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Diagnostic validity comparison between criteria based on cerebrospinal fluid Alzheimer's disease biomarkers

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Early identification of patients with Alzheimer's disease (AD) has become a priority within the neurosciences. To this end, the National Institute on Aging and the Alzheimer's Association (NIA-AA) criteria for the diagnosis of preclinical and prodromal AD (or mild cognitive impairment [MCI] due to AD) has recently been defined. In these criteria, cerebrospinal fluid (CSF) biomarkers have been accepted as evidence of the underlying pathophysiology of the disease, especially for research, but their use is yet limited in daily clinical practice. The standardization of the use of biomarkers is still limited, the results between laboratories are variable and there is no consensus of how exactly they should be used. Subsequently, different criteria for assessing the CSF biomarkers of AD have been published. These studies propose the use of only some of the biomarkers in isolation, such that relevant information would be lost, or complex mathematical formulas needed that in our view, would hinder their use. We propose a simple measurement of these biomarkers that comprises considering them clearly altered when three or more abnormal variables are obtained, where we included Aβ, t-tau, p-tau and Aβ/tau ratios as well. In this way, we lose information concerning the disease process, while confirming that this process is occurring in both pathways of the illness, amiloyd and neuronal injury, and with no need to perform complex mathematical calculations. We suggest that the criteria proposed herein are more sensitive than the NIA-AA criteria for diagnosing MCI due to AD because, by using the ratios the relationship between the two pathophysiological pathways of the disease is included in its assessment.

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Ethnobotanical study of plants used against malaria in Selingue subdistrict, Mali

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Plants have contributed to food security and disease treatments to rural populations in sub Saharan Africa for many centuries. These plants occupy a significant place in the treatment of diseases, such as malaria. In Mali, malaria is the leading cause of medical consultation and death. This infection is particularly dangerous for pregnant women and children under 5 years. The general aim of this research is to collect data on the knowledge of traditional health practitioners on malaria in the Selingue area, particularly to document how traditional healers conceptualize and diagnose malarial disease and to collect and identify medicinal plants or other substances used for their health and well-being. To this end an ethnobotanical survey was conducted on simple and complicated malaria in six villages in Selingue sub-district in a period of two months. The ethnobotanical data were collected by means of semi-structured interviews and questionnaires. In total 50 traditional healers were interviewed. Two concepts of malaria (simple and complicated malaria) were cited and 97 plants used to treat malaria were identified. Traditional healers had many terms corresponding to uncomplicated malaria, but few seemed to know the true symptoms and signs of severe malaria. Decoctions and bathing (whole body) proved to be the most commonly used mode of application. Food attitudes and mosquitoes are perceived to be the most important causes of the disease. *Trichilia emetica, Mitragyna inermis, Sarcocephalus latifolius, Cassia sieberiana, Cochlospermum tinctorium, Anogeissus leiocarpa, Guiera senegalensis* and *Entada africana* were quoted as the most used plants in the treatment of malaria. Knowledge about malaria and traditional treatment practices exist in Selingue subdistrict. Herbal remedies are commonly used by people for the treatment of malaria because they are believed to be cost-effective and more accessible. This ethnomedical evidence will help to prioritize which of the recipes and plants should be studied in greater detail, with the aim of developing new improved traditional medicine.

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