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BRidging Asia In Neurocognition

Speaker:

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Dr. Robert Hoerr studied medicine and philosophy at the University of Ulm, Germany. There he became involved in basic research with muscle and nerve physiology. He received his doctorate in medicine in 1988. Since then he has been conducting and managing clinical research in the industry as well as in academia. He is currently the head of Geriatrics and CNS Research unit within the clinical research department of Dr. Willmar Schwabe Pharmaceuticals, Karlsruhe, Germany. His main interest is in dementia and mild cognitive impairment, and he has been involved in extensive clinical research on Ginkgo biloba for many years with more than 60 publications and 1,828 citations.

Synopsis

Neurosensory symptoms, viz. dizziness and tinnitus, are frequent in old age and even more so in patients with dementia (Spiegel et al. 2018). Both vestibular dysfunction (Bigelow et al. 2015, Micarelli et al. 2018, Okroglic et al. 2020) and tinnitus (Mohamad et al. 2016, Jafari et al. 2019, Clarke et al. 2020) are associated with lower cognitive function, mild cognitive impairment and dementia. Dizziness increases the risk of falls and the fear of falling, which leads to reduced quality of life, physical and social activities, which may in turn accelerate cognitive decline in patients with dementia (Schoene et al. 2019, Lin and Bhattacharyya 2012). Patients with dementia have an increased risk of falls (Homann et al. 2013) and fall-related injuries, the consequences of which (e.g. hospitalization, general anaesthesia and immobilization) may aggravate cognitive impairment (Wolf et al. 2018). Tinnitus often leads to depression, anxiety and stress (Salviati et al. 2014, Mazurek et al. 2015), which over-activates the hypothalamus-pituitary-adrenal (HPA) axis and thus may aggravate cognitive decline in patients with dementia (Canet et al. 2019). Considering these interrelations, there is reason to treat vertigo and dizziness as well as tinnitus in the elderly, particularly in those with dementia, to hopefully slow down cognitive decline.

The defined, quantified Ginkgo biloba extract EGb 761® has been demonstrated in randomized, placebo-controlled clinical trials to be effective in the treatment of vestibular vertigo and non-vestibular vertigo; it also enhanced vestibular compensation in patients with central or peripheral vestibular vertigo (Hamann 2007). In the treatment of vestibular syndromes, similar efficacy was found for EGb 761® and betahistine (Sokolova et al. 2014). Likewise, EGb 761® was found effective in randomized, placebo-controlled trials to decrease tinnitus loudness and severity as well as tinnitus-related distress (von Boetticher 2011). In randomized, placebo-controlled trials investigating the efficacy of EGb 761® in dementia, neurosensory symptoms were found at prevalence rates between 14.2% - 77.5% for dizziness and between 13% - 52% for tinnitus. Improvement in severity of dizziness and tinnitus, together with cognition improvement, was significantly superior in patients treated with EGb 761® than with placebo (Spiegel et al 2018, von Gunten et al. 2016).

EGb 761® is widely used and recommended for the treatment of mild cognitive impairment (Kasper et al. 2020) and dementia (Alzheimer's disease and vascular dementia) based on randomized, placebo-controlled trials, systematic reviews and meta-analyses (Gauthier et al. 2014, Tan et al. 2015, Hashiguchi et al. 2015). At daily doses of 240 mg, EGb 761® does not only improve cognitive performance, activities of daily living and clinician's global impression (Gauthier et al. 2015), but also neuropsychiatric symptoms and quality of life (von Gunten et al. 2016, Savaskan et al. 2017), and – as a special plus – neurosensory symptoms (Spiegel et al. 2018).