

## Basics of Dementia

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Dementia (now called major neurocognitive disorder per Diagnostic and Statistical manual V 2013) is a disorder that is characterized by a decline in cognition involving one or more cognitive domains. Major cognitive domains are learning and memory, language, executive function, complex attention, perceptual-motor, social cognition. The deficits must represent a decline from prior level of functioning and must be severe enough to interfere with the daily function and independence. Alzheimer disease (AD) is the most common form of dementia in the elderly which accounts for almost 60 to 80 percent of cases. The burden of dementia will increase worldwide as our population ages.

Routine screening of dementia for older adults is somewhat controversial. Mild cognitive impairment (MCI) is defined by the presence of memory difficulty and objective memory impairment but preserved functions of daily living. Patients with MCI are predisposed to increased risk of dementia. Major dementia syndromes include Alzheimer disease (AD), Dementia with Lewy bodies (DLB), Frontotemporal dementia (FTD), Vascular (multi-infarct) dementia (VaD) and Parkinson disease with dementia (PDD).

The initial assessment in a patient with suspected memory impairment should focus upon the history and information be gathered from the caregivers and relatives directly involved in the care including disruptive behaviors and wandering. The question should be asked about "What were or are the initial events?" "What happened with the patient's driving? Or events around deficiencies like signing checks or paying credit card bills". Use of drugs, that impair cognition like analgesics, anticholinergics, psychotropic medications and sedative-hypnotics. Patients with cognitive complaints should undergo a mental status examination. Neuropsychologic testing usually involves extensive evaluation of multiple cognitive domains. A complete general physical examination to rule out an atypical presentation of a medical illness should be combined with a neurologic examination. The American Academy of Neurology (AAN) recommends screening for B12 deficiency and hypothyroidism in patients with dementia. The use of neuroimaging in patients with dementia is somewhat controversial. Some prediction rules could include factors such as younger age (< 60 years), focal signs and less than 2 years duration of symptoms. Brain biopsy has a very limited role in the diagnosis of dementia with grave complications.

Four cholinesterase inhibitors, tacrine, donepezil, rivastigmine, and galantamine are currently approved for use in AD by the US Food and Drug Administration (FDA). Memantine is an N-methyl-D-aspartate (NMDA) receptor antagonist. The mechanism of action of memantine is distinct from those of the cholinergic agents as it is proposed to be neuroprotective. There are some behavioral disruptions that accompany as dementia worsens which should be treated with behavioral modifications at the initiation. Caregiver support with respite is a very important composition of the psychosocial approach of care for the dementia patients.

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