

Non Alzheimer Dementias

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Statement of Financial Disclosure

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- ◆ Dr. Schiffer is on no industry speakers bureaus
- ◆ Dr. Schiffer also acknowledges that he has not received other compensation including honoraria, consultant fees and educational program development funds from industry sources
- ◆ Dr. Schiffer is not a major stockholder in any of the pharmaceutical companies

Objectives

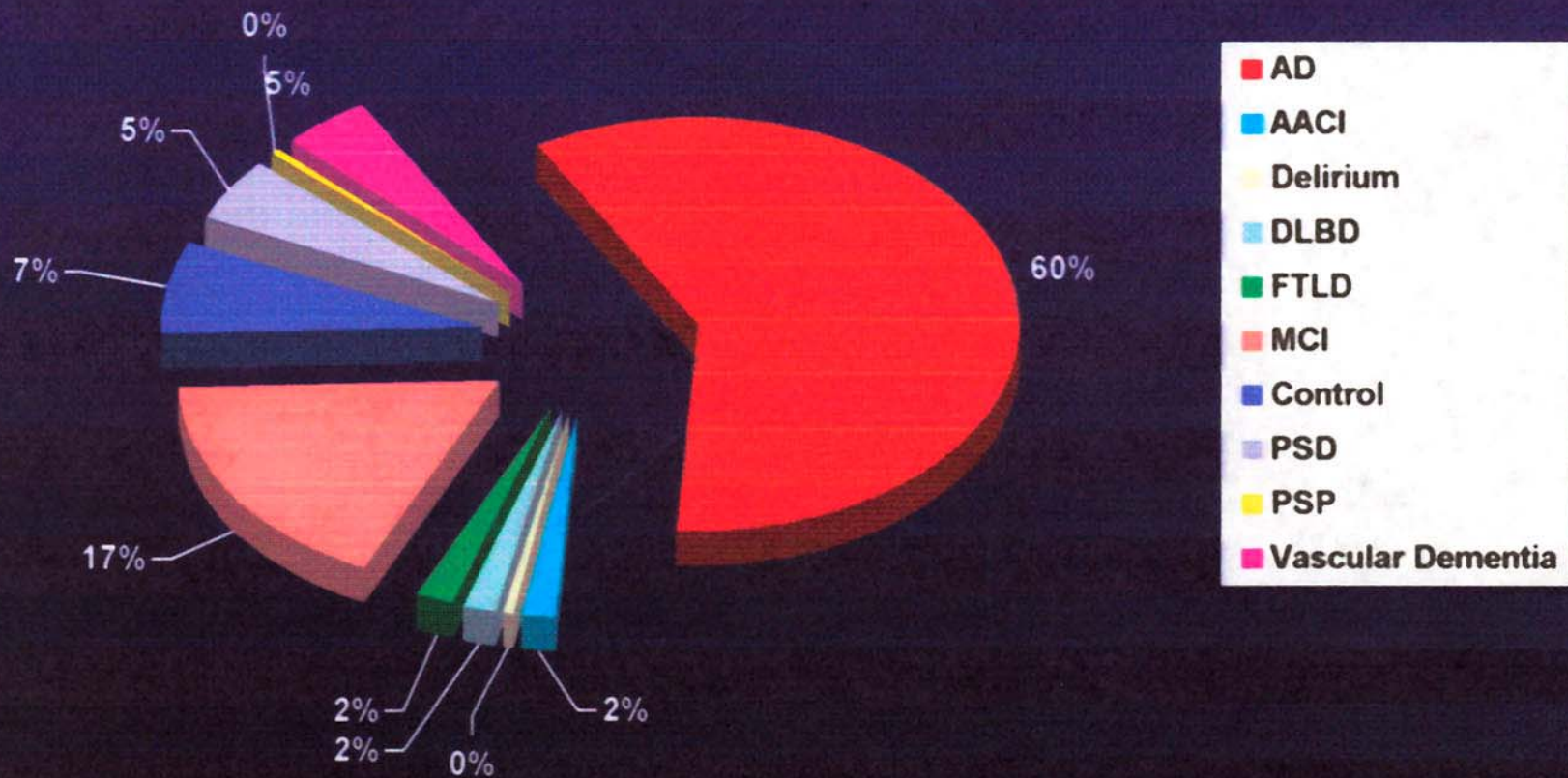
- ◆ To familiarize the audience with the clinical features and diagnostic criteria for the most common non-Alzheimer dementias
- ◆ To review available treatment information for these non-AD dementias

Factual Statement Number 1

- ◆ EVERYBODY WITH A MEMORY DISORDER DOES NOT HAVE ALZHEIMER DISEASE (AD)

AD	AACI	Delirium	DLBD	FTLD	MCI	Control	PSD	PSP	Vascular Dementia	11/2/2004	12/14/2004
130	4	1	4	4	38	16	11	1	10	217	219

Memory Disorder Clinic Database



Types of Non-AD Memory Disorders

- ◆ Non-AD Neurodegenerative Syndromes
- ◆ Vascular Syndromes
- ◆ Non-Neurodegenerative, Non-Vascular

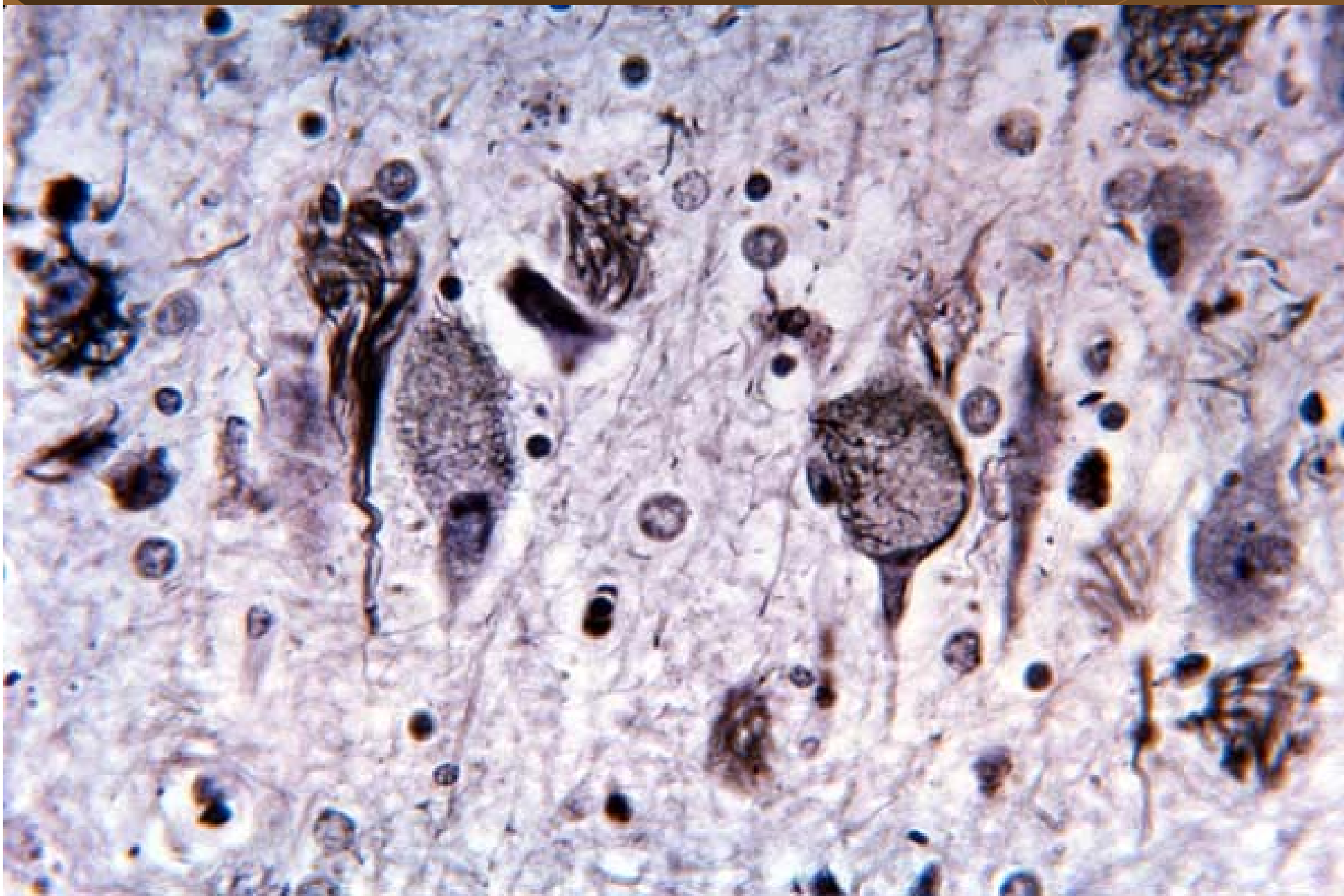
Non-AD Neurodegenerative Disorders

- ◆ Fronto-Temporal Disorders
- ◆ Parkinson's Disease (PD)
Spectrum Disorders

The Frontotemporal Lobar Dementia Syndromes (FTLD)

- ◆ Frontotemporal Dementia syndromes
- ◆ Progressive Semantic Dementia
- ◆ Progressive Non-Fluent aphasia
- ◆ Motor Neuron Syndromes
- ◆ Persistent Psychotic Syndromes





FTLD – Clinical Features

- ◆ Personality change of “frontal lobe type;” apathy, disinhibition, fronto-executive type cognitive loss
- ◆ Affective symptoms; depression, emotional dysregulation
- ◆ Speech/language disorder; mutism, aphasia
- ◆ Motor neuron loss

FTLD – Clinical Course and Treatment

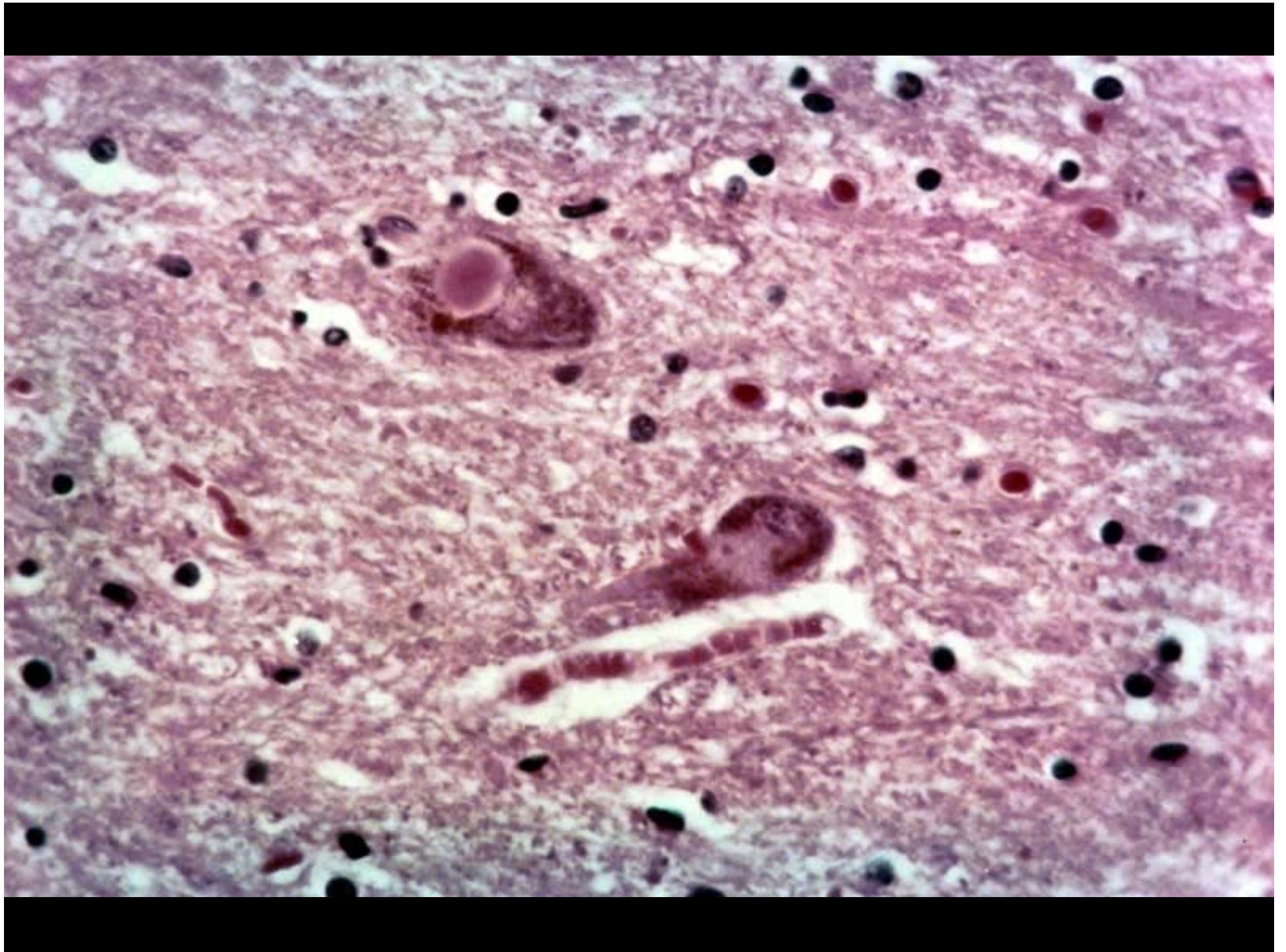
- ◆ May be younger than AD patients
- ◆ May be older than AD patients
- ◆ May progress faster than AD patients
- ◆ May progress slower than Ad patients
- ◆ Cholinesterase inhibitors contraindicated
- ◆ SSRI psychiatry drugs may help

PD Spectrum Disorders

- ◆ Idiopathic PD
- ◆ Multi-System Atrophy
- ◆ Lewy Body Dementia
- ◆ Essential Tremor
- ◆ Cortico-basal ganglionic Degeneration
- ◆ Progressive Supranuclear Palsy

Dementia with Lewy Bodies (DLB) – Clinical Features

- ◆ Cortical dementia
- ◆ Atypical parkinsonism
- ◆ Hallucinations and delusions
- ◆ Depression
- ◆ Psychotropic drug sensitivity
- ◆ Fluctuations in consciousness
- ◆ Falls



DLB – Diagnostic Criteria

- ◆ A. Cortical dementia
- ◆ B. Two of the following; fluctuating cognition, recurrent visual hallucinations, parkinsonism
- ◆ C. Supportive features
- ◆ D. Warning features; stroke, other neuromedical illness

DLB – Clinical Course and Treatment

- ◆ Clinical progression probably faster than AD
- ◆ Positive response to cholinesterase inhibitors (most of them have Ad neuropathology, too)
- ◆ L-DOPA Lazarus responses

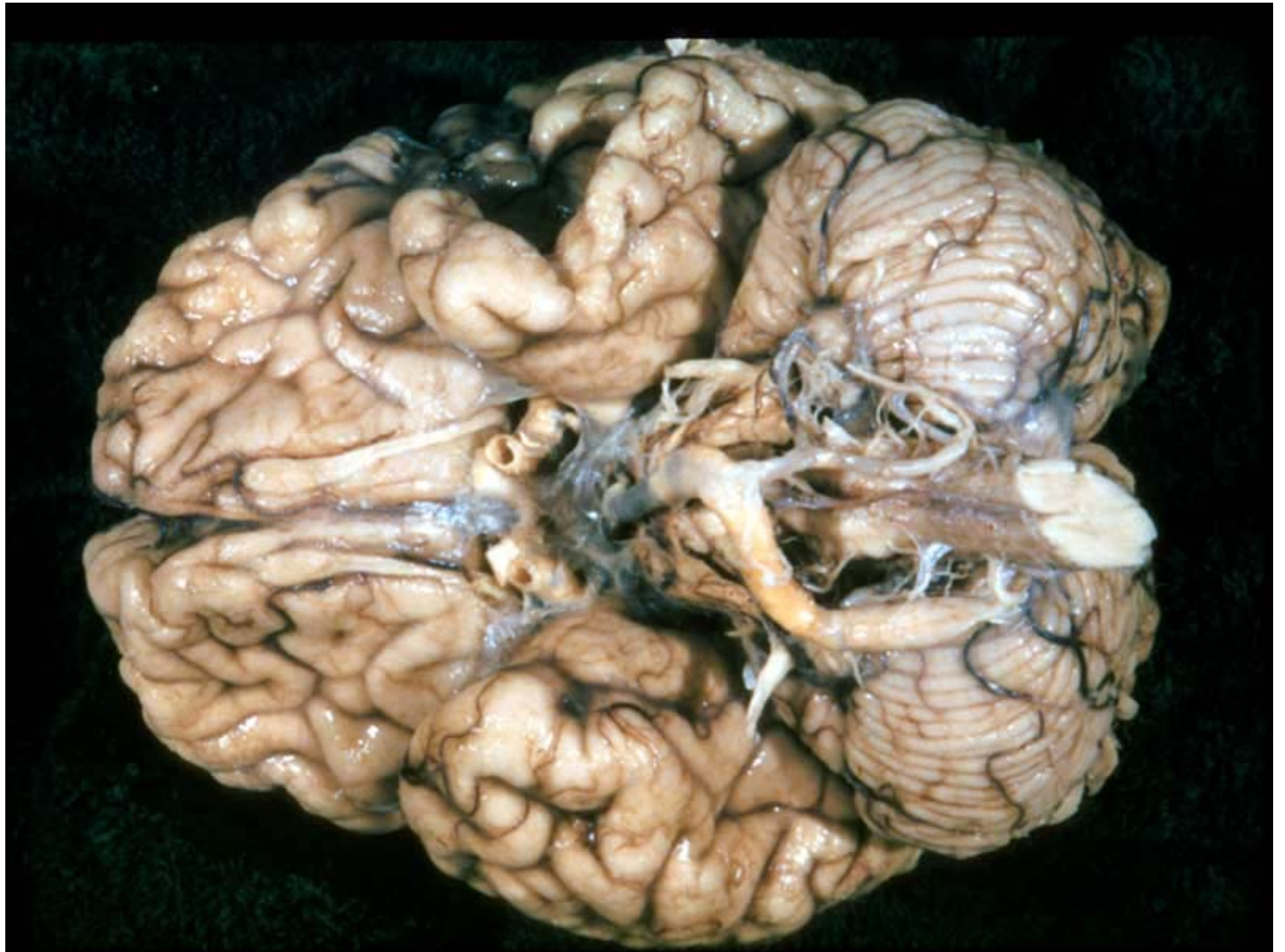
Vascular Dementia – What is it?

- ◆ Cognitive Loss Syndrome attributable to some combination of; thromboembolic stroke(s), small vessel lacunar strokes, chronic ischemia with neuronal loss (Binswanger's disease), hemorrhages

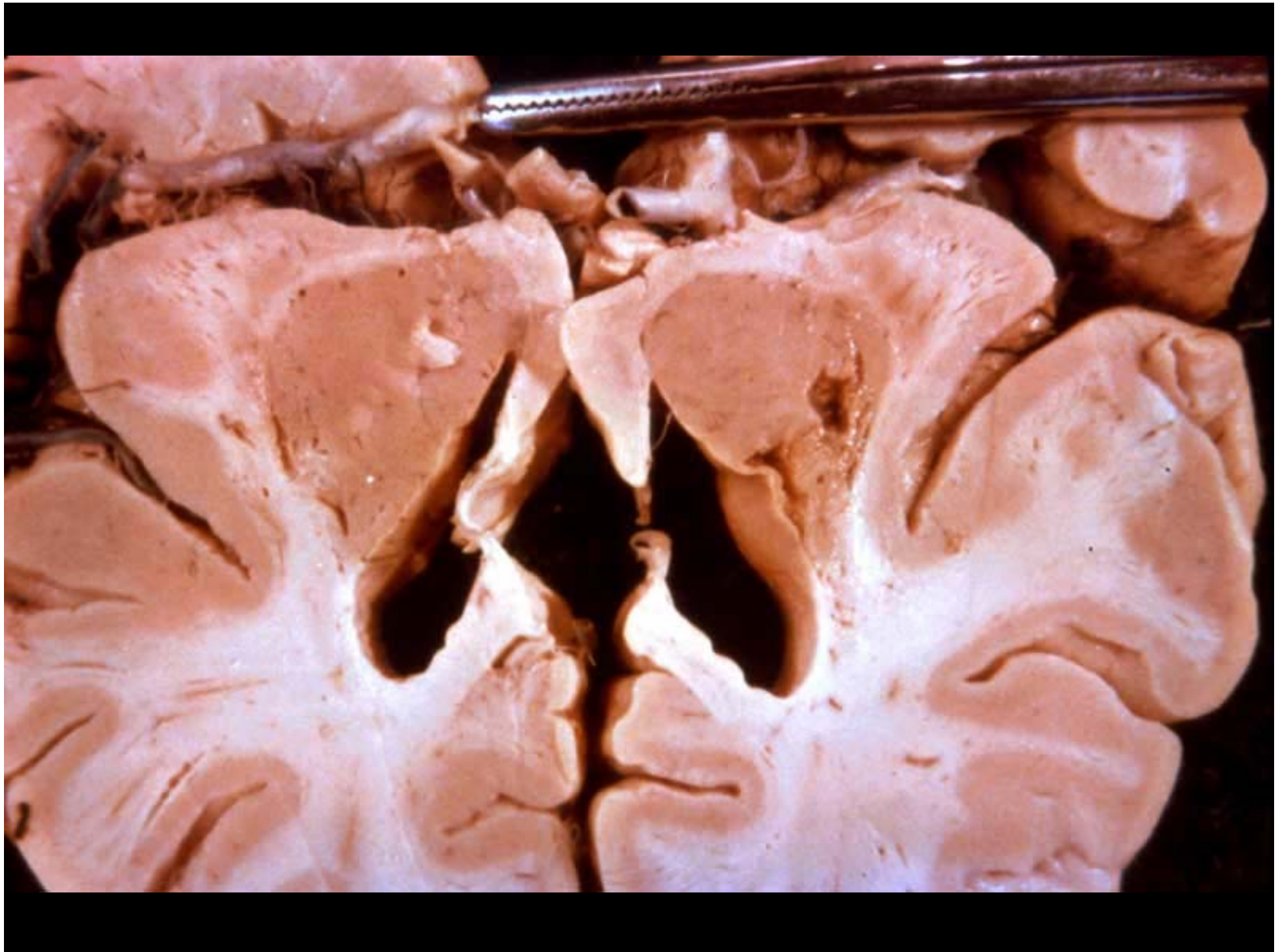
Problems with Vascular Dementia Syndrome

- ◆ We have competing sets of diagnostic criteria for Vascular dementia
- ◆ At autopsy, most people with “Vascular Dementia” have AD
- ◆ MRI scans are not very reliable in sorting vascular dementia from AD
- ◆ The most powerful disease modulators for AD may be vascular risk factors

Vascular Dementia – It Must be Out There







Vascular Dementia – Criteria at Texas Tech

- ◆ Cognitive decline in two domains
- ◆ Neurovascular disease, indicated by focal exam findings, imaging
- ◆ Relationship between vascular disease and dementia
- ◆ Exclusion criteria

Vascular Dementia – Clinical Course and Treatment

- ◆ Median survival from onset 3.3 years
- ◆ Positive response to cholinesterase inhibitors
- ◆ Risk factor management

Non-Degenerative Non-Vascular Syndromes

- ◆ Psychodementias
- ◆ Trauma
- ◆ Infection
- ◆ Autoimmune Brain Syndromes
- ◆ Toxin exposure
- ◆ Metabolic syndromes

Psychodementia

- ◆ Cognitive loss syndrome in association with a general psychiatric disorder, sufficient to cause impairment of psychosocial or vocational function

Psychodementia Clinical Criteria

- ◆ Subjective complaint of memory loss, with or without other cognitive domain affected
- ◆ Demonstrated cognitive dysfunction on standardized test(s)
- ◆ Causal association of intercurrent general psychiatric disorder, in judgment of clinician

Frequency Rates of Psychodementia in Texas Tech Memory Disorders Program

- ◆ N=13; Depression=4;
Psychosocial stress=2;
Subjective cognitive loss=2;
GAD=1; Bereavement=1;
Conversion=1 Sensory
deprivation=1; Sleep disorder=1
- ◆ Non AD psych syndromes=11%
of total; “Psychodementia”

Summary

- ◆ Non-Alzheimer syndromes account for about 20% of subjects in University Memory Disorder programs
- ◆ They are a heterogeneous group
- ◆ Their treatments are substantially different from AD