A Personal Guide to Organic Brain Disorders

Confusion
Personality
Misplaced
Poor

Dementia is believed to be about 10%.
not to miss potentially treatable conditions.
it is very important that your doctor is
The most common form of dementia is Alzheimer’s
someone in his or her 50s who has the disease.
people age 65 and above have some form of dementia. This number doubles every five years above that age. It is estimated
could cause dementia:
There are several things that
diseases, can all lead to dementia.
Il lnesses other than in the brain, such as kidney, liver, and lung
t erm smaller injuries.
Creutzfeldt-Jakob disease.
Infections that affect the brain and spinal
Nutritional deficiencies, like vitamin B12
Toxic reactions, like excessive alcohol
dementia.
disorder known as multi-infarct

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Dementia is a chronic brain disorder that affects memory and other functions and can make it hard to think and work. Signs include:

1. Progressive short-term memory loss
2. Confusion of time and place
3. Difficulty with familiar tasks
4. Misplaced objects
5. Problems with abstract thinking
6. Poor judgment, poor problem-solving ability
7. Lack of initiative and motivation
8. Personality changes, more irritable or frustrated
9. Mood changes, increased anxiety
10. Language difficulties, difficulty finding words and names.

What is Dementia?
Dementia is the decline of cognitive function sufficient to interfere with two or more of a person’s daily living activities. It is not a disease in itself, but rather a group of symptoms which may accompany certain diseases or physical conditions.

Alzheimer’s Disease
Alzheimer’s disease is the most common cause of dementia and affects more than 5 million Americans aged 65 and older. The disease is progressive and there is no cure.

Dementia with Lewy Bodies
Dementia with Lewy bodies is a type of dementia that affects the brain’s ability to make memory and thought connections. It can cause memory loss, hallucinations, and parkinsonian symptoms.

Vascular Dementia
Vascular dementia is caused by damage to the blood vessels in the brain, which can affect the blood flow to the brain and cause cognitive decline.

Lewy Body Dementia
Lewy body dementia is a type of dementia that affects both the brain’s ability to make memory and thought connections and the brain’s ability to make movement connections.

Frontotemporal Dementia
Frontotemporal dementia is a type of dementia that affects the brain’s ability to make memory and thought connections and the brain’s ability to make movement connections.

Parkinson’s Disease
Parkinson’s disease is a neurological disorder that affects the brain’s ability to make movement connections.

HIV/AIDS Dementia
HIV/AIDS dementia is a type of dementia that affects the brain’s ability to make memory and thought connections and the brain’s ability to make movement connections.

Multiple Sclerosis
Multiple sclerosis is a neurological disorder that affects the brain’s ability to make movement connections.

Brain Tumor
Brain tumor is a type of tumor that affects the brain’s ability to make movement connections.

Brain Infection
Brain infection is a type of infection that affects the brain’s ability to make movement connections.

Brain Injury
Brain injury is a type of injury that affects the brain’s ability to make movement connections.

What are the Causes of Dementia?
- Alzheimer’s disease
- Vascular disease
- Parkinson’s disease
- Traumatic brain injury
- HIV/AIDS
- Multiple sclerosis
- Brain tumor
- Brain infection
- Brain injury

What are the Symptoms of Dementia?
- Memory loss
- Changes in personality
- Difficulties with planning and organizing
- Problems with judgment and decision-making
- Problems with problem-solving
- Changes in mood and behavior
- Problems with language
- Changes in activities of daily living

What can be done about Dementia?
- Early diagnosis
- Treatment of underlying conditions
- Support for caregivers
- Activities to keep the brain active
- Medications to slow the progression of the disease

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WHAT ARE SOME FORMS OF DEMENTIA?

The most common are:

**ALZHEIMER’S DISEASE**
- Alzheimer’s disease is the most common type of dementia, accounting for 50-70% of cases and affecting as many as 5.2 million Americans. Alzheimer’s disease is a progressive, degenerative brain disease that attacks the brain’s memory and thinking centers.

**SYMPTOMS**:
- Gradual memory loss • Decline in ability to perform routine tasks • Disorientation in time and space • Impairment of judgment • Personality changes • Difficulty hearing true information • Loss of language and communication skills

From the onset of symptoms, the progression of Alzheimer’s disease is generally 6 to 10 years, and the rate of progression varies from person to person. The disease eventually leaves the person unable to care for himself. While a definite diagnosis of Alzheimer’s disease is possible only through the examination of brain tissue, usually done at autopsy, it is important for a person with dementia symptoms to undergo a thorough examination by a neurologist or other specialist.

About 20% of suspected Alzheimer’s disease cases prove to be caused by a medical condition other than Alzheimer’s. Some of these conditions are treatable.Advancements have been made with biomarkers taken from cerebrospinal fluid and PET scans of the brain that can potentially identify the disease 90% of the time.

**VASCULAR DEMENTIA**
- Vascular dementia is the second most common type of vascular dementia. This occurs when a stroke interrupts blood flow to the brain and impairs cognitive function. The onset of vascular dementia can be as sudden as strokes can occur before symptoms appear. Many times, vascular dementia may seem similar to Alzheimer’s disease.

Vascular dementia is not reversible or curable, but treating underlying conditions such as high blood pressure can help to modify the disease’s progression. Vascular dementia is DIAGNOSED through an examination of scans such as a CT scan or an MRI.

**DIFFUSE LEWY BODY DEMENTIA**
- Diffuse Lewy body dementia is another degenerative brain disorder, and a common form of dementia. In Lewy body dementia (LBD), microscopic protein deposits (Lewy bodies) are found in the dying nerve cells.

**DIFFUSE LEWY BODY DEMENTIA**
- Cognitive impairment • Fluctuation of alertness • Visual hallucinations • Slowness of movement • Reduced facial expression • Shuffling gait • Sleepiness • Rigidity • Unusually great and sudden, leading to frequent falls.

**REFERENCES**:
- Mayo Clinic. Available for Frontotemporal Dementia and other forms of frontotemporal research.

**OTHER DISEASES LINKED TO DEMENTIA**

**FRONTOTEMPORAL DEMENTIA**
- Frontotemporal Lobar Degeneration is also called "FTD" or "Pick's disease," and is a term that describes three different forms of dementia:
  - Frontotemporal dementia (FTD)
  - Primary progressive aphasia (PPA)
  - Semantic dementia (SD)

FTD represents about 20% of all dementia cases, and it is one of the most common dementias affecting a younger population. The average age of onset is 45 years, but it can begin in a person’s 40’s or 50’s. The course of the disease ranges from 5 to 20 years.

**SYMPTOMS**:
- Unpredictable and socially inappropriate behavior • Inappropriate sexual behavior • Loss of concern about appearance • Compulsive eating and self-injury • Appetite, loss of interest, lack of concern for others • Speech and language difficulties • Memory loss

**CREUTZFELDT-JAKOB DISEASE (CJD)**
- A rare, fatal brain disorder most likely caused by a virus that progresses very quickly.

**SYMPTOMS**:
- Slurred speech • Vision problems • Headache • Drowsiness • Loss of balance • Loss of coordination • Truncal ataxia (loss of balance while standing)

Death in CJD patients is usually caused by infections that attack blood vessels and neurons. A definitive DIAGNOSIS of CJD can be obtained only through an examination of brain tissue, usually done at autopsy.

**AIDS DEMENTIA COMPLEX**
- A type of dementia that HIV patients can develop. It is reported that about 15-30% of people with AIDS develop dementia.

**SYMPTOMS**:
- Poor concentration • Forgetfulness • Loss of short or long-term memory • Social withdrawal • Slurred speech • Short attention span • Irritability • Aphasia • Poor coordination • Vision problem

**DEMENTIA SYMPTOMS THAT CAN BE REVERSED**

Some dementia or dementia-like symptoms can be reversed. Conditions that may cause or mimic dementia include depression, brain tumors, nutritional deficiencies, head injuries, hypothyroidism, infections, blood clots, strokes, vitamin deficiencies, alcohol or drug-related problems, and trauma. Dementia symptoms may be reversed if the underlying condition is treated. The chances of improving memory deficits or confusion under goes a thorough diagnostic work up. This requires examination by a physical therapist and a clinical and psychological with the nervous system.

**REFERENCES**:
- Mayo Clinic. Available for Frontotemporal Dementia and other forms of Frontotemporal research.

**DIFFUSE LEWY BODY DEMENTIA**
- Cognitive impairment • Fluctuation of alertness • Visual hallucinations • Slowness of movement • Reduced facial expression • Shuffling gait • Sleepiness • Rigidity • Unusually great and sudden, leading to frequent falls.

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WHAT ARE SOME FORMS OF DEMENTIA?

PROGRESSIVE DEMENTIAS

There are several types of progressive dementia (dementias that get worse over time).

The most common are: 

ALZHEIMER’S DISEASE

Defined

Alzheimer’s disease is the most common type of dementia, accounting for 50-70% of all cases, and affecting as many as 5.2 million Americans. Alzheimer’s disease is a progressive, degenerative brain disorder that attacks the brain and cognitive functions and impairs memory and behavior.

Symptoms

Gradual memory loss • Decline in ability to perform routine tasks • Disorientation to time and place • Impairment of judgment • Personality changes • Difficulty hearing or new information • Loss of language and communication skills

The onset of the symptoms of Alzheimer’s disease can vary from 20 years, and the rate of progression varies from person to person. The disease eventually leaves the person unable to care for himself. While a definite diagnosis of Alzheimer’s disease is possible only through the examination of brain tissue, usually done at autopsy, it is important for a person with dementia symptoms to undergo a thorough examination by a neurologist or other specialist.

Approximately 20% of suspected Alzheimer’s disease cases prove to be caused by a medical condition other than Alzheimer’s. Some of these conditions are treatable. Advancements have been made with biomarkers taken from cerebrospinal fluid and PET scans of the brain that can potentially predict this disease 90% of the time.

VASCULAR DEMENTIA

The second most common type of vascular dementia is vascular dementia. This occurs when a stroke interrupts blood flow to the brain and impairs cognitive function. The onset of vascular dementia can be sudden as many strokes can occur before symptoms appear. Many times, vascular dementia may seem similar to Alzheimer’s disease.

Vascular dementia is not reversible or curable, but treating underlying conditions such as high blood pressure can help modify the disease’s progression. Vascular dementia is DIAGNOSED through an examination of scans such as a CT scan or an MRI.

CADASIL is a form of vascular dementia. Most individuals with CADASIL have a family history of the disorder, and it’s usually characterized by migraine headaches and multiple strokes leading to dementia.

SYMPTOMS

While subtle changes throughout the brain • Cognitive deterioration • Seizures • Visuospatial problems • Psychiatric problems such as severe depression • Changes in behavior and personality

DIFFUSE LEWY BODY DEMENTIA

Diffuse Lewy body dementia is another degenerative brain disorder, and a common form of dementia. In Lewy body dementia (LBD), microscopic protein deposits (Lewy bodies) are found in the dying nerve cells.

Symptoms

Cognitive impairment • Fluctuation of alertness • Visual hallucinations • Severe motor defects • Delusional expression • Shuffling gait • Sunlight • Rigidity • Unusually great and balanced, leading to frequent falls

REFERENCES:

MENTES Center, Announcing for Fronto-temporal Dementias, and Brain Research Initiative

OTHER DISORDERS LINKED TO DEMENTIA

FRONTO-TEMPORAL DEMENTIA

Defined

Frontotemporal Lobar Degeneration is also called “FTD” or “Pick’s disease", and it is a term that describes three different conditions:

• Frontotemporal dementia (FTD)
• Primary progressive aphasia (PPA)
• Semantic dementia (SD)

FTD represents about 20-25% of all dementia cases, and it is one of the most common dementias affecting a younger population. The average age of onset of FTD is 45-65 years. However, there are also young-onset forms of FTD.

Symptoms

Unremitting and usually inappropriate behavior • Inappropriate sexual behavior • Loss of concern about personal appearance • Compulsive eating and self-injury • Apathy, loss of interest, lack of concern for others • Speech and language difficulties • Memory loss

HUNTINGTON’S DISEASE

Defined

An inherited, degenerative brain disorder affecting the mind and body. The disease usually begins mid-life.

Symptoms

Psychological disorder • Insomnia • Irritability • Anxiety • Depression • Neurological symptoms: muscle stiffness, tremors, slurred speech, transverse myelitis • Autonomic nervous system abnormalities: digestion, temperature regulation, sexual function, and blood pressure regulation

This genetic marker linked to Huntington’s disease has been identified, and researchers are working to learn more about the gene itself. No treatment is available to stop the progression of the disease, and no symptoms can be controlled by medication.

DEMENTIA SYMPTOMS THAT CAN BE REVERSED

Some dementia or dementia-like symptoms can be reversed. Conditions that may cause or mimic dementia include depression, brain tumors, nutritional deficiencies, head injuries, hypoglycemia, infections (meningitis, syphilis), drug reactions, and others. It is important that all patients experiencing memory deficits or confusion undergo a thorough diagnostic work up. This requires examination by a physician experienced in the diagnostic and psychological problems with the nervous system. The examination should include a re-evaluation of all medications. This process will help the patient obtain treatment for reversible conditions, aid the patient and family in planning future care, and provide important medical information for future generations.

YOUR PHYSICIAN CAN IDENTIFY DEMENTIA: 

• Infections and immune disorders resulting from head or other site infections of your body’s uptake to fight off infection.
• Heart and lung problems that deprive the brain of oxygen.
• Prescribing. Dementia symptoms can occur as a result of prescription for high blood pressure, such as blood pressure, and other patients, such as the elderly, who have been advised about the use of alcohol and other substances.
• Other conditions, such as Alzheimer’s disease, can mimic the symptoms and signs of dementia. In all of these instances, symptoms may occur after treatment or after exposure to the substance has ended.
• Brain tumors.
• Subdural hematoma. These are caused by bleeding between the brain’s surface and its covering membranes.
• Normal-pressure hydrocephalus.
• Hypothyroidism.
• Depression.
• Nutritional deficiencies. Symptoms can occur as a result of malnutrition, not enough calories (protein, B6—). Other conditions can occur with cheese intake, such as depression in vitamin B6 and B12.
• Metabolic disorders and endocrine abnormalities. All these may involve too little or too much of the hormones (thyroid, parathyroid, etc.). A lack of calcium or too much can affect metabolism, and an impaired ability to absorb vitamin B12.
• Anemia. This condition, also called hemolytic, occurs when not enough oxygen goes to the organs. Causes include heart attack, infections, nutritional deficiencies, and lack of iron in the diet. Important symptoms of sickle cell anemia. Recovery depends on the severity of the oxygen deprivation. Symptoms may occur during recovery.

With recent advancements, specialized research centers are testing many new investigational drugs that are designed to treat, and in some cases, potentially slow or prevent the progression of these devastating dementia.

Always consult your physician regarding the latest recommendations for treatment of any conditions discussed in this brochure.

CREUTZFELDT-JAKOB DISEASE (CJD)

Defined

A rare, fatal brain disorder most likely caused by a virus that progresses very quickly.

Symptoms

Rapid memory loss • Behavioural changes • Loss of coordination • Prominent visual hallucinations • Irritability • Speech and language difficulties • Personality change

Diagnosis in CJD patients is usually caused by infections in which the brain becomes and unconsolable. A definitive diagnosis of CJD can be obtained only through an examination of brain tissue, usually done at autopsy.

AIDS DEMENTIA COMPLEX

Defined

A type of dementia that HIV patients can develop. It is reported that about 15-30% of people who are HIV positive will develop a form of dementia. It is known that patients who have been diagnosed with AIDS and dementia have a much shorter life expectancy than those without the condition. This is because people living with HIV are at a higher risk of developing dementia than the general population.

Symptoms

Poor concentration • Forgetfulness • Loss of short or longer memory • Social withdrawal • Slurred thinking • Short attention span • Irritability • Apathy • Weakness • Poor coordination • Vision problems

DEMENTIA SYMPTOMS THAT CAN BE REVERSED

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- Alzheimer’s disease is a progressive, degenerative brain disease that attacks the brain’s memory and thinking ability.

**symptoms**
- Gradual memory loss
- Decline in ability to perform routine tasks
- Disorientation to time and place
- Impairment of cognitive function, such as word-finding difficulties
- Behavioral and emotional changes

**OTHER DISORDERS LINKED TO DEMENTIA**

FRONTOTEMPORAL DEMENTIA

**defined**
- Frontotemporal Lobar Degeneration is also called “FTLD” or “Pick disease,” and it is a term that describes three different types:
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  - Semantic dementia (SD)

FTD represents about 20-25% of all dementia cases, and it is one of the most common dementias affecting a younger population. The average age of onset is 50-60 years, with symptoms beginning in a person’s 40s or 50s. The course of the disease ranges from 5 to 17 years.

**symptoms**
- Unsteadiness and impulsivity
- Unusual behavior
- Lack of concern for others
- Speech and language difficulties
- Memory loss

DEMENTIA SYMPTOMS THAT CAN BE REVERSED

Some dementia or dementia-like symptoms can be reversed. Conditions that may cause or mimic dementia include depression, brain tumors, nutritional deficiencies, head injuries, hydrocephalus, infections (meningitis, syphilis), drug reactions, and vitamin deficiencies. It is important that all persons experiencing memory deficits or confusion undergo a thorough examination to rule out a treatable cause.

**defined**
- Anoxia. This condition, also called hypoxia, occurs when not enough oxygen gets to organ tissue. Causes include heart attack, stroke, and shock.
- Nutritional deficiencies. Symptoms can occur as a result of dehydration, not having enough thiamin (vitamin B-1).
- Depression.
- Subdural hematomas. These are caused by bleeding between the brain’s surface and its outer covering.
- Poisoning. Dementia symptoms can occur as a result of exposure to heavy metals, such as lead or manganese, and other toxic substances.
- Severe asthma, carbon monoxide poisoning, strangulation, high-altitude exposure or an overdose of anesthesia.

**defined**
- Alzheimer’s disease: 
  - Involuntary movements
  - Blindness
  - Weakness in the arms and/or legs
  - Eventual coma
- Poor concentration
- Forgetfulness
- Loss of short- or long-term memory
- Social withdrawal
- Slowed thought processes
- Memory loss
- Behavioral changes
- Lack of coordination
- Pronounced mental deterioration

Involuntary movements include:
- Shuffling gate
- Tremors
- Rigidity
- Unsteady gate and balance, leading to frequent falls

Involuntary movements can be caused by:
- Alzheimer’s disease
- Subdural hematoma
- Traumatic brain injury
- Stroke
- Parkinson’s disease
- Huntington’s disease
- Progressive supranuclear palsy
- Frontotemporal lobar degeneration
- Cognitive impairment
- Fluctuation of alertness
- Visual hallucinations
- Seizures
- Motor weakness
- Unusually quiet and apathetic, leading to frequent falls

**REFERENCES**
The frequency of "treatable" causes of dementia are not to miss potentially treatable conditions. It is very important that your doctor is thorough when making the diagnosis, so as not to miss potentially treatable conditions. The most common form of dementia is Alzheimer’s disease, but there are as many as 50 other known diseases that can develop mostly in elderly people. About 5% to 8% of all people age 65 and above have some form of dementia. This number doubles every five years above that age. It is estimated that as many as half of people in their 80s have dementia. Early-onset Alzheimer’s is an uncommon form of dementia that affects people younger than age 65. All the people with Alzheimer’s disease, 5 to 10 percent develop symptoms before age 65. Early-onset Alzheimer’s has been known to develop between the ages 30 and 40, but it is more common to see someone in his or her 50s who has the disease.

WHAT CAUSES DEMENTIA?
The most common form of dementia is Alzheimer’s disease, but there are as many as 50 other known dementia and related disorders. Because some causes of dementia can be cured or partially treated, it is very important that your doctor is thorough when making the diagnosis, so as not to miss potentially treatable conditions. The frequency of “treatable” causes of dementia is believed to be about 15%.

There are several things that could cause dementia:
1. Diseases that cause degeneration or loss of nerve cells in the brain such as Alzheimer’s, Parkinson’s and Huntington’s.
2. Disorders that affect blood vessels, such as stroke, which can cause a disorder known as multi-infarct dementia.
3. Toxic reactions, like excessive alcohol or drug use.
5. Infections that affect the brain and spinal cord, such as AIDS dementia complex and Creutzfeldt-Jakob disease.
6. Certain types of hydrocephalus, an accumulation of fluid in the brain that can result from developmental abnormalities, infections, injury, or brain tumors.
7. Head injury – either a single severe head injury or long-term milder traumas.
8. Illness other than in the brain, such as kidney, liver, and lung diseases, can all affect the brain.

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