




When It's Not Alzheimer's:

AN OVERVIEW OF VASCULAR DEMENTIA,
LEWY BODY DEMENTIA & FRONTOTEMPORAL
DEMENTIA

Sarah Hyde-Williams, CDP CADDCT CMDCP CDCM CALM
Elder Care Consultant/Dementia Educator
Owner/Founder, Senior Living Advisors of Austin





Sarah Hyde-Williams

- 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/hypothyroidism/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:

Sarah Hyde-Williams, CALM CDP CADDCT CMDCP CDCM

Elder Care Consultant/Dementia Educator, Senior Living Advisors of Austin

State of Texas Certified Assisted Living Manager

NCCDP Certified Dementia Practitioner, Certified Alzheimer's Disease & Dementia Care Trainer and Certified Dementia Care Manager

ICCDP Certified Montessori Dementia Care Professional

Central Texas Lewy Body Dementia Facilitator/Educator

Mobile 832-794-8810 / Office 512-593-7669 / Fax 512-548-7693

Sarah@SLAAustin.com / www.SeniorLivingAdvisorsAustin.com