Quick Reference for Types of Dementia

Types	Characteristics	Primary Symptoms
Alzheimer 's Disease	• Caused by the accumulation of toxic proteins in the brain (initially beta amyloid and later tau). Amyloid creates plaques between nerve cells and tau creates tangles within the nerve cells. • Diagnosed by history of a gradual and progressive decline in recent memory and at least one other area of cognition (executive function, language, visuospatial skills); decline represents a change from usual abilities and is not due to other medical or psychiatric illnesses. • Two types: early onset (before age 65) and late onset (after age 65). Early onset progresses more rapidly; 22-64% of early onset AD presents without significant memory impairment. • Duration of illness 10-20 years. • Support**:** Alzheimer's Association; www.alz.org	**Memory loss = hallmark symptom.** Symptoms progress as disease progresses, eventually affecting all aspects of brain function. **Early stage:** loss of memory for recent events and names; word finding difficulty; loss of or misplacement of items; difficulty planning and organizing; changes in mood or personality; irritability; loss of initiative; increased time to complete ADLs/IADLs. **Middle stage:** moderate memory loss and confusion; forgetful of personal history; difficulty expressing thoughts; inability to calculate, judge or plan; sleep pattern disruption; disoriented to place, time of day and date; moody; focused on self; withdrawn; occasional wandering; assistance needed with daily tasks and hygiene; bladder and bowel incontinence. **Late stage:** severe memory and cognitive impairment; loss of recognition of surroundings; loss of recognition of family and/or self; minimal to no speech (single words, sounds); delusions, hallucinations, paranoia that may have started in middle stage is now more frequent; significant physical impairments in coordination, mobility, swallowing; ADL dependent requiring total assistance 24/7.
Frontotemporal Degeneration Dementia (FTD)	• Cause unknown. FTD is a spectrum of neurodegenerative disorders that affect the brain's frontal and temporal lobes. • Diagnosis made by history and brain imaging, including ruling out other disorders. Often initially misdiagnosed as Bipolar Disorder, AD, PD, or Vascular Dementia. Important to seek clinic/clinician experienced in FTD. • Age of onset usually in 40's, 50's and 60's, but ranges from 21 to 80. Most common dementia under age 60 (60% diagnosed between age of 45-64). • Duration of illness varies from 2-20 years with average of 7-13 years, dependent on type. • Each of three major subtypes may exhibit some symptoms of other subtypes over time. • **Support:** The Association for Frontotemporal Degeneration; www.theaftd.org	**Not a memory disorder.** Hallmark is a gradual, progressive decline in behavior and/or language and/or motor function. **Three Variants:** ***Behavioral Variant FTD***: Cognitive symptoms in the areas of planning, attention, reasoning, & problem-solving. Emotional symptoms -- apathy, loss of empathy, lack of insight, emotional blunting, mood changes/swings. Behavioral symptoms – hyperoral, stereotyped or repetitive behavior, neglect of personal hygiene, hypersexual, disinhibited/impulsive. ***Primary Progressive Aphasia:*** Early and progressive change in language skills (ability to speak, read, write, understand). Impaired memory, reasoning and judgement can develop over time. Three subtypes within this type: Semantic PPA, Agrammatic PPA, Logopenic PPA. ***Movement Disorders:*** Progressive Supranuclear Palsy – impaired balance; unexplained falls, slow, stiff movement; trouble coordinating eye movement (diagnostic symptom). Cortical Basal Syndrome – slow, constricted movement; rigidity, gross and fine motor incoordination, apraxia. FTD with Parkinsonism (hereditary) – symptoms are similar to those of PD, plus changes in behavior or language. FTD with ALS (amyotrophic lateral sclerosis) – progressive muscle weakness and atrophy symptoms of ALS along with symptoms of Behavioral Variant FTD.

Types	Characteristics	Primary Symptoms
Vascular Dementia	• Caused by cerebrovascular disease (identified via neuro-imaging): a single large stroke (CVA), several small strokes (TIA) or many micro-strokes that happen over time. • Diagnosed by one or more of the following: onset of dementia ≤ 3 months following stroke; an abrupt decline in cognition; or fluctuating stepwise progression of decline. • Age of onset varies; percentage of early and late onset roughly equal. • Duration of illness varies. • **Support:** Alzheimer's Association; www.alz.org	**May or may not have memory loss;** symptoms depend on where in the brain infarct(s) occurred; impaired executive and visuospatial functions common; may or may not have motor or language impairment. Most preventable of all the dementias. Risk reduction via lifestyle modification and medical management. Vascular risk factors: hypertension, hyperlipidemia (elevated serum cholesterol), heart disease (CAD, atrial fibrillation, valvular disease). Associated risk factors: diabetes, COPD, Sleep Apnea, obesity, smoking. Often co-morbidity with other dementias; primary type with diagnosis of mixed dementia.
Lew Body and Parkinson's Dementia	• Cause unknown. Both disorders exhibit presence of Lewy Bodies in the brain and degeneration of brain cells; unknown if the Lewy Bodies are the cause or effect of the degeneration. In PDD the Lewy Bodies are found in the substantia nigra (part of mid-brain). In LBD the Lewy Bodies are found throughout the cerebral cortex. • PDD is diagnosed if motor symptoms precede cognitive symptoms by at least one year, but average is 6-8years of PD symptoms prior to PDD diagnosis. LBD is diagnosed if the motor symptoms and cognitive symptoms occur at about the same time. – Age of onset typically between 50 and 85. – Duration of illness for LBD is 5-7 years following diagnosis, but can vary from 2-20 years. PDD is the same time frame after diagnosis of dementia. – Up to 50% of people with LBD have severe sensitivity to neuroleptics (antipsychotics) which can cause worsening of symptoms, even to the point of being fatal.	Cognitive symptoms: progressive decline in executive functioning (planning, abstraction, analytical thinking). **Core symptoms:** **1.** fluctuating cognitive abilities, especially attention, alertness, wakefulness; **2.** recurrent visual hallucinations that are detailed but benign (e.g. friendly animals or small children); and **3.** Parkinsonism (muscle stiffness, rigidity, shuffling gait, poor balance, tremor, stooped posture, blank facial expression, very small handwriting, difficulty initiating movement/frozen). Other: May also have REM Sleep Behavior Disorder (marked by vivid, acted out dreams). **Support:** Lewy Body Dementia Association, Inc.; www.lbda.org