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**COMMON DEMENTIA DIAGNOSES DIAGNOSTIC CRITERIA**

**Dementia:** Decline in function from a previous level that is not explained by delirium or major psychiatric disorder. Must impact daily or work function. Requires impairment of a minimum of two of the following domains:

* + Short term memory (most common presentation)
	+ Reasoning, judgment, or planning of complex activities
	+ Visual spatial abilities
	+ Language function
	+ Personality, behavior changes

**Alzheimer’s Disease**

* Core Features:
	+ Age of onset usually 60 years or older
	+ Meets dementia criteria as described above
	+ Insidious onset
	+ History of worsening of cognition over time
* Risk Factors:
	+ Advanced age
	+ Family history
* Course: Slowly progressive; Average survival time from the time of diagnosis is around 8 years (Barclay 1985) (Disease progresses over 15 years from initial deficits). Often co-exists with Vascular Dementia.

**Mild Cognitive Impairment**

* Core Features:
	+ Concern regarding change in cognition
	+ Impairment in one or more cognitive domains (1-1.5 standard deviations below the age-adjusted norms)
	+ Preservation of independence in functional abilities
	+ Not demented (no evidence of significant impairment in social or occupational functioning)
	+ Amnestic MCI: those with primarily memory deficits
	+ Non-amnestic MCI: those with primarily non-memory deficits, eg language, visuospatial
* Course: Increased risk of dementia over those without MCI diagnosis. Amnestic MCI at increased risk for AD.

**Lewy Body Dementia**

* Dementia: Prominent visuospatial deficits and executive dysfunction (less prominent memory deficits)

Probable: $\geq $ 2 core features, or 1 core + 2 suggestive features

Possible: 1 core feature, or $\geq $ 1 suggestive without core feature

* Core Features:
	+ Fluctuating cognition
	+ Recurrent visual hallucinations
	+ Spontaneous Parkinsonism
* Suggestive Features:
	+ REM sleep behavior disorder
	+ Severe neuroleptic sensitivity
	+ Low dopamine-transport uptake in basal ganglia in PET
* Supportive Features:
	+ Syncope
	+ Delusions
	+ Autonomic dysfunction
* Course: Slowly progressive; Some studies show average survival time to be shorter than AD

**Vascular Dementia**

* Dementia : Attention and executive dysfunction (less prominent memory deficits)
* Core Features
	+ Sudden or stepwise
	+ Often with asymmetric neurological exam
	+ Evidence of cerebrovascular disease on brain imaging
	+ Cognitive deficits consistent with ischemic injury
* Supportive Features include early presence of:
	+ Gait disturbance
	+ Falls
	+ Urinary incontinence
	+ Personality and mood changes
* Risk Factors
	+ Hypertension
	+ Diabetes
	+ Tobacco
	+ Cerbrovascular disease
* Course: Stepwise for large vessel vascular dementia; may be slowly progressive for cumulative small vessel ischemic disease (i.e. Binswanger); Mean duration of VD is around 5 years. Often co-exists with Alzheimer’s Disease.

**Frontotemporal Dementia**

* Dementia with early frontal-executive dysfunction, behavior change, or language impairment (less prominent early memory and visuospatial skills deficits). Deficits not explained by stroke, delirium, or psychiatric disease.
* Subtypes of FTD include:
	+ Behavioral variant (bv FTD): most common presentation; 60%
	+ Primary Progressive aphasia (PPA)
		- Progressive Nonfluent Aphasia (PNFA)
		- Logopenic progressive aphasia (LPA)
		- Semantic variant PPA (SV-PPA): 20%
* Core features of bv FTD
	+ Disinhibition, socially inappropriate behavior
	+ Apathy or inertia
	+ Loss of sympathy or empathy
	+ Perseverative, compulsive behavior
	+ Hyperorality and dietary changes (i.e. increased cravings for sweets)
	+ May have slowing/parkinsonism
	+ Imaging results consistent with bvFTD with one of the following present:
		- Frontal and/or temporal atrophy
		- Frontal hypoperfusion or hypometabolism on SPECT or PET
* Core features of Primary Progressive Aphasia (PPA)
	+ Most prominent clinical feature is difficulty with language
	+ Language deficits are the principal cause of impaired daily living activities
	+ Aphasia is most prominent deficit at symptom onset
	+ Usually progresses to deficits in multiple cognitive domains
* Course: Average onset younger than AD (mid 50’s to 60’s), progressive decline. Average survival around 8 years from time of diagnosis.

**References:**

1. McKhann GM, Knopman DS, Chertkow H, et al. The diagnosis of dementia due to Alzheimer's disease: recommendations from the National Institute on Aging-Alzheimer's Association workgroups on diagnostic guidelines for Alzheimer's disease. Alzheimers Dement 2011;7:263-269.

2. Albert MS, DeKosky ST, Dickson D, et al. The diagnosis of mild cognitive impairment due to Alzheimer's disease: recommendations from the National Institute on Aging-Alzheimer's Association workgroups on diagnostic guidelines for Alzheimer's disease. Alzheimers Dement 2011;7:270-279.

3. Galvin JE, Boeve B, Duda JE, et al. Current Issues in LBD Diagnosis, Treatment and Research: representing the Scientific Advisory Council of the Lewy Body Dementia Association, 2008 May.

4. University of California SF. Confirming FTD (diagnostic Criteria) [online]. Available at: <http://memory.ucsf.edu/ftd/overview/ftd/forms/multiple>.

5. Adlam AL, Patterson K, Rogers TT, et al. Semantic dementia and fluent primary progressive aphasia: two sides of the same coin? Brain 2006;129:3066-3080.

6. Gorno-Tempini ML, Dronkers NF, Rankin KP, et al. Cognition and anatomy in three variants of primary progressive aphasia. Annals of Neurology 2004;55:335-346.

7. Gorno-Tempini ML, Brambati SM, Ginex V, et al. The logopenic/phonological variant of primary progressive aphasia. Neurology 2008;71:1227-1234.