When It’s Not Alzheimer’s:
AN OVERVIEW OF VASCULAR DEMENTIA,
LEWY BODY DEMENTIA & FRONTOTEMPORAL
DEMENTIA

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- Sarah has nearly 20 years of experience serving seniors and their families as a community resource and eldercare expert through her various roles within Assisted Living and Dementia-Supportive Communities, Home Health and Hospice. She and her team guide families in finding care for an aging loved one through Advanced Care Planning, Senior Housing Placement, Consulting/Education/Support.

- Her background - State of Texas Certified Assisted Living Manager, Certified Dementia Practitioner/Trainer, Certified Montessori Dementia Care Professional and Certified Dementia Care Manager. She currently serves the Central TX area as the Lewy Body Dementia Association Facilitator & Educator.
Objectives:

• Understand and recognize the characteristics of Vascular Dementia
• Understand and recognize the characteristics of Dementia with Lewy Bodies/Parkinson’s Disease Dementia
• Understand and recognize the characteristics of Frontotemporal Lobar Degeneration/Dementia (FTD)
Dementia – the disease of the 21st century

• Simply put…a decline in thinking skills that interferes with everyday life
• More older patients = more cases of dementia diagnosed
• Dementia is most closely associated with growing old – not necessarily!
• Dementia is one of the world’s fastest growing diseases and quickly becoming “everyone’s concern” – examples in all sectors of business and personal dealings
• Statistics surrounding dementia are staggering – 24 million people world-wide are living with some form of dementia – 84 million by 2040
Initial Dementia Evaluation (will include the following tests, but NOT limited to…)

• CBC (complete blood count)
• Glucose, electrolytes, BUN/creatinine, liver function tests, urinalysis
• Serum Vitamin B12
• Thyroid function tests
• Depression screening
• Substance use/misuse screening, or prescription/over-the-counter medication
• *these could all indicate a pseudo-dementia
Pseudo-Dementias

- **M** – Metabolic syndromes: Renal and hepatic failure, hyper/hypo-thyroidism/calcemia/natremia
- **I** – Infections: Lyme disease, UTIs, syphilis, chronic meningitides, HIV/AIDS, hydrocephalus
- **N** – Nutritional/Deprivation: B12/Folate and other vitamin deficiencies, Wernicke-Korsakoff syndrome
- **D** – Drugs: POLYPHARMACY/antidepressants, sedatives, hypnotics, anticholinergics, neuroleptics, multiple cardiac/HTN drugs, narcotics, lithium, antiepileptics, metals, radiation, alcohol/recreational drugs
Types of Dementia -

- There are as many as 50 different causes for dementia, and nearly 120 different types of dementia.
- Alzheimer’s Disease accounts for 50% - 80% of all dementias diagnosed
- Vascular dementia = 10% - 20%
- Dementia with Lewy Bodies/Parkinson’s Disease Dementia = 5% - 10%
- Frontotemporal Dementia = 4% - 20%
- Mixed Dementias = 10% - 30%
Alzheimer’s Disease

• Since Alzheimer’s Disease accounts for two-thirds of all dementias diagnosed, we tend to ASSUME that all dementia is Alzheimer’s Disease…not so!

• ALL Alzheimer’s Disease IS dementia; not ALL dementia is Alzheimer’s

• Discovered by Dr. Alois Alzheimer in early 1900s, when researching senility.

• Associated with neuropathological markers – amyloid plaques and neurofibrillary tangles (tau proteins) through CT and MRI – indicative of brain atrophy and decreased white matter.
Alzheimer’s Disease – Signs and Symptoms

• Alzheimer’s Disease is most typically associated with
  • short term memory loss (early compensatory strategies such as list keeping, asking others for names, etc.)
  • difficulty with thought process/executive dysfunction (planning, initiation, social judgement, poor organization, decision making, etc.)
  • lack of visuospatial abilities (lost in familiar locations, impaired contrast, non-recognition of common objects, etc.)
  • language deficits (difficulty word-finding, lack of nouns, input/output, etc.)

• Lack of movement disorder (balance, coordination, gait)

• Onset is usually occurring after the age of 65.
Vascular Dementia

- Second most common dementia diagnosed in the United States, usually among the old old – usually 80-90+
- NOT a progressive neurodegenerative disease – will have sudden drops and then a plateau (periods of stability) before another sudden drop
- Memory loss PLUS loss in at least one other area of cognitive functioning
- Occurs as a result of cerebrovascular disease (multi-infarct dementia or ischemic/subcortical vascular dementia), age, hypertension, diabetes, metabolic syndrome, smoking and stroke.
- Reduced cerebral blood flow indicated by CT or MRI
- Frequently combined with another dementia, vascular dementia in and of itself is highly unlikely – has a lot of clinical overlap with AD and therefore we often see them diagnosed together
- Common for the patient to also have depression/anxiety
Lewy Body Dementia

• Spectrum of diseases -- Dementia with Lewy Bodies (DLB), Parkinson’s Disease Dementia (PDD) and Multiple Systems Atrophies (MSAs) is the 2nd most common diagnosed irreversible, progressive neurodegenerative brain disease

• DLB/PDD is caused by abnormal microscopic deposits/aggregations of protein (alpha synuclein) in nerve cells, called “lewy” bodies which destroys the nerve cells over time – Dr. Fredrich Lewy

• Causes great damage to multiple regions of the brain – cortex/DLB “diffuse Lewy bodies”; hippocampus/Parkinson’s disease

• Has symptoms similar to those with Alzheimer’s & Parkinson’s – often misdiagnosed, extremely misunderstood and can be very challenging in responsive behavioral presentation

• In rare cases, can have a genetic link – chromosomal abnormality – 5
Criteria for diagnosis –

• Core features –
  • Progressive cognitive decline – attention, dysexecutive function, visuospatial (memory is variably impaired; becomes evident with progression)
  • Parkinsonism – postural instability, rigidity, bradykinesia, gait difficulty
  • Fluctuation of cognition/abilities
  • Recurrent visual hallucinations
  • REM sleep behavior disorder

• Suggestive/Supportive features –
  • Repeated falls/syncope/episodic syncope
  • Severe autonomic dysfunction with orthostatic hypotension, bladder incontinence, delayed gastrointestinal emptying
  • Systematized delusions/illusions, including Capgras syndrome
  • Mood dysregulation -- Depression/Anxiety/Apathy
  • PET Scan – low dopamine transporter uptake, reduced occipital lobe activity
What does Lewy Body Dementia look like?

• “One year rule” often indicates diagnosis – DLB is diagnosed when dementia occurs before or concurrent to Parkinsonism (tremors, rigidity, postural instability, and slow movements/bradykinesia); PDD should be used if dementia occurs in context of established PD

• Patient’s responsive behaviors may have delirium-like features at times – fluctuating cognition/lucidity

• Patient may present with visual/auditory/tactile hallucinations/delusions

• REM Sleep Disorder/Sleep Enactment Behavior, insomnia, restless leg syndrome
Frontotemporal Lobar Degeneration (FTD)

- Spectrum of disorders – Pick’s Disease/Pick Complex (FTD-MND; FTD-ALS; CBS; PSP; PPA and related disorders)
- Is an inherited disease (first-degree relative such as a parent or sibling), usually showing up in patients as young as in their 40’s
- Is caused by an abnormal change (mutation) in a gene that makes “tau protein” – Pick bodies
- The tau protein becomes altered and cannot perform its normal functions – “bind to and stabilize” cell components that carry substances from the body of the cell to portions of the cell that connect it to other cells
- The tau protein bundles up into tangles and chokes healthy nerve cells
Frontotemporal Dementia (FTD) causes deficits in the frontal and temporal lobes of the brain

- Behavioral/Frontal Variant -- Impairs attention, planning ability, ability to problem solve, abstract thinking
  - *often mis-diagnosed as a mental health condition due to impulsivity and judgement impairment
- Language/L Temporal Variant -- lack of verbal fluency, referred to as semantic dementia
  - *Aphasia is an inability to comprehend or formulate language because of damage to specific brain regions -- can have trouble speaking, putting words together into meaningful sentences, reading, writing, understanding language, or difficulty understanding what others are saying
  - Eventually these patients become mute
What does Frontotemporal Dementia look like?

- Symptoms start at a younger age – 40’s – 60’s
- Loss of insight, judgement and impulse control – uncaring and apathetic
- Early personal and social inappropriate behaviors, unsocial attitudes or actions, verbal expressions out of context for social situation, disinhibition, sexually inappropriate responses
- Repetitive and ritualistic behaviors including hoarding and gluttony
- Weakening of the limb muscles, ability to swallow and breathing
- The typical anti-dementia medications (Aricept, Namenda) are often not effective for FTD
For more information, or to schedule a consultation:

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