

## **CAREGIVER INFORMATION**

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# **Related Dementias**

## **Vascular Dementia, Lewy Body Dementia and Pick's Disease**

Dementia is a syndrome consisting of a number of symptoms that include loss of memory, judgement and reasoning, and changes in mood and behaviour. These symptoms may affect a person's functioning at work, in social relationships or in day-to-day activities. Sometimes symptoms of dementia can be caused by conditions that may be treatable, such as depression, thyroid disease, infections or drug interactions. However, if the symptoms are not treatable and progress over time, they may be due to damage in the nerve cells in the brain.

Alzheimer Disease is the most common form of dementia. The features of Alzheimer Disease include a gradual onset and continuing decline of memory, as well as changes in judgement or reasoning, and inability to perform familiar tasks.

Sometimes a person may have symptoms such as sudden onset of memory loss, early behaviour problems, or difficulties with speech and movement. These symptoms may suggest a dementia other than Alzheimer Disease. This insert will discuss Vascular Dementia, Lewy Body Dementia and Pick's Disease.

### **Vascular Dementia**

Vascular Dementia is the result of a single or multiple stroke. A stroke is the main area of damaged brain caused by a loss of blood flow. When this occurs, the brain cells are deprived of nourishment and die. Unlike Alzheimer Disease, the onset of Vascular Dementia is usually abrupt, the rate of deterioration is stepwise, and neurological signs are usually detected during the clinical examination. These signs vary according to the part of the brain deprived of blood supply (e.g., language, vision or memory).

Vascular Dementia is less common than Alzheimer Disease. It can however co-exist with Alzheimer Disease, a condition referred to as "mixed dementia". Both men and woman can be affected by Vascular Dementia.

There are a number of risk factors for Vascular Dementia including high blood pressure, narrowing of the arteries, heart disease or diabetes. A family history of heart problems, smoking, being overweight and having elevated cholesterol levels may also increase the risk of stroke, which increases the risk of Vascular Dementia. Identifying risk factors is crucial as there may be treatment available to reduce the risk of stroke.

After a stroke, medication may be prescribed to improve blood flow to the brain and reduce the risk of further stroke. A person may also benefit from different therapies to help with movement and speech, such as physiotherapy, occupational therapy or speech therapy.

## **Lewy Body Dementia**

Lewy Body Dementia is a form of progressive dementia identified by abnormal structures in the brain cells called “Lewy bodies”. These are distributed in various areas of the brain. Lewy Body Dementia can occur by itself or together with Alzheimer or Parkinson’s Disease.

Lewy Body Dementia is similar to Alzheimer Disease in that there is progressive loss of memory, language, reasoning and other higher mental functions, such as calculation. Difficulty may be experienced with short-term memory, finding the right word and sustaining a train of thought. Depression and anxiety may also be experienced.

Lewy Body Dementia differs from Alzheimer Disease in that it is usually more rapid. Hallucinations occur frequently and can be worse during times of increased confusion. Certain features of Lewy Body Dementia can resemble Parkinson’s Disease. These include rigidity, tremors, stooped posture and slow shuffling movements.

There is no known cause or cure for Lewy Body Dementia at this time.

## **Pick’s Disease**

Pick’s Disease is a rare type of dementia. Unlike Alzheimer Disease, which generally affects most areas of the brain, Pick’s Disease is a progressive dementia that affects specific areas of the brain – the frontal and temporal lobes.

Early symptoms often affect either behaviour and/or speech. Disinhibition is frequently the earliest presentation of Pick’s Disease. The person may also lose interest in personal hygiene, become easily distracted or repeat the same action over and over again. Overeating or compulsively putting objects in the mouth may occur. Sometimes incontinence comes early in the disease.

Problems with speech can range from reduction of speech to becoming mute. Common symptoms also include repeating what has been said by others as well as stuttering. The person may experience difficulty sustaining a train of thought or maintaining a conversation for any length of time. Writing and reading are also affected.

Unlike Alzheimer Disease, a person with Pick’s Disease often remains oriented to time and has preserved memory in the early stages. In the later stages of the disease general symptoms of dementia such as confusion and forgetfulness arise. As the disease progresses, motor skills are lost and swallowing difficulties occur.

Most affected individuals are between the age of 50 – 60 years. Little is known about the cause or cure of Pick’s Disease.

### **Sources:**

Alzheimer Society of Canada research sheets on: Vascular Dementia, Lewy Body Dementia and Pick’s Disease

Alzheimer’s Care Guide, September 2002

**Related Dementia Series** for persons with a related dementia and/or family members will be presented by the Alzheimer Society of Toronto during Awareness Month, January 2003.

To register for one or all of these workshops, please call the Society at: 416-322-6560.

Tuesday, January 14, 2003, 2.00 – 4.00pm: **Lewy Body Dementia**

Tuesday, January 21, 2003, 2.00 – 4.00pm: **Vascular Dementia**

Tuesday, January 28, 2003, 2.00 – 4.00pm: **Frontotemporal Dementia**