



Types of Dementia

Alzheimer's Disease

- Most common type of dementia – accounts for two-thirds of all cases of dementia
- Plaques (made up of an abnormal protein, beta amyloid) and tangles (made up of abnormal tau protein) disrupt the normal functions of nerve cells in the brain
- The first symptom is usually short-term memory loss. Other symptoms include: difficulty learning new information, problems with thinking and organizing, poor judgment, confusion, difficulty speaking and personality and behavior changes
- Alzheimer's Disease changes are now known to be occurring in the brain many years before symptoms occur
- Average life expectancy is 8 to 12 years after diagnosis

Vascular Dementia

- Vascular Dementia is caused by cerebrovascular problems, either one large stroke or a series of small strokes
- The symptoms seen depend on the specific areas of the brain where blood flow has been reduced
- Symptoms can include those of dementia (e.g., confusion, disorientation, trouble speaking and understanding) and those of stroke (e.g., sudden headache, difficulty walking, numbness or paralysis on one side of the face or body)
- Average life expectancy depends on the type and severity of the stroke

Dementia with Lewy Bodies (DLB)

- Second most common type of dementia, accounting for approximately 20% of all dementias
- Abnormal protein structures called Lewy Bodies, which are made up made up of alpha-synuclein, appear in the brain, causing brain cells to die
- The dementia that can develop after many years of Parkinson's disease (Parkinson's Disease Dementia) and Dementia with Lewy Bodies share many of the same features and the same brain pathology but in DLB, the cognitive symptoms develop before the motor symptoms
- Symptoms include: vivid complex visual hallucinations, fluctuations in alertness and the motor symptoms of Parkinson's Disease (unsteady gait, stiffness, flexed posture). People with DLB are at high risk for falls
- The cognitive impairment seen in DLB affects one's visuospatial abilities and executive functioning more than memory initially
- Average life expectancy is 7 years after symptoms appear

Frontotemporal Dementia

- Accounts for 10% – 15% of all dementias
- A group of neurodegenerative disorders affecting the frontal and temporal lobes of the brain
- It typically affects younger people aged 45 to 60 years old
- Tau protein collects in the brain, creating tangles, causing cell damage
- Three subtypes:
 1. Behavior Variant Frontotemporal Dementia – lack of empathy and inhibition, apathy, obsessive compulsiveness, overeating and impulsive behaviors
 2. Primary Progressive Aphasia - problems understanding language, inability to write, read and/or speak
 3. Frontotemporal Movement Disorders – muscle rigidity and stiffness, difficulty with balance, walking, swallowing and restricted eye movements
- Average life expectancy is 2 to 10 years after diagnosis

For more information about the types of dementia, visit silverado.com/dementia or call (866) 522-8125



Parkinson's Disease

- A neurological disorder that affects the brain, spinal cord and nerves
- Destroys the nerve cells that make dopamine (a chemical in the brain that is necessary for messages to get between the cells)
- Brain changes are caused by abnormal deposits of alpha-synuclein protein, called Lewy Bodies
- Symptoms begin with movement issues (e.g., resting tremor, shuffling gait and stooped posture) and progress to memory loss, the inability to pay attention and to make sound judgments
- Typically develops gradually, starts after the age of 50 and affects men more than women

Huntington's Disease

- Also known as Huntington's Chorea, is a hereditary, progressive brain disorder caused by a defective gene
- Causes changes in the central area of the brain, which affect movement, mood and thinking skills
- Symptoms usually develop between the ages of 30 and 50 years old
- Average life expectancy is 15 years after diagnosis

Wernicke-Korsakoff Syndrome

- Two different stages of the same condition, Wernicke-Korsakoff syndrome is caused by a vitamin B1 (Thiamine) deficiency, associated with malnutrition and alcoholism.
- Wernicke's encephalopathy is the acute form of thiamine deficiency, marked by confusion, abnormal eye movements and problems with muscle coordination.
- Korsakoff's syndrome is the chronic form with symptoms of severe memory loss, being unable to form new memories and hallucinations
- Treatment requires that the person stop drinking alcohol and take vitamin B1; this will resolve many symptoms except for the memory loss, which is permanent

Mixed Dementia

- A condition in which the symptoms and damage are characteristic of more than one type of dementia and occur at the same time
- Most common types of dementia that occur together are: Alzheimer's disease, Vascular dementia and dementia with Lewy Bodies
- Symptoms vary, but can be a combination of those found in Alzheimer's disease, Vascular dementia and dementia with Lewy Bodies
- Mixed dementia is more common than previously thought – autopsies have shown that 45% of people with dementia have both Alzheimer's disease and Vascular dementia
- Mixed dementia is important to study because the combination may have greater impact on the brain than each disease by itself
- Average life expectancy depends on the type(s) of dementias diagnosed

Post-operative Cognitive Dysfunction (POCD)

- A decline in cognitive function that lasts for weeks, months, or may become permanent after surgery
- Individuals with undiagnosed dementia or Mild Cognitive Impairment are at a greater risk of developing POCD
- May cause impairment in: memory, concentration, comprehension or language ability
- Currently, specific causes are unknown; however, researchers have determined:
 - There is no difference whether local or general anesthesia is used
 - The length of the surgery is not a factor
 - People who have open heart surgery are at a greater risk of developing POCD than those having other long, complicated surgeries
- Patients experiencing POCD at their discharge have an increased risk of dying within the first three months following surgery

Traumatic Brain Injury

- Caused by an impact to the head that disrupts normal brain function (it is often caused by falls and car accidents)
- It may affect cognitive abilities, including learning and thinking skills
- It is classified as either: mild, moderate or severe
- The effects of brain injury will depend on: the type of injury, the amount of brain tissue damage and the amount of pressure within the skull
- Depending on the injury to the brain, there may be: a skull fracture, bleeding into the brain, swelling and blood clots and/or shear injuries
- Symptoms may include: unconsciousness, confusion and disorientation, difficulty remembering new information, headache, dizziness and blurred vision, nausea and vomiting, ringing in the ears, trouble speaking coherently and changes in emotions and sleeping patterns