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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: 2 core features, or 1 core + 2 suggestive features

Possible: 1 core feature, or 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:**

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