exclude Hypothyroidism. It is a curable condition.

Reference

1. Kapoor OP. Three causes of unsteadiness of gait in elderly patients. 2006; 48 (4) : 639.

CHOLESTEROL AND VASCULAR MORTALITY

'There is conclusive evidence... that statins substantially reduce not only coronary event rates but also total stroke rates in patients with a wide range of ages and blood pressures'

The effects of some vascular risk factors, including age, sex, and blood pressure, on the epidemiological associations of cholesterol with ischaemic heart disease (IHD) and stroke remain uncertain. The Prospective Studies Collaboration did a meta-analysis of prospective studies of vascular mortality that recorded both blood pressure and total cholesterol at baseline, to establish the joint relevance of these two risk factors. Cholesterol was positively associated with IHD mortality, and the investigators found that age and blood pressure substantially affected the strength of this association, but not its direction. However, for stroke mortality, age and blood pressure affected not only the strength but also the direction of the association. In a Comment, Pierre Amarengo and Gabriel Steg suggest that, although the effect of statins cannot necessarily be explained, they reduce blood cholesterol and mortality, and therefore their benefits should be applied to high-risk patients.

Lancet, 2007; 6 : 1803,1829.