Non Alzheimer Dementias

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