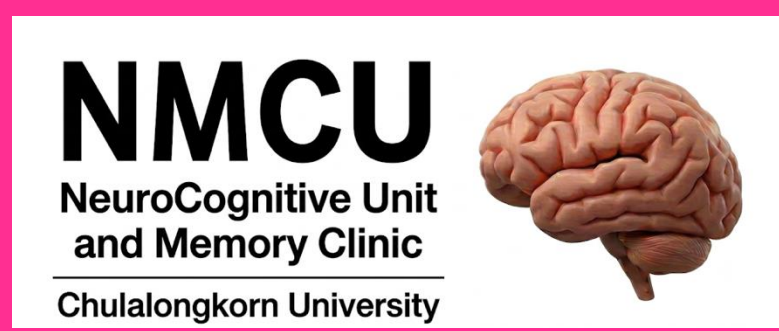
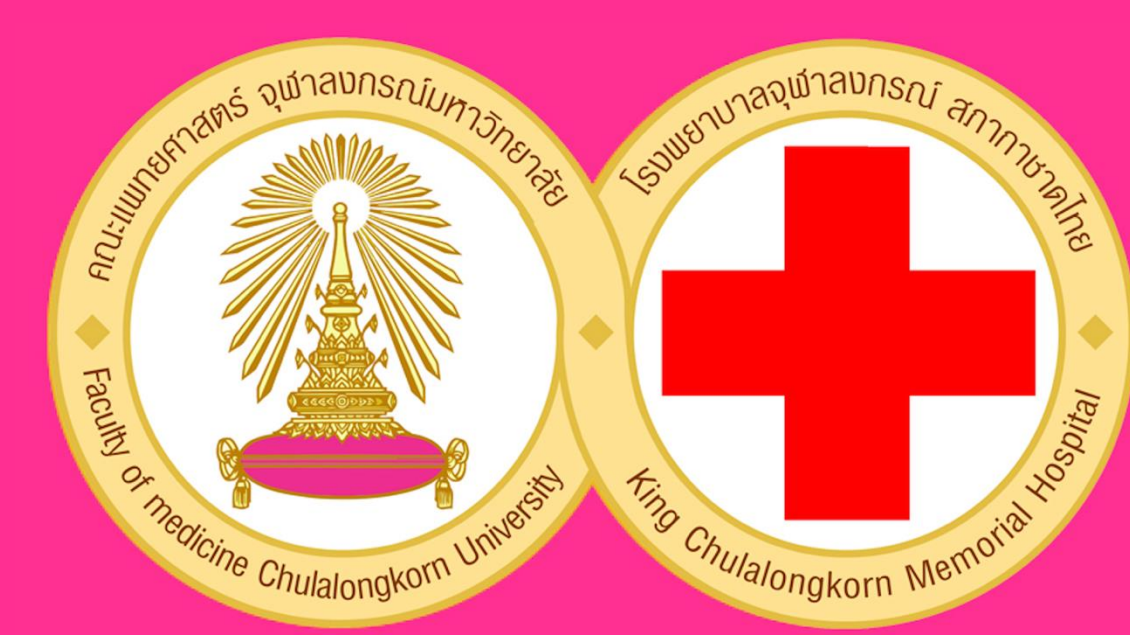




Clinical Profile Of The Oldest-old (aged ≥90) In A University-based Memory Clinic

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Background

- **The Oldest-Old (≥90 years)** are the fastest-growing demographic globally. As Thailand becomes an aged society, the high prevalence of dementia poses a critical public health challenge.
- **Objective:** To review the clinical characteristics and diagnostic outcomes of oldest-old patients managed at a specialized memory clinic in Thailand.

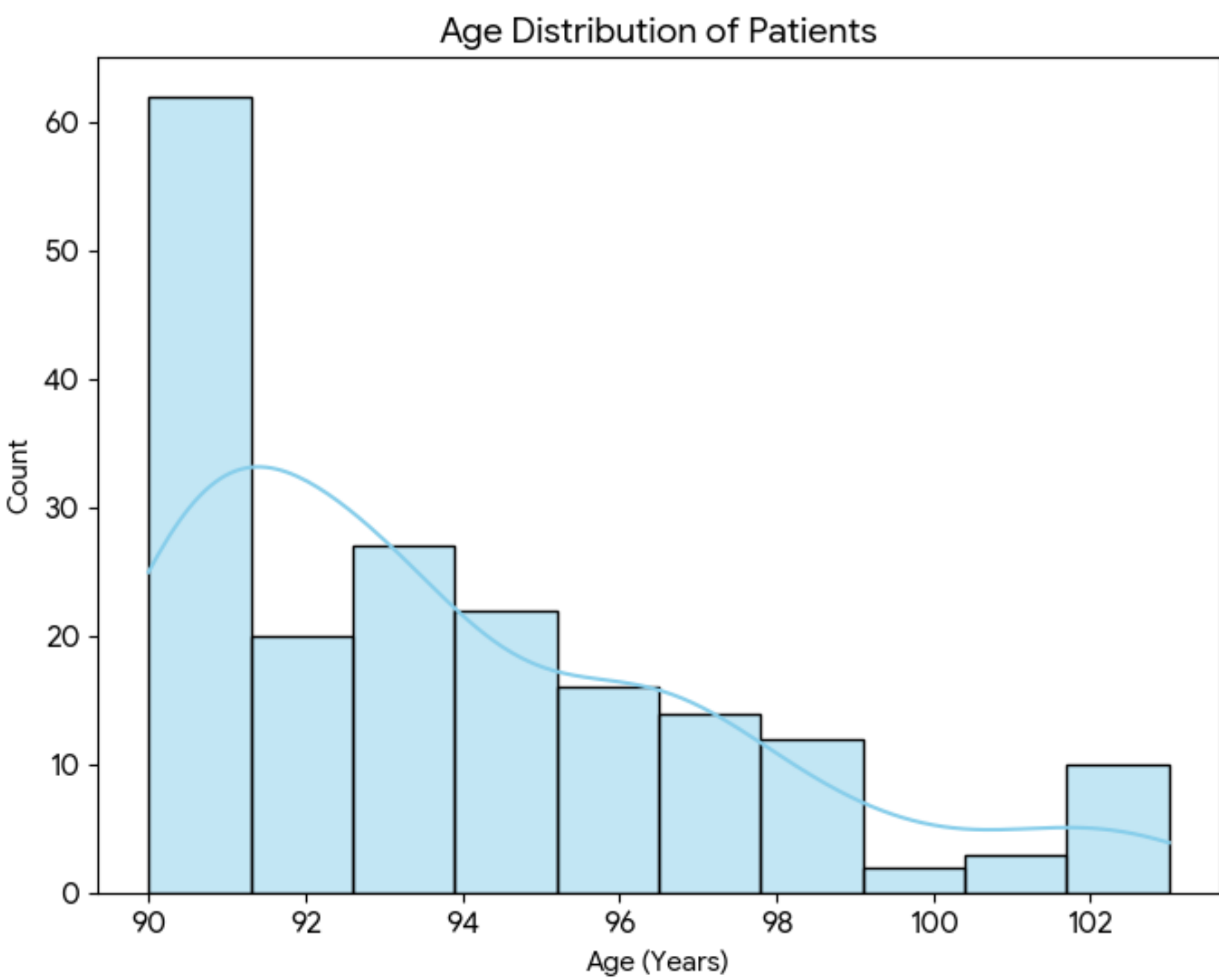
Material and methods

- **Design:** Retrospective medical record review (2018–2025).
- **Setting:** Memory Clinic, King Chulalongkorn Memorial Hospital, Bangkok.
- **Participants:** Patients aged 90 years and older (N=187).
- **Data Collected:** Demographics, specific dementia diagnoses (clinical & neuroimaging), age of onset, and mortality/follow-up rates.

Note: Alzheimer’s disease mimics (e.g., LATE and PART) were differentiated using a standardized re-evaluation of structural neuroimaging.

Patient characteristics

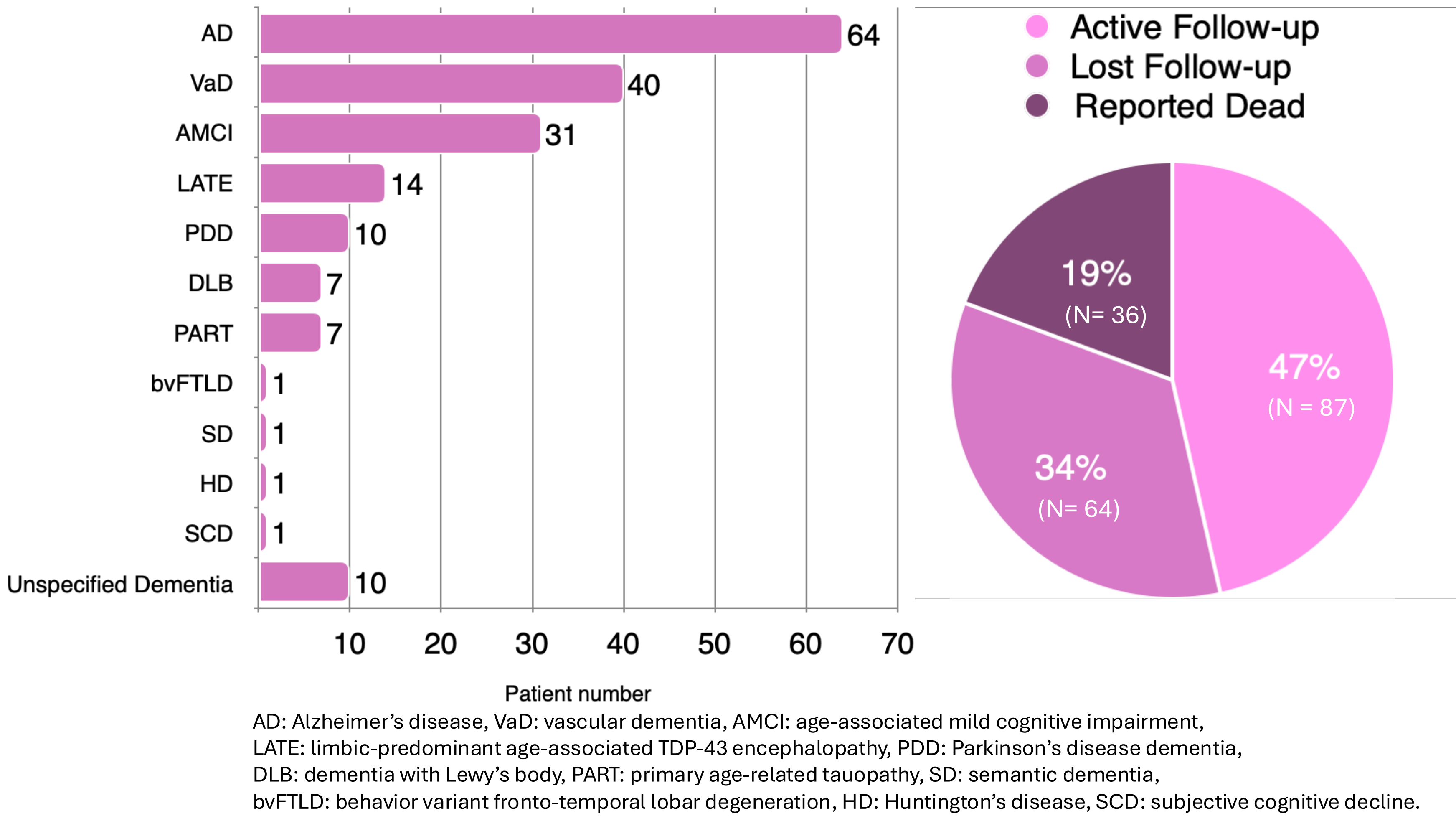
Variable	Value (Mean ± SD or N, %)
Age (years)	93.86 ±3.45
Gender (Male/Female)	64 (34.6%) / 123 (65.4%)
Years of Education	8.20 ±6.43
Age of Onset	84.59 ±4.58
TMSE Score	18.70 ± 5.47
MoCA Score	15.95 ± 5.95
CDR	1.77 ±1.02
CDR-Sum of Boxes (SB)	7.95 ± 4.61
Mortality (DOD recorded)	37 (18.72%)



Results

- **Demographics:** 187 patients (Mean age: 93.67±3.41 years; 65.2% Female). Mean age of onset: 84.58±4.59 years.
- **Primary Etiologies:** Alzheimer’s Disease (34.2%) and Vascular Dementia (20.3%).
- **Emerging Pathologies Identified:** Limbic-predominant Age-related TDP-43 Encephalopathy (LATE) (7.9%) and Primary Age-Related Tauopathy (PART) (3.7%).
- **Clinical Outcomes:** 46.5% remain in active follow-up, 19.3% deceased (Mean age of death: 92.18 years), and **34.2% lost to follow-up**.

Note: The oldest active patient is a 101-year-old male diagnosed with PART.



Discussion

- **Multi-Pathological Landscape:** Reflecting global trends while presenting unique regional challenges, cognitive decline in this Thai "oldest-old" (aged 90+) cohort is highly complex, featuring a high prevalence of mixed, non-AD pathologies (LATE, PART) alongside traditional AD
- **LATE Progression:** The intermediate clinical presentation of late-onset dementia supports existing theories of a slower, more distinct trajectory of cognitive decline compared to aggressive earlier age.
- **The "Oldest-Old Paradox":** Late onset suggests inherent cognitive resilience, with vascular health emerging as a primary survival determinant over pure proteinopathies.
- **Crisis of Continuity:** The high loss-to-follow-up rate (34.2%) due to physical frailty indicates that current clinic-based models fail to meet real-world needs, signaling a necessary shift toward home-based or community-integrated care.

Conclusion

- Dementia in the tenth decade of life is highly multi-pathological (AD, VaD, LATE, PART).
- The high loss-to-follow-up rate highlights major barriers in geriatric care, driven by frailty and caregiver burden.
- Optimizing care requires a shift toward robust community support and palliative care integration.

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