

A Tool Kit for Differentiating Dementia Types: The Reality

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Two? Four? Six? Eight? Depending upon the research healthcare investigator involved, there are different beliefs. Actually, four types are generally recognized by the current international guidelines: Alzheimer's (ALZ), Vascular (VAD), Lewy Bodies (DLB) and FrontoLobar Dementia (FLD). These different types offer various symptoms for practitioners when trying to discern the best clinical approach to delivering comfort to the challenged individual and supporting the efforts...of the Caregiver.

Dementia is diagnosed when one of more cognitive skills become impaired resulting in an individual's inability to maintain their independence. It is a complex neurocognitive disorder. The problems associated with dementia are acquired during life. Rarely does this condition begin before the age of 40. This is of course is different than reduced intellectual disabilities which are lifelong. Losing a high level of functioning which was present prior to the dementia is the cornerstone of dementia.

Healthcare professionals who are involved with diagnosing dementia examine if one or more of various cognitive skills of the individual is challenged. Complex Attention (a cognitive skill) is often not in place and has impacted the individual's ability to switch between tasks and maintain focus (what to do next). The lack of recall for recent events or discussions is associated with the cognitive skill. Learning and Memory and may impact prior learnings (how to do simple tasks). The inability to plan, organize or prioritize needed activities, including attention to current activities (driving for example) is recognized as the cognitive skill Executive Function. Often times, depending upon the type of dementia involved, the inability to express and understand both spoken and written types of communication can become lost. This relates to the cognitive skill Language. A fifth cognitive skill which may become impaired is Perceptual-Motor Function. Difficulties in understanding different shapes (i.e. different road signs for driving), the location where the individual resides and remembering directions during walking, driving or travel can be minimalized or lost. Lastly, individuals may not understand or appreciate facial expressions and behavior such that comfortable interactions with others can occur. Social recognition defines this cognitive skill.

Four types of dementia, and the clinical impressions which they manifest, are presented as part of this toolkit for differentiating the various types. Today, in the United States alone, nearly six million individuals have been diagnosed with dementia that affects their quality of life. An important component of this dementia diagnosis and subsequent treatment other than use of approved medications (Aricept-generic name Donepezil), Namenda-generic name Memantine), Remeron-generic name Mirtazapine) is establishing social activities for the individual with dementia. The often-prescribed drugs Aricept and Namenda are to improve nerve responses in the brain through assistance with transmission of signals through the present amyloid and tau tangles that exist due to the brain's physical deterioration. Often the most accompanying distress to dementia of any type is depression and anxiety regarding the presence of the condition. Major depressant medications such as Remeron are often prescribed. Disappointedly, Remeron may even aggravate the condition for certain individuals. It can be too strong a depressant for the average individual.

The most prevalent type of dementia is Alzheimer's (www.alz.org). Although the cause of the disease is many times unknown, researchers believe there is a combination of factors that include hereditary, lifestyle and environmental. Research (www.mayoclinic.org)

has confirmed that rarely does a specific genetic change occur in the development of the disease. Symptoms of Alzheimer's include memory loss, confusion, trouble communicating, anxiety and paranoia. Not to be dismissed is the lack of patience and immediate irritability during attempts to help the individual complete a task. Why? The individual is disappointed they cannot or do not know to do it!

Vascular Dementia (VAD), the second most prevalent type of dementia can occur in as many as 20% of total dementia cases has been confirmed to occur when stroke restricts blood flow to the brain. This physical deterioration challenge to be brain, although not present with all individuals with dementia who have a stroke, also has similar brain deterioration images that are caused by long term (many years) of snoring (including apnea) of the individual which causes brief interruptions in the oxygen flow to various areas of the brain during sleep. MRI scans can confirm this brain scarring is present. Primary symptoms of VAD include short-term memory problems, familiar area lack of orientation, inappropriate crying, concentration difficulties, lack of money management inability to follow instructions, loss of bowel or bladder control and hallucinations following sleep. A larger potential complication for VAD is the chronic risk conditions which it shares: stroke, diabetes, high cholesterol, and high blood pressure.

Often undiagnosed, Lewy Body Dementia (LBD) is viewed as the third most common type of dementia. It affects an estimated 1.4 million people in the USA (www.alz.org). Clinicians often have difficulty separating this type of dementia from others because it has similar symptoms to Alzheimer's and Parkinson's Disease. Using brain scans can define the appearance of abnormal proteins in nerve cells that preclude normal functioning and physical changes. Symptoms of LBD include sleep problems, memory loss, hallucinations and different alertness levels during the day (desire for sleep and loss of attention to tasks). Although ADD (attention deficient disease) shows similar symptoms it must be differentiated from LAD.

Frontotemporal Degeneration (FTD) differs from other types of dementia as memory is usually not affected. It affects a person's behavior, personality and language and inability to perform many daily functions. FTD, also known as Pick's Disease, is currently estimated to affect 50-60 thousand Americans (www.ninds.nih.gov). It is possible that head trauma, including concussions, can increase the onset of FTD which include symptoms of loss motivation, reduced empathy, compulsive behaviors (desire for physical attention), decreased inhibition and as with other dementia types-anxiety and depression.

It has become apparent that the expression "If I only knew then what I know now" as offered in another article by this author at www.AskDrS.org still holds true. Each individual interested in their future healthcare situation need learn of these symptoms of the various types of Dementia.

Importantly, individual and personal awareness, including the observations of close friends and relatives regarding changes in behavior, social presence and memory, is actually the early diagnosis of this tormenting condition.

Always present in discussions by clinicians with dementia patients is the ever-present belief that "I cannot be alone". Is this why many dementia patients wish to always have or watch television to replace the presence of another human being or animal while being alone?

I know this is true from my clinical experiences.

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