Evaluating the Dementia Patient
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Disclosure
• Will be talking about some off FDA label use of medications
• Otherwise no specific disclosures

Objectives
• Review the test and evaluation of the patient with memory difficulties
• Discuss the different types of dementia
• Talk about pharmacological treatment
• Discuss proposed approach to management
Definition of Dementia

• DSM V Criteria
• Major Neurocognitive Disorder
  • Significant cognitive delineate from a previous level of performance in one or more of the following domains
    • Learning and memory
    • Language
    • Executive function
    • Complex attention
    • Perceptual-motor
    • Social cognition
  • Interfere with independence in everyday activities
  • Delirium has been excluded
  • Not better explained by another mental disorder

Evaluation and Diagnosis
Mental Status Evaluation

- Request that a family member be present
- Obtain a careful history
  - Define what is meant by memory loss
  - Clear time line of events
  - Getting lost when going to familiar places
  - Driving
  - Lost sense of smell
  - Hallucinations
  - R.E.M. Sleep behavior disorders
  - Family history of dementia

Mini Mental Status Testing

- Folstein’s Minimental Status Exam (MMSE)
  - Proprietary  Low Sensitivity and Specificity
- Saint Louis University Mental Status Exam (SLUMS)
  - Nonproprietary  High Sensitivity and Low Specificity
- Montreal Cognitive Assessment (MoCA)
  - Nonproprietary  High Sensitivity and Low Specificity
- Self Administered Gerocognitive Exam (SAGE)
  - Nonproprietary  High Sensitivity and Low Specificity

SLUMS
Testing and evaluation

- Lab test
  - B12, TSH, and RPR
  - ESR, CRP, ANTI-TPO, Paraneoplastic Panels
- Lumbar Puncture
- Brain MRI
- EEG
- SPECT or DAT Scan

The Dementias
Types of Dementia

- Cortical
  - Alzheimer’s Disease
  - Frontotemporal Dementia
- Subcortical
  - Dementia with Lewy Bodies
  - Parkinson’s Dementia
- Vascular Dementia
Alzheimer’s Disease

• Most common neurodegenerative disorder
• 6th most common cause of death in the US
• Between 1997 and 2050
  • Individuals over the age of 65 will increase from 63 million to 137 in North and South America
• Age, Demographics, and Memory Study (ADAMS)
  • 14% of individuals over 71 y.o. have dementia
  • 70% of those account for Alzheimer’s Disease
• Life expectancy is typically 8 to 12 years from time of diagnosis

Clinical Presentation of AD

• Recent episodic memory affected early
• Visuospatial function
• Language can be affected
• Typically preserved
  • Semantic and working memory
• Behavioral disturbances
  • Apathy and irritability early on
  • Hallucinations and irrational behavior occurs later

Frontotemporal Dementia

• Typical younger presentation
• Most common between 45 to 64
• Estimate incidence between 15 to 22 per 100,000
• Autopsies studies suggest 10 to 15% of all dementias
• 2nd most common cause of early onset dementia
• Typical life expectancy is 5 to 8 years from time of diagnosis
FTD Types / Presentations

- Behavioral variant FTD (Pick's Disease)
- Semantic variant primary progressive aphasia
- Nonfluent agrammatic primary progressive aphasia
- Corticobasal syndrome
- Progressive supranuclear palsy
- FTD associated with motor neuron disease

Lewy Body Dementias

- Dementia with Lewy Bodies (DLB) and Parkinson's Disease Dementia (PDD)
  - Diagnosis is made based on when symptoms of dementia arise
  - DLB has memory problems that occur within 1 year of PD symptoms, PDD has Parkinson's symptoms greater than 1 year before dementia
  - Prevalence studies suggest between 8-20% of dementias
  - Typical life expectancy is around 5-7 years from time of diagnosis

- Typically associated with Parkinsonism
- Hallucinations are a hallmark
- Slowed thought processing
- Neuroleptic sensitivity is key feature
Vascular Dementia

- Classified numerous ways
  - Dementia from stroke
  - Dementia related to small vessel disease
- 25-30% of patients with acute stroke with develop dementia
- Anywhere from 3-21% prevalence
- Typical life expectancy is about 5 years from time of diagnosis

Vascular Dementia

- Typical presentation is associated with a neurologic deficit
- Patients have difficult describing the memory loss
- Psychomotor slowing noted on examination
- Typically has a stepwise presentation
- Behavioral
  - Indifference or depression

Treatment Options
Pharmacological Treatment

- Acetylcholinesterase Inhibitors
  - Donepezil, rivastigmine, galantamine
- Glutamate Receptor Modulators
  - Memantine
- Depression
  - Paroxetine, Sertraline, Fluoxetine, Citalopram, Escitalopram
    - Duloxetine, Venlafaxine

- Agitation
  - Risperidone, Quetiapine, Olanzapine, Lorazepam, Clonazepam
- Hallucinations
  - Acetylcholinesterase Inhib, Risperidone, Quetiapine, Pimavanserin, Clozapine
- Sleep
  - Melatonin, Trazodone, Quetiapine, Doxepin
- Pseudobulbar Affect
  - Amitriptyline, Dextromethorphan/Quinidine
Questions?
References