IGS **FLASHCARD** SERIES



Irish Gerontological Society

TYPES OF DEMENTIA

AI 7HEIMER'S	The most common cause of dementia.			
DEMENTIA (AD)	Age of onset usually >60 y/o.			
	Episodic memory impacted early. Onset of cognitive deficits clearly relates to a vascular event			
VASCULAR DEMENTIA	If no history of vascular and an absen	ging evidence of vascular disease ., Alzheimer's disease).		
DEMENTIA WITH LEWY BODIES	CORE FEATURES		SUPPORTIVE FEATURES	
	Fluctuating cognition Visual hallucinations REM sleep disorder Parkinsonism (Dementia → Parkinsonism)		Neuroleptic sensitivity Autonomic dysfunction Hypersomnia Hyposmia (reduced sense of smell)	
PARKINSON'S DISEASE DEMENTIA	Diagnosis of Parkinson's Disease precedes cognitive decline $(PD \rightarrow Dementia)$			
FRONTO- TEMPORAL DEMENTIA (FTD)	BEHAVIOURAL VARIANT FTD	PROGRESSIVE NON- FLUENT / AGRAMMATIC VARIANT		SEMANTIC VARIANT
	Most common type of FTD.	Most common type of FTD.Three of : Disinhibition Apathy/inertia Loss of empathy Compulsive behaviours HyperoralityTrouble pronouncing words Grammatical problems; may skip words e.g., "tired. Bed now."Behaviours HyperoralityDifficulties understanding long sentences		Can speak fluently but lacking content
	<u>Three of :</u> Disinhibition Apathy/inertia			Difficulty naming: initially technical terms (spanner) and then simpler words (sugar)
	Compulsive behaviours			May substitute less precise word e.g., "thing"
	Relative sparing of			May not understand word meaning or what objects are
	function			Preserved repetition
<section-header></section-header>	FRONTAL VARIANT	POSTERIOR CORTICAL ATROPHY		LOGOPENIC VARIANT
	Behavioural variant AD	Visual variant AD Subtle visual problems Spatial awareness difficulties		Impaired working memory: unable to retrieve the desired word causing significant pauses in speech
	impaired	/ naru to judge distances		Impaired phrase repetition
	(unlike BV FTD)	Difficulty with reading, sums Memory loss		Can get parts of words mixed up e.g., "aminal" vs "animal"

WHEN TO SUSPECT DEMENTIA?

Adults with gradual onset, progressive cognitive and functional impairment Symptoms not better explained by other illness e.g depression, concussion, space-occupying lesion

Diagnosing Dementia Naomi Davey, Aoife McFeely, Lisa Sheridan, Sean Kennelly

Referral for cognitive concerns

History & Exam: identify pattern & timing of symptoms

Neuropsychological testing

Appropriate investigations

Diagnosis identified and disclosed

Post-Diagnostic Support

Follow-up

MRI

- **FDG-PET**
- Shows areas of hypometabolism
- AMYLOID PET



- decades before symptoms appear.
- evident.

ASSESSMENT

NEUROIMAGING

Accessibility is not universal.

All patients with suspected dementia should have structural imaging.

• MRI is useful in assessing changes in cerebral volume (and excluding structural pathology) • AD is associated with Medial Temporal lobe Atrophy (Fig. 1) and temporoparietal atrophy • The Fazekas Scale (Fig. 2) quantifies the burden of small vessel ischaemia

AD: hypometabolism in the posterior cingulate gyri, precuneus and posterior temporoparietal lobes

Permits radiological identification of amyloid deposition

Fig. 2 Fazekas scale used to standardise the assessment of white matter hyperintense lesions.

CSF BIOMARKERS in the diagnosis of AD

CSF Biomarkers Measured: A\beta42, p-Tau 181, and Total Tau levels. **Pre-Symptomatic Accumulation**: these proteins accumulate in the brain

Prevalence in Aging: common in adults over the age of 80. **Biomarkers are not indicated**: if a clear AD phenotype is already

Diagnostic Accuracy: for clinical purposes, CSF biomarkers are combined to leverage their value for detection of AD pathology.

AD PROFILE

Aβ42 ↓ P-tau 181 ↑ T-tau ↑

P-tau: Aβ42 ratio also considered.



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Institute of Memory and Cognition

DISCLOSURE

Most adults >65 report that dementia is the disease they most fear.

When giving someone a diagnosis of dementia:

- Allocate sufficient time for discussion
- Use a private and quiet space
- Ensure the person has support with them if desired
- Allow time for questions
- Provide take-home written information
- Inform about additional supports, e.g., Alzheimer's Society of Ireland

POST DIAGNOSTIC SUPPORTS

This includes a range of services and information which can assist a person living with dementia or assist those who support that person.

Examples of Post-Diagnostic Supports include:

- Brain Health Clinic
- MDT referral
- Medication review
- Cognitive Stimulation Therapy
- Carer Support

SUMMARY

Dementia umbrella term an describing progressive cognitive impairment which impacts functional ability.

Timely diagnosis includes recognition of pre-dementia conditions such as mild cognitive impairment.

Accurate diagnosis of cognitive concerns requires a comprehensive approach to ensure optimal patient care.

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