Dementia Subtypes

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Dementia is a general term used to indicate a memory and thinking problem that will impact social, behavioral and/or functional abilities. Cognitive domains that may be impaired include short term memory, language, judgment, visual-spatial skill, executive function, and/or orientation. In order to be considered a dementia these changes must be severe enough to interfere with a person's independence and daily activities. Dementia is a syndrome similar to the general term "arthritis." Dementia can be caused by several different brain disorders. It is common for older people to have more than one disorder contributing to their dementia. Some of the more common degenerative dementias include.

- 1. Alzheimer's disease: The most common cause of dementia is Alzheimer's disease. Alzheimer's disease accounts for 60 to 80 percent of all cases of dementia, and it is estimated to affect more than 4 million Americans. Alzheimer's disease is associated with the death of nerve cells (neurons) in important parts of the brain. Scientists have not yet determined exactly why and how Alzheimer's disease develops, but they do know that the brains of patients with Alzheimer's disease develop deposits of a protein called beta amyloid (plaques), and that people also develop disorganized masses of protein fibers within the brain cells (neurofibrillary tangles).
- 2. Vascular dementia: Vascular dementia accounts for 10 to 20 percent of cases. People with vascular dementia have lost or damaged areas of brain because of reduced blood flow. This can happen when the blood vessels in the brain get clogged with blood clots or fatty atherosclerotic deposits. This form of dementia is more common among people who have had strokes or are at risk for strokes, especially those with longstanding high blood pressure and diabetes. It often occurs together with Alzheimer disease (Mixed dementia).
- 3. Dementia with Lewy bodies: Dementia with Lewy bodies is a form of dementia caused by abnormal protein structures called Lewy bodies, forming within brain cells. It often occurs with symptoms of Parkinson disease, such as trembling, stiffness, and slowness. This disorder often causes vivid and long-lasting hallucinations, fluctuating mental status, and recurrent falls.
- 4. Frontotemporal dementia: Frontotemporal dementia causes nerve cell loss in two specific parts of the brain, called the frontal and temporal lobes. Frontotemporal dementia usually arises at an earlier age than Alzheimer disease. The average age of onset is 56 years. Three forms are more common than others: One causes personality changes and abnormal social behavior; one impairs speech and eventually leaves the patient unable to speak; another may cause difficulty in understanding language.
- 5. Other causes of dementia: Dementia can also be caused by cumulative damage to the brain, which can occur in people with chronic alcoholism or repeated head injuries (e.g. among former professional boxers or football players). There is a dementia associated with long standing Parkinson's disease.
- 6. Reversible dementia: The potentially reversible dementias include: medication-induced (psychotropic medications, sedative-hypnotics, and steroids), alcohol-related, metabolic disorders (thyroid disease, vitamin B12 deficiency, hepatic and renal dysfunction), depression (pseudo dementia), infection (e.g. UTI), central nervous system neoplasms, chronic subdural

hematomas, chronic meningitis, and normal pressure hydrocephalus. Even if someone has a history of a degenerative dementia like Alzheimer's disease, it is important to rule out a reversible cause of cognitive decline if the change is sudden or the presentation atypical.

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