

# HOSPITAL PHYSICIAN®

## FAMILY PRACTICE BOARD REVIEW MANUAL

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## Dementia

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# Dementia

## INTRODUCTION

Dementia is a major and increasingly costly public health concern in the United States. Dementing disorders are the fourth-leading cause of death among the elderly in this country, preceded only by heart disease, cancer, and stroke. Dementia is also the second most common cause of disability in persons older than age 65, ranking just behind arthritis. The direct and indirect expense related to the care of patients suffering from dementia has been estimated to exceed 100 billion dollars a year.<sup>1</sup> The cost in human terms is even more staggering, with families of affected patients forced to deal with high degrees of emotional stress and severe financial drain over extended periods of time.<sup>2</sup>

Demographically, the population in the United States is aging. In the year 2000, an estimated 12.8% of the population will be older than age 65, with 1.6% older than age 85; by the year 2030, an estimated 20% of the population will be older than age 65, with 2.5% older than age 85. Persons older than age 85 represent the fastest growing segment among the elderly and comprise the group most susceptible to dementing disorders.<sup>3</sup>

Dementia is a condition characterized by cognitive deficits in the areas of language, recognition, and abstract thinking. Impairment in memory always accompanies these cognitive changes and represents a universal feature of dementia. The American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV)* classifies dementia according to its presumed etiology (ie, the type of dementia) and not according to specific clinical features of the disorder. The diagnostic categories represented in *DSM-IV* are presented in **Table 1**.<sup>4</sup>

Dementia of the Alzheimer's type (Alzheimer's disease) is by far the most prevalent type of dementia, accounting for 50% to 60% of all cases. Vascular dementia is the next most common cause, accounting for 15% to 30% of cases. Approximately 10% to 15% of patients with dementia have symptoms caused by both Alzheimer's disease and vascular disease.<sup>5</sup> Advancing age is the major risk factor associated with the majority of these cases.

## CASE PRESENTATION

A 78-year-old woman is brought by her husband to her primary care physician for evaluation of personality

changes. The patient appears withdrawn and depressed with a marked flattening of affect. She volunteers little information in response to questions posed to her and instead refers all matters to her husband.

History reveals no significant medical or psychiatric problems. The patient had been active in a local community service organization, editing the group's quarterly newsletter and participating in all meetings and activities, until 8 months ago when she suddenly resigned her position as editor and ceased attending functions. She began spending the day in bed, emerging only to eat or go to the bathroom. Her husband has continued to care for her and to manage all household duties, as he has done during most of their 38 years of marriage. The couple is childless and not very active socially.

Results of a thorough medical work-up, including a physical examination, electrocardiography, and routine laboratory and thyroid function testing, are unremarkable. The physician places the patient on therapeutic doses of an antidepressant medication and schedules a follow-up appointment for 1 month later.

At her next visit, the patient appears brighter and less withdrawn. In the course of conversation, however, she casually refers to the physician as her brother, prompting him to administer a Folstein Mini-Mental State Examination (MMSE) on which she scores only 18 of a possible 30.<sup>6</sup> Further assessment reveals deficits in knowledge of recent events, disorientation to time, word-finding difficulties, and incorrect usage of words. Additionally, she is unable to engage in abstract thinking and has difficulty in naming or identifying familiar objects. A head computed tomography (CT) scan obtained subsequently shows a mild degree of atrophy consistent with normal aging. An electroencephalogram (EEG) is then obtained, but findings are unremarkable. Because there are no other obvious causes of dementia, a presumptive diagnosis of Alzheimer's disease is made.

## DIAGNOSIS

- What are the clinical features of dementia?
- What is the differential diagnosis of dementia?

## CLINICAL FEATURES OF DEMENTIA

The essential clinical features needed to make a diagnosis of dementia are an impairment in memory paired