Epidemiology of dementia is an extremely serious issue. The prevalence estimate in western world is increasing steadily and the figure of about 7 millions of cases\(^1\) is turning out to be in Europe 8 millions in 2020 and over 11 millions in 2040\(^2\). Moreover, dementia is one of the main contributors (5\(^3\)) to Years Lived with Disability among people over 65 years aged, according to the WHO report and the economical burden in Europe increased steeply by 20% from 2010 and 2015 (from 214 to 268 billions of euro) and the forecast is not better\(^3\). These dramatic data, associated with population aging, will lead to an unavoidable change in the health policy-makers to face this epidemic-like occurrence. However, together with these data it is not possible to neglect the stage of the disease called mild cognitive impairment: MCI was developed in 1.7-22.6% of the study populations\(^4,5\). The wide range of prevalence is determined by the still controversial diagnosis and by the population studied. At any rate, a significant part of MCI develops into dementia (annualized conversion rate ranges from 7.5 to 16.5%), thus representing an early stage of the disease\(^5,6\).

Interestingly, some functional capacity deficits can also be observed before the onset of cognitive impairment, and the people with functional impairment and MCI is more prone to evolve in dementia in comparison to those without deficit of activity of daily living\(^7,8\). It should be very relevant to have a tool to evaluate the functional pattern in MCI persons. Few scales are developed for mild dementia but their utilization is complex and the scales are not specific for MCI\(^9,10\). The possibility to identify earlier the persons at risk could focus our clinical, diagnostic and therapeutic efforts to a smaller and more precise group of population, saving resources and improving our approach to the disease.

A recent paper of Luttenberger proposed a simple and specific method to study the functional status in MCI. The paper published on BMC Geriatrics\(^11\) proposes, after a validation, the ETAM (Erlangen test of activity of daily living) scale. The scale in the final version consisted in 6 items of five areas specifically developed to MCI or mild dementia. The study validation was performed on a group of aged people (mean age 82 ± 8 years), most women (65-70%) with normal cognition, MCI, mild dementia or moderate dementia. MMSE and MOCA were the tools utilized for the screening the cognitive capacity. The Authors after a deep statistical analysis and a review of the “research version” of the ETAM scale offer the final version that they suggest can be used in all “industrialized countries” adjusting some items to the local traffic signs and currency. The test consists in five areas selected from a wider number of topics, excluded after the statistical analysis because too easy, too difficult or repetitive: the first one is the communication focused on the use of a phone (6 points), the mobility that contains the understanding the road traffic situations (light, signs) (6 points), the self care implicating the drugs schedule (6 points), the domestic life consisting in making a cup of tea with kettle (3 points), and reading and setting time in a alarm clock (3 points) and, finally, the economic life with the comparison of different offers and calculations with money (6 points).
The maximum score was 30 points: the results of the four groups identified by the MMSE and MOCA mean scores were reasonable: normal (22.3 points), MCI (17.8), mild dementia (12.7) and moderate dementia (7.2).

The scale is very interesting for several reasons. BADL and IADL show the aging sign and this new scale is updated and flexible enough; it is long time that the researchers try to find a more ecological scale for functional status, able to intercept the change of society: the ETAM scale matches with the these special needs. Moreover, the ETAM scale covers the domains of the International Classification of Functioning, Disability and Health (WHO, 2001) that includes the context and the environment in which the subject lives, it is open to future development and to different cultures (i.e. mobile phone instead to the classic phone; preparation of coffee or other beverage, and not tea; setting some digital instrument in place of alarm clock etc.). Finally, the time requested is acceptable 20-35 min and the material easily retrievable.

It is difficult to state that this test is the best available in literature, however it is a good attempt to improve the instruments that we use at this moment. I’m convinced that now it is the time to change something and to make an effort to find an approach proportional to the new information available.

References