TRIPACTKEL (KELATROXTM) IN VASCULAR SUB-CORTICAL DEMENTIA: A PRELIMINARY STUDY

G.Sanges¹, G. D'Otolo² B. Ciccone³

¹Neurologist ASL NA3 SUD ² Psichologist-Psichotherapeutic, ATHENA Praxis, Saviano (NA), ³Neurophysiopathologist ATHENA Praxis, Saviano (NA),

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Introduction

Vascular sub-cortical dementia (VSCD) is characterised by an overt clinical picture of cerebro-vascular disease with focal neurological signs and cognitive impairment, representing a decline of the subject abilities respect a more elevated former level of functioning. Imaging shows cerebral atrophy mainly sub-cortical and multiple lacunae in white matter. TripActKel is a complex based on Quercitrin, Baicalin and Curcuminoids. There are numerous scientific evidence on the chelating activity of these substances on metals (iron, copper, aluminium). The compound also possesses antioxidant properties¹.

Methods

The present preliminary study aims to evaluate the effect on cognitive performance of a therapy *b.i.d.* of TRIPACTKEL, in a group of *de novo* pts of VSCD. The improvement of partial and/or global scores at an exhaustive neuro-psychological testing at To and T1 (six months) was the end point. 14 consecutive VSCD pts, 63-75 y (mean 69), 5 M-9 F, were enrolled to the study. All had clinical neurological signs and cognitive impairment and met diagnostic criteria for VSCD following Erkinjuntti et al.², 2000 and had grade 1-2 at Fazekas MRI criteria (revised and simplified by Pantoni et al.³, 2002). Mini Mental State Examination (M.M.S.E.) was chosen for the global cognitive evaluation. To explore long term memory and recall was administered the Rey's 15 words test. To evaluate space orientation Rey's picture test (copy and recall) was done. The assessment of logical-executive functions was performed with the P.M. 47 Raven test.

Results

Although the average scores for MMSE resulted at the limits of the norm (MMSE scored between 17 and 24) at T0, the yield in individual subtests at T0, particularly in those that explore the memory of re-evocation and the visual space organization was frankly deficitary. At T1 long term memory and spatial organisation seem better respond to the treatment, more than logical-executive functions, that showed only a slight improvement. (See chart).

Conclusion

The possibility that a compound with chelating and antioxidant properties can improve cognitive performance in a population of patients with VSCD is suggestive. The data from our study would confirm this hypothesis. So far this is the first study, at least according to our knowledge, on a chelating-antioxidant compound with the aim of improving cognitive performance in patients with VSCD. The data obtained are very impressive. These data, although still preliminary, encourage and suggest us to promote a prospective study on a wider population to enhance the statistical significance of these results.

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