Strandberg T, O'Neill D, Dementia - a geriatric syndrome, Lancet, 381, (9866), 2013, p533-4

In their perceptive dissection of the parallel tunnel visions of much dementia research (Oct 20, p 1441),¹ Carol Brayne and Daniel Davis highlight a troubling collective lapse of scientific curiosity accompanied by widespread adoption of what the late Petr Skrabanek termed “nonsensus consensus”,² elegantly illustrated by Hieronymus Bosch five centuries previously.³

An additional approach to their helpful proposals to radically rethink this major public health problem is to view dementia as a geriatric syndrome, which in the first place should be prevented to the greatest extent possible by early intervention.⁴ It is increasingly evident that clinical dementia in old age, even if often over-enthusiastically labelled as “Alzheimer's disease”, is a geriatric syndrome with several causes including neurodegeneration, disorders of cerebral circulation, and many other factors. This diversity complicates the search for single-mode therapeutic approaches, but opens the door to innovative preventive⁴ and therapeutic approaches.

The hallmark of successful therapeutic trials in geriatric syndromes is the marked superiority of multicomponent interventions over single-component ones.⁵ Additionally, the geriatric medicine approach parallels that of Brayne and Davis in promoting clinical trials that include individuals of similar age, frailty, or fitness to those who will receive the treatment in practice.

To design multicomponent trials for dementia in predominantly older and more frail patients will clearly pose more of a challenge than single-component trials in younger and fitter patients, but it is not an insuperable task: it is also imbued with a strong moral and scientific imperative, strengthened by the observations of Brayne and Davis.

We are both members of the Executive Board of the European Union Geriatric Medicine Society.

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