Tip Sheet: Beyond Alzheimer's Disease – Other Causes of Progressive Dementia in the Older Adult

Atypical dementia syndromes refers to dementias other than the more common diagnosis of Alzheimer's disease (AD). They are sometimes confused with AD. It is important for providers to distinguish among these diagnoses because care management strategies for adults with AD may be less effective for individuals with atypical dementias. Three of the most common atypical dementias are:

- **Vascular dementia** - cognitive deficits most often associated with vascular damage in the brain, either micro or macro in nature.
- **Dementia with Lewy Bodies** - a dementia that also includes one or more of the following core symptoms: recurrent and detailed visual hallucinations, parkinsonian signs, and fluctuating changes in alertness or attention.
- **Frontotemporal dementia** - a disease often seen in individuals with onset of cognitive symptoms at a younger age. These individuals present most often with executive and language dysfunction and significant behavioral changes.

Vascular Dementia

Vascular dementia, caused by cerebral vascular disease, is the second most common type of dementia in late life following AD. It is more likely to occur in individuals with multiple medical problems, such as hypertension, diabetes, and hyperlipidemia. Healthcare providers may identify vascular dementia in an individual following a stroke or transient ischemic attack. Care needs vary due to the severity of the damage and the area of the brain affected.

Symptom presentation and diagnosis

- Individuals with vascular dementia demonstrate focal cognitive loss and may experience disturbances in their moods and emotions.
- Neuroimaging is helpful for diagnosis because vascular disease appears on CAT scans or MRIs (as seen in *Image 1*).
- Assessments, including self-reports, standardized neuropsychological testing, or quantified clinical assessment are useful to determine cognitive loss.

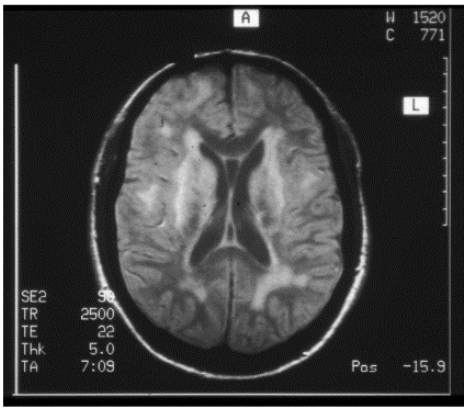

Image 1: diffuse and severe areas of cerebral and subcortical infarction

Dementia with Lewy Bodies

Dementia with Lewy Bodies is another common type of dementia and has a striking clinical presentation. Onset is rapid later in life and difficult to diagnose in early stages.

Symptom presentation and diagnosis

- Core symptoms include memory loss and other cognitive deficits with a relatively rapid onset, tremors or motor rigidity, and hallucinations.
- Other symptoms can include sleep disorders, unsteady gait, unexplained falls and psychiatric symptoms.
- Symptom presentation may appear as either a movement disorder (ex: Parkinson's disease), cognitive/memory disorder (ex: Alzheimer's disease), or as a neuropsychiatric disorder.[1]

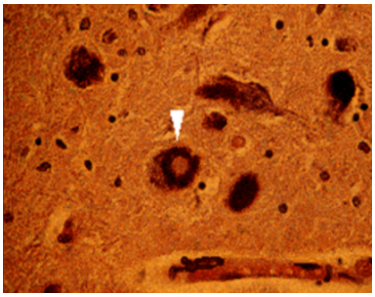

Image 2: picture of Lewy Body on a neural image

Frontotemporal Dementia

Frontotemporal dementia is a type of dementia that presents earlier in life and is often misdiagnosed. One type is Pick's Disease characterized by significant aphasia and associated with Pick bodies (as seen in *Image 3*).

Symptom presentation and diagnosis

- People with frontotemporal dementia often exhibit disinhibition, impulsivity, repetitive behaviors and obsessions, and verbal outbursts.
- They may experience depression and memory impairment (especially later in the disease progression).
- Early symptom presentation is usually behavioral in nature and may appear as various psychiatric conditions.

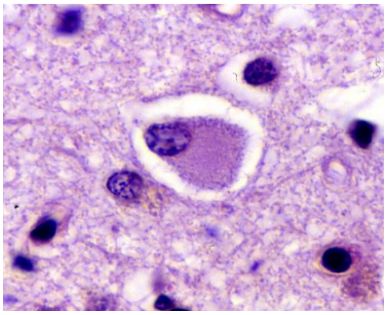

Image 3: picture of a Pick body in the brain

Caring for an Individual with Atypical Dementia

Atypical dementias differ in terms of symptom presentation, behavioral responses, and ability to tolerate medications. Each individual requires a unique approach dependent on the type of dementia. It is important to remember that the challenges faced by individuals with atypical dementia can differ from those faced by individuals with AD. Understanding these differences may help improve diagnoses and identify appropriate treatments and strategies. This section highlights some strategies for consideration.

[1] Lewy Body Dementia Association. (2018). *10 Things You Should Know about LBD*. Retrieved from: https://www.lbda.org

Medication Treatment Approaches

- Cholinesterase inhibitors can slow the rate of decline with Vascular dementia or dementia with Lewy Bodies. There are no benefits, or negative effects, for individuals with frontotemporal dementia.
- Treat symptoms and co-occurring conditions as follows:
    - For psychosis including hallucinations and delusions: antipsychotic agents.
    - For depression, anxiety, and irritability: selective serotonin reuptake inhibitors (SSRIs), bupropion, trazodone, or mirtazapine.
- Dementia with Lewy Bodies is often associated with a sensitivity to psychiatric medications.

Environmental and Lifestyle Adaptations

- Decrease stimuli and create a calm atmosphere.
- Implement a structured, but flexible routine with rest.
- Promote exercise programs and balance.
- Consider use of a GPS tracking system for individuals who wander.
- Be aware of the potential for unusual spending. Consider restricting access to credit cards if needed.
- Prevent falls. See the Falls Prevention for Older Adults Webinar to learn more.
- Remove weapons and have an escape plan for family and caregivers.
- Do not discourage obsessions in people with frontotemporal dementia because they reduce stress and help the person remain calm.
- Utilize support groups, such as Dementia with Lewy Bodies support groups and Frontotemporal dementia support groups.

Therapeutic Supports

Explore therapeutic supports such as:

- Occupational therapy to support activities of daily living.
- Physical therapy focusing on postural stability and core strength.
- Recreational therapy.
- Speech pathology to support swallowing and alternative communication techniques.

This tip sheet supplements the 2017 Geriatric-Competent Care webinar, *Beyond Alzheimer's Disease – Other Causes of Progressive Dementia in the Older Adult*. Find the recording, transcript, and slides here: https://resourcesforintegratedcare.com/GeriatricCompetentCare/2017_GCC_Webinar_Series/Beyond_Alzheimers. This document sources information and images from the webinar. Thank you to the presenters: Melinda S. Lantz, MD, Mount Sinai Beth Israel Medical Center; Geri Hall, PhD, ARNP, CNS, FAAN, Banner Health; Rebekah Wilson, MSW, Dementia Care Consultant and Trainer, and Sharon Hall, Family Caregiver.