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Cognitive dysfunction among newly diagnosed older patients with hematological malignancy: frequency, clinical indicators, and predictors

Background
Medical staffs often overlook or underestimate the presence or severity of cognitive dysfunction, which causes various problems including caregiver burden and patient survival. The purpose of this study was to clarify the frequency, clinical indicators, and predictors of cognitive dysfunction among newly diagnosed older patients with hematologic malignancy receiving first-line chemotherapy.

Methods
Patients aged 65 years or over with a primary diagnosis of malignant lymphoma or multiple myeloma were consecutively recruited. Cognitive dysfunction was evaluated using the Mini-Mental State Examination (MMSE) twice: before starting chemotherapy (T1) and one month later (T2). We estimated the frequency of cognitive dysfunction based on MMSE scores (cut-off score; 23/24). Participants also underwent a comprehensive geriatric assessment at T1. Clinical indicators that were associated with cognitive dysfunction were explored via cross-sectional analysis at T1. Predictors of cognitive dysfunction at T2 were also investigated among patients without cognitive dysfunction at T1.

Results
A total of 145 patients participated in the study; cognitive dysfunction at T1 was present in 20%. Multivariate analysis demonstrated that lower educational attainment and poorer instrumental activities of daily living were significant clinical indicators. 7% of participants without cognitive dysfunction at T1 predicted significantly new-onset cognitive dysfunction at T2. The only predictor was subjective perception of difficulty remembering at T1.

Conclusions
The prevalence rate of cognitive dysfunction was non-negligible among older patients with hematologic malignancy. Attention to the clinical indicators and predictors found in this study may provide facilitate the identification of cognitive dysfunction in patients with cancer.