

## Vascular dementia

A topic in the Alzheimer's Association® series on understanding dementia.

### About dementia

Dementia is a condition in which a person has significant difficulty with daily functioning because of problems with thinking and memory. Dementia is not a single disease; it's an overall term — like heart disease — that covers a wide range of specific medical conditions, including Alzheimer's disease. Disorders grouped under the general term “dementia” are caused by abnormal brain changes. These changes trigger a decline in thinking skills, also known as cognitive abilities, severe enough to impair daily life and independent function. They also affect behavior, feelings and relationships.

Brain changes that cause dementia may be temporary, but they are most often permanent and worsen over time, leading to increasing disability and a shortened life span. Survival can vary widely, depending on such factors as the cause of the dementia, age at diagnosis and coexisting health conditions.

### Vascular dementia

Vascular dementia is a decline in thinking skills caused by conditions that block or reduce blood flow to various regions of the brain, depriving them of oxygen and nutrients. Inadequate blood flow can damage and eventually kill cells anywhere in the body, but the brain is especially vulnerable.

In vascular dementia, changes in thinking skills sometimes occur suddenly after a stroke, which blocks major blood vessels in the brain. Thinking difficulties may also begin as mild changes that gradually worsen as a result of multiple minor strokes or another condition that affects smaller blood vessels, leading to widespread damage. A growing number of experts prefer the term “vascular cognitive impairment” (VCI) to “vascular dementia” because they feel it better expresses the concept that vascular thinking changes can range from mild to severe.

Vascular brain changes often coexist with changes linked to other types of dementia, including Alzheimer's disease and dementia with Lewy bodies. Several studies have found that vascular changes and other brain abnormalities may interact in ways that increase the likelihood of dementia diagnosis.

### Prevalence

Vascular dementia is widely considered the second most common cause of dementia after Alzheimer's disease. It is very common in older individuals with dementia, with about 50 percent having pathologic evidence of vascular dementia, known as infarcts. In most cases, the infarcts coexist with Alzheimer's pathology. Many experts are concerned that vascular dementia remains underdiagnosed — like Alzheimer's disease — even though it's recognized as a common disease. It's important to better understand the full extent of vascular dementia

---

and dementia overall because there are well-supported strategies, including diet, exercise and medication, to reduce overall risk of diseases of the heart and blood vessels, including those in the brain.

### **Symptoms**

The impact of vascular conditions on thinking skills varies widely, depending on the severity of the blood vessel damage and the part of the brain it affects. Memory loss may or may not be a significant symptom depending on the specific brain areas where blood flow is reduced. Vascular damage that starts in the brain areas that play a key role in storing and retrieving information may cause memory loss that is very similar to Alzheimer's disease.

Symptoms due to vascular dementia may be most obvious when they happen soon after a major stroke. Sudden post-stroke changes in brain function may include confusion; disorientation; trouble speaking or physical stroke symptoms, such as a sudden headache; difficulty walking, poor balance, or numbness or paralysis on one side of the face or the body. Severe depression is common in individuals with vascular dementia — more so than in people with Alzheimer's disease.

Multiple small strokes or other conditions that affect blood vessels and nerve fibers deep inside the brain may cause more gradual thinking changes as damage accumulates. Common early signs of widespread small vessel disease are impaired planning and judgment, uncontrolled laughing and crying, declining ability to pay attention, impaired function in social situations and difficulty finding the right words.

### **Diagnosis**

Diagnostic guidelines for vascular dementia have used a range of definitions for dementia and various approaches to diagnosis. In 2011, the American Heart Association and American Stroke Association issued a joint scientific statement on vascular contributions to mild cognitive impairment (MCI) and dementia. The Alzheimer's Association® participated in developing the statement, which is also endorsed by the American Academy of Neurology. The goals of the statement, which include practice recommendations, are to raise awareness of the importance of vascular factors in cognitive change, increase diagnostic consistency and accelerate research.

Under the diagnostic approach recommended in the statement, the following criteria suggest the greatest likelihood of MCI or dementia is caused by vascular changes:

1. The diagnosis of dementia or MCI is confirmed by neurocognitive testing.
2. There is brain imaging evidence, usually with magnetic resonance imaging (MRI), confirming:
  - a. A recent stroke.
  - b. Other vascular brain changes whose severity and pattern of affected tissue are consistent with the types of impairment documented in cognitive testing.

- 
- c. There is no evidence that nonvascular factors may be contributing to cognitive decline.

The statement also details variations in these criteria that may suggest a possibility rather than a strong likelihood that cognitive change is due to vascular factors.

Because vascular dementia often goes unrecognized, many experts recommend professional cognitive screening for everyone considered to be at high risk for this disorder, including those who have had a stroke or a transient ischemic attack (TIA), also known as a ministroke, or who have risk factors for heart or blood vessel disease. Professional screening for depression is also recommended for high-risk groups. Depression commonly coexists with brain vascular disease, and can contribute to cognitive impairment.

### **Causes and risk factors**

Any condition that damages blood vessels anywhere in the body can cause brain changes linked to vascular dementia. As with Alzheimer's disease, advancing age is a major risk factor.

Additional risk factors for vascular dementia coincide with those that increase risk for heart disease, stroke and other conditions affecting blood vessels. Many of these factors are also linked to increased risk of Alzheimer's. The following strategies may reduce your risk of developing diseases that affect your heart and blood vessels — and may help protect your brain:

- Don't smoke.
- Keep your blood pressure, cholesterol and blood sugar within recommended limits.
- Eat a healthy, balanced diet.
- Exercise.
- Maintain a healthy weight.
- Limit alcohol consumption.

### **Outcomes**

Like other types of dementia, vascular dementia shortens life span. Some data suggest that those who develop dementia following a stroke survive an average of three years. As with other stroke symptoms, cognitive changes may sometimes improve during recovery and rehabilitation from the acute phase of a stroke as the brain generates new blood vessels and brain cells outside the damaged region take on new roles.

### **Treatment**

The U.S. Food and Drug Administration (FDA) has not approved any drugs specifically to treat symptoms of vascular dementia, but there is some evidence from clinical trials that drugs approved to treat Alzheimer's may also offer a modest benefit in people with vascular dementia. Pharmacological treatment primarily works to prevent the worsening of vascular

dementia by treating the underlying disease, such as hypertension, hyperlipidemia or diabetes mellitus.

Controlling risk factors that may increase the likelihood of further damage to the brain's blood vessels is an important treatment strategy. There's substantial evidence that treatment of risk factors may improve outcomes and help postpone or prevent further decline.

Individuals should work with their physicians to develop the best treatment plan for their symptoms and circumstances.

TS-0098 | Updated June 2016