

Vascular dementia

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ABOUT DEMENTIA

Vascular dementia is the second most common form of dementia after Alzheimer's disease and recently its incidence has been found to be higher than previously expected. This Help Sheet describes Vascular dementia, its causes, diagnosis and progression.

What is Vascular dementia?

Vascular dementia is the broad term for dementia associated with problems of circulation of blood to the brain.

Are there different types of Vascular dementia?

There are a number of different types of Vascular dementia. Two of the most common are Multi-infarct dementia and Binswanger's disease.

Multi-infarct dementia

This is probably the most common form of Vascular dementia. Multi-infarct dementia is caused by a number of small strokes, called mini-strokes or Transient Ischaemic Attacks (TIA). The strokes cause damage to the cortex of the brain, the area associated with learning, memory and language. A person with Multi-infarct dementia is likely to have better insight in the early stages than people with Alzheimer's disease, and parts of their personality may remain relatively intact for longer. Symptoms may include severe depression, mood swings and epilepsy.

Binswanger's disease (also known as Subcortical vascular dementia)

This was thought to be rare, but is now being reassessed, and may in fact be relatively common. As with other Vascular dementias, it is associated with stroke-related changes. It is the "white matter" deep within the brain that is affected. It is caused by high blood pressure, thickening of the arteries and inadequate blood flow. Symptoms often include slowness and lethargy, difficulty walking, emotional ups and downs and lack of bladder control early in the course of the disease. Most people with Binswanger's disease have, or have had, high blood pressure.

One single large stroke can sometimes cause Vascular dementia depending on the size and location of the stroke. Risk factors that make strokes more likely to lead to Vascular dementia include:

- Untreated high blood pressure (hypertension)
- Atrial fibrillation
- Other irregular heart rhythms which raise the risk of clots and atherosclerosis (fatty deposits in blood vessels) which causes damage to the arteries of the brain

How is Vascular dementia diagnosed?

Vascular dementia is usually diagnosed through neurological examination and brain scanning techniques such as computerised tomography (CT) or a magnetic resonance imaging (MRI) test.

However, as is the case with Alzheimer's disease, a definite diagnosis of Vascular dementia can only be made by examining the brain after death. Vascular dementia can be very difficult to distinguish from other forms of dementia. Some people have both Alzheimer's disease and Vascular dementia.

Who gets Vascular dementia?

Anyone can be affected by Vascular dementia, but several factors increase the risk. These include:

- High blood pressure
- Smoking
- Diabetes
- High cholesterol
- History of mild warning strokes
- Evidence of disease in arteries elsewhere
- Heart rhythm abnormalities

Contact the National Dementia Helpline on **1800 100 500**

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Vascular dementia is slightly more common in men than women.

How does Vascular dementia progress?

Vascular dementia usually progresses gradually in a step-wise fashion in which a person's abilities deteriorate after a stroke, and then stabilise until the next stroke. If further strokes do not occur, the abilities of people with Vascular dementia may not continue to decline, or in some cases, may improve. However, these improvements may not last. Sometimes the steps are so small that the decline appears gradual.

On average though, people with Vascular dementia decline more rapidly than people with Alzheimer's disease. Often they die from a heart attack or major stroke.

Is there treatment available?

While no treatment can reverse damage that has already been done, treatment to prevent additional strokes is very important. To prevent strokes, medicines to control high blood pressure, high cholesterol, heart disease and diabetes can be prescribed. A healthy diet, exercise and avoidance of smoking and excessive alcohol also lessen the risk of further strokes.

Sometimes aspirin or other drugs are prescribed to prevent clots from forming in the small blood vessels. Drugs can also be prescribed to relieve restlessness or depression or to help the person with dementia to sleep better. In some cases surgery known as carotid endarterectomy may be recommended to remove blockage in the carotid artery, the main blood vessel to the brain.

Recent research suggests that cholinesterase inhibitor medications such as Donepezil (Aricept) and Galantamine (Reminyl), which are helpful for some people with Alzheimer's disease, may also be of some benefit to some people with Vascular dementia. However, the evidence is not yet as clear or compelling as that for the use of these medications with Alzheimer's disease.

Support is available for the person with Vascular dementia, their families and carers. This support can make a positive difference to managing the condition. Alzheimer's Australia provides support, information, education and counselling for people affected by dementia. Up-to-date information about drug treatments is also available from Alzheimer's Australia.

Further Information

Alzheimer's Australia offers support, information, education and counselling. Contact the National Dementia Helpline on **1800 100 500**.

For further information and to view other Help Sheets visit our web site at **www.alzheimers.org.au**