

# Do we need to differentiate dementias?



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# Memory Clinic offers and limitations

- Multidisciplinary approach to triaging, assessment and management (CMHT+ Psychologist + Social Services+ Princess Royal Trust rep + Dementia Advisors)
- Comprehensive cognitive assessment and diagnosing
- Prescribing as per shared protocol
- Information (examples available on a desk)
- Multidisciplinary referrals (based on needs)
- Memory Matters Course (based on Psycho-education for patients and carers and Cognitive Stimulation Therapy)

# Definitions



- SOCIAL

‘...from a social perspective, dementia can be viewed as one of the ways in which an individual’s personal and social capacities may change for a variety of reasons, and changes in such capacities are only experienced as disabilities when environmental supports (which we all depend upon to varying degrees) are not adaptable to suit them...’

# Definitions



- MEDICAL - ICD 10

‘..a **syndrome** due to disease of the brain, usually of a chronic or progressive nature, in which there is disturbance of **multiple** higher cortical functions, including **memory**, thinking, orientation, comprehension, calculation, learning capability, language, and judgement. **Consciousness** is not impaired. Impairments of cognitive function are commonly accompanied, occasionally preceded, by deterioration in **emotional** control, **social** behaviour, or motivation..’

- MUST interfere with daily functioning
- At least 6 months

# Approach to assessing a patient with dementia pattern recognition



- History: special attention to onset, progression, fluctuation and evolution
- Behavioural and personality assessment (must be clear departure from normal self)
- Neuropsychological (cognitive) assessment using test: GP screening test, memory clinics, neurocognitive batteries.
- Imaging

<b>Diagnostic test</b>	<b>Sensitivity %</b>	<b>Specificity %</b>
MMSE (cutoff 24 points)	87	82
GPCOG	85	86
Mini-Gog	76	89
Neurocognitive assessment	80-98	44-98
MOCA (cutoff 24 points)	100	87
ICD 10 criteria	92.7	98.9
DSM-IV criteria	76	80
Informant interview	93	46
Clinical judgement	75	92

# Differentia causes



## **POTENTIALLY REVERSIBLE**

- Depression
- Metabolic disorders, such as a vitamin B12 deficiency, Hypothyroidism, Hypoglycemia
- Lyme disease, neurosyphilis
- Impairment from toxic side effects of medications or drugs
- Tumors that can be removed
- Subdural hematoma
- Normal pressure hydrocephalus

## **STABLE COGNITIVE IMPAIRMENT**

- Traumatic brain injury, ?Korsakoff dementia

## **NEURODEGENERATIVE DISORDERS**

- AD, VD, LBD, FTD,..

# classification of dementias



Cortical	Subcortical	Cortico-subcortical
<ul style="list-style-type: none"><li>• Alzheimer disease</li><li>• Frontotemporal dementia</li></ul>	<ul style="list-style-type: none"><li>• Vascular dementia</li><li>• PSP (progressive supranuclear palsy)</li><li>• multiple sclerosis</li><li>• Huntington disease</li><li>• Hydrocephalus</li></ul>	<ul style="list-style-type: none"><li>• Lewy Body dementia</li><li>• Creutzfeldt-Jakob disease</li></ul>





## DEFICITS:

Memory

Language (aphasia)

Visuospatial (apraxia)

Perceptual (agnosia)

Healthy Brain      Severe AD



# ALZHEIMER'S DISEASE



## DEFICITS

Initiative, spontaneity

Planning, organising

Sequencing

Decision making

Flexibility

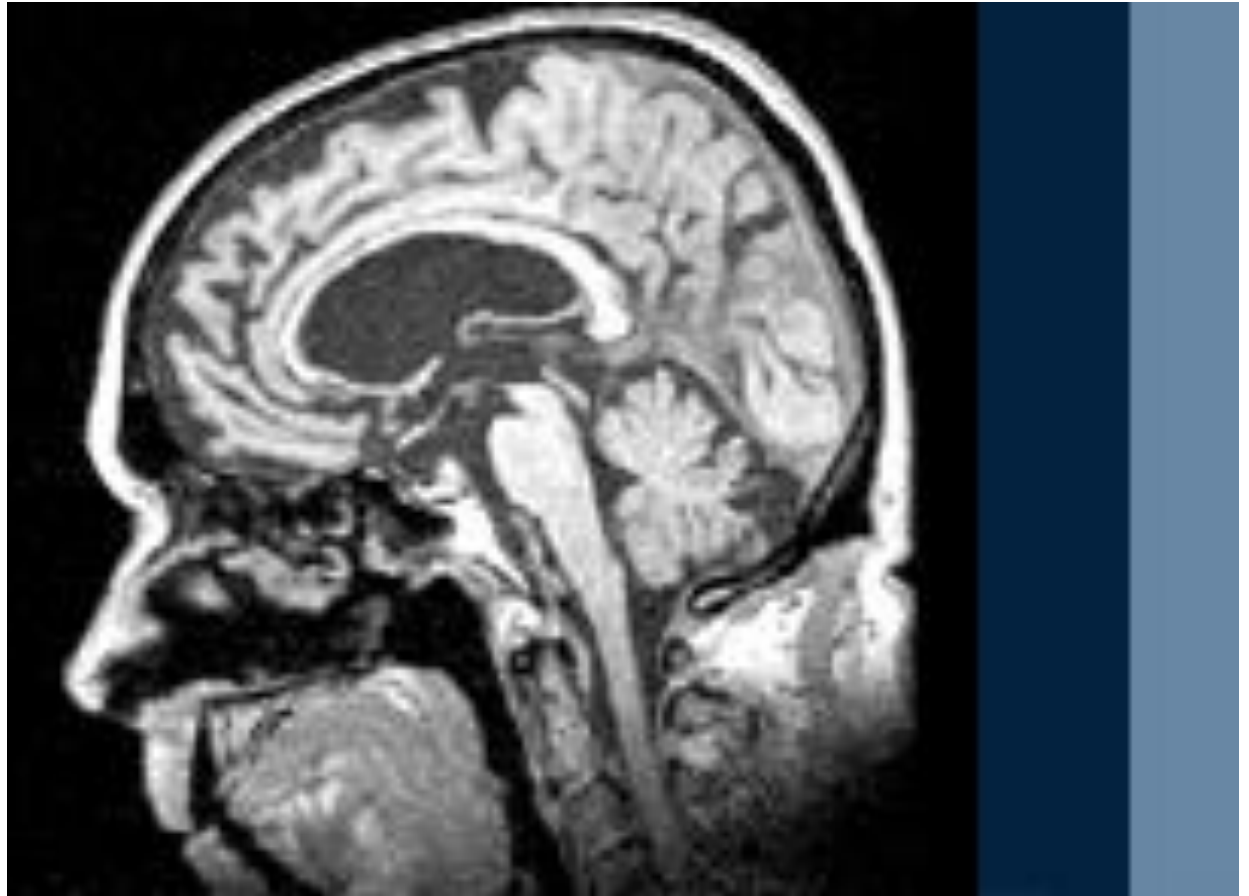
Impulse control

Emotional control

Working memory

+

Primitive reflexes



## Fronto -Temporal dementia



## DEFICITS

plethora of physical signs

no cortical features

bradyphrenia (slowness and rigidity of thinking)

planning, organising and sequencing mental events

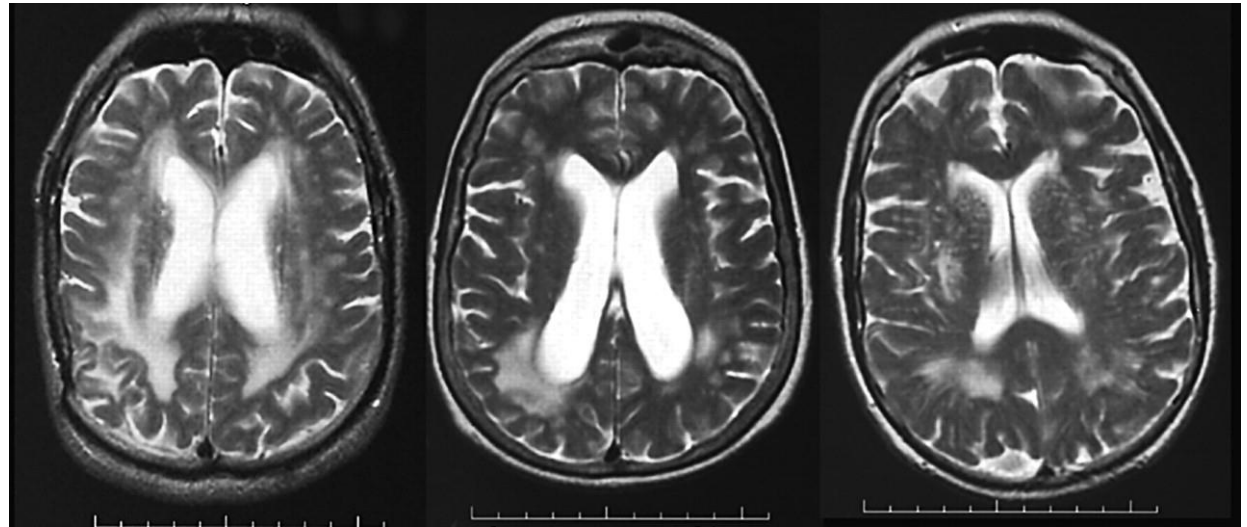
amnesia is not severe

Apathetic

Struggle with mental manipulation (arithmetic)

Comprehending complex syntax

reversing digits or sequences (months of the year)



*J Neurol Neurosurg Psychiatry* 2004;75:61-71

## VASCULAR DEMENTIA



Cognitive

Behavioural (+psych):  
Visual hallucinations and  
misinterpretations

dramatic fluctuations

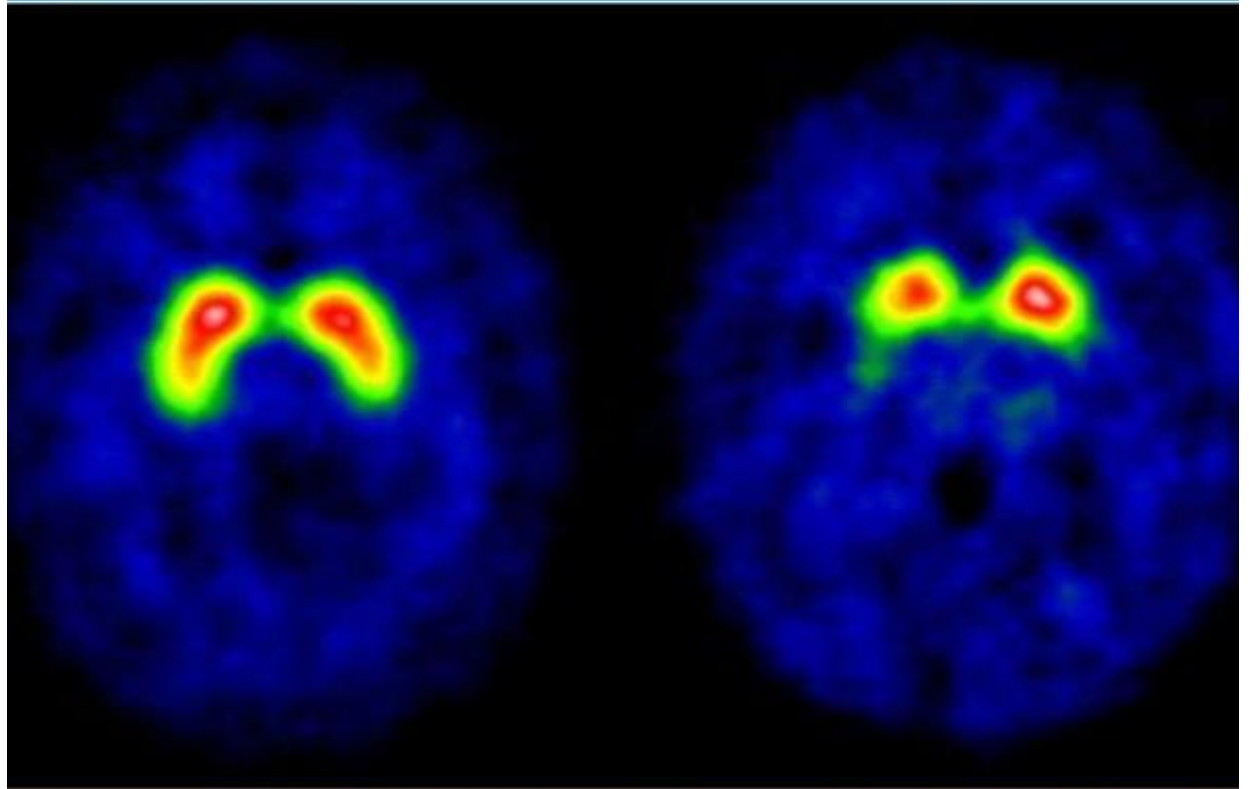
Extrapyramidal signs  
(bradykinesia, rigidity  
and sometimes tremor)

EEG abnormal, periodic  
complexes

MRI and SPEC = AD

DAT scan - positive

cape



Source: Practical Neurology © 2013 BMJ Publishing Gr

## LEWY BODY DISEASE

**Left – normal dopamine reuptake**  
**Right – Lewy Body brain disease.**

# Multidisciplinary approach

