

Wisconsin's health: From the elderly to children

John J. Frey, III, MD
Medical Editor, Wisconsin Medical Journal

The articles in this issue of the *Wisconsin Medical Journal* focus on a variety of topics related to health in Wisconsin covering a wide spectrum of age-related issues.

Two articles look at older patients and their needs, although from quite different points of view. Sager et al (Screening for dementia in community-based memory clinic. *WMJ*. 2006;105[7]:25.) examine an area that is increasingly worrisome for individuals, families, and health professionals as the population ages and the aging population grows. For those of us who learned screening for dementia using the Folstein Mini Mental Status Exam as a screening tool, it's important to know that a number of issues have perhaps limited its use. It must be made part of every exam on a periodic basis rather than only when either the patient or the family raises the issue of impaired memory. If screening is to be of value at all, dementia must be detected early; the earlier it is detected, the more effective interventions the are. Another concern about the MMSE may be its degree of sensitivity to detect early cognitive impairment.

Sager and colleagues have tested and found other methods, clock drawing and animal naming, as cognitive screens with a high degree of accuracy. While their study was carried out in dementia diagnostic clinics throughout the state, the

population screened was a general one and their conclusions are important for general medical practice. With the advent of electronic health records (EHR), screening tools have to be built in, with reminders to use them, and to apply Sager's screening instrument to a general population. The more the clinical environment is standardized, the more it will require adoption of agreed upon screening tools in all areas. The Clock Drawing/Animal Naming screen should be tested in a general population by generalists and some EHR needs to incorporate it into its structure if we are to find out its long-term usefulness.

I was in China at a conference recently, and each morning would go for a walk with colleagues to get outside and see the community. In every park or open space all throughout China, large groups of older men and women engaged in exercise and Tai Chi. We have all seen the pictures, but seeing it everywhere makes an important point. It is an expression of culture as well as exercise. Traditional Chinese medicine techniques are being adopted more and more in this country and throughout the world. Kuramoto's wonderful review (Therapeutic benefits of Tai Chi exercise: research review. *WMJ*. 2006;105[7]:42.) explains just why thousands of years of testing are now found to be "true" because of the large numbers of confirmatory

studies of the benefits of Tai Chi for older people. She highlights a number of biomechanical and other biological outcomes. One only has to see the groups of older people coming together in the early morning light, talking, laughing and visiting between exercise sessions, to see that the socialization benefit could be equal to or greater than the physiological benefits. But that is for another study! Meanwhile, try it for your physical and mental well being—and do it with friends.

Data is useful only if it is reliable and Bandi and colleagues (Trends in childhood cancer incidence in Wisconsin, 1980-1999 *WMJ*. 2006;105[7]:30.) have shown the great amount of detail that must go into gathering reliable information on childhood cancers. The results raise some questions to be studied and certainly don't answer the continuing search for "why." These data are, however, a reliable "what." Reading the methods that they used to find cases, find out where they lived, and the diagnoses, is instructive in showing just why epidemiologic surveillance for chronic illness is so challenging. We all want accurate data to help plan clinical programs and education. Good epidemiology is more than spreadsheets. It contains an element of investigative journalism and shoe leather if it is to point us to prevention and treatment. This article demonstrates that approach well.

Wisconsin Medical Journal

The mission of the *Wisconsin Medical Journal* is to provide a vehicle for professional communication and continuing education of Wisconsin physicians.

The *Wisconsin Medical Journal* (ISSN 1098-1861) is the official publication of the Wisconsin Medical Society and is devoted to the interests of the medical profession and health care in Wisconsin. The managing editor is responsible for overseeing the production, business operation and contents of the *Wisconsin Medical Journal*. The editorial board, chaired by the medical editor, solicits and peer reviews all scientific articles; it does not screen public health, socioeconomic or organizational articles. Although letters to the editor are reviewed by the medical editor, all signed expressions of opinion belong to the author(s) for which neither the *Wisconsin Medical Journal* nor the Society take responsibility. The *Wisconsin Medical Journal* is indexed in Index Medicus, Hospital Literature Index and Cambridge Scientific Abstracts.

For reprints of this article, contact the *Wisconsin Medical Journal* at 866.442.3800 or e-mail wmj@wismed.org.

© 2006 Wisconsin Medical Society