

# Vascular dementia

- brain damage by heart attacks
- at least 100ml of tissue is damaged to cause dementia
- with larger CMPS and smaller volume
- mainly small arteries, thrombosis, embolism and bleeding
- often arise suddenly and quickly, often with a history of stroke or ischemic heart disease
- typical – fluctuating course in a short time horizon
- the personality is preserved for a long time → they are aware of the disease for a long time → frequent depression
- often additional neurological symptoms
- frequent polymorbidity, sometimes even delirium
- 15-30% of dementia

## Vascular dementia with acute onset

- after one more extensive heart attack, mainly in the areas of cognitive functions
- thalamus, gyrus angularis, frontal area

## Multi-infarct dementia

- multiple small infarcts, mainly in the cortical area
- often together with hypertension, smokers, hyperlipidemia

## Subcortical vascular dementia (Binswanger's disease)

- on the basis of hypertensive encephalopathy
- involvement of white matter infarcts - demyelination
- the course is different

## Other types of ischemic-vascular dementias

- sometimes *status lacunaris* is isolated separately – relatively mild dementia on the basis of hypertension

## Diagnostics

- the course and pre-disease, as well as the image, are important
- risk factors - hypertension, stroke, smoking...

## Therapy

- complex as in other dementias
- rehabilitation of intercurrent diseases - mainly hypertension, diabetes mellitus,...
- antioxidants, nootropics...
- additionally anticoagulants – ASA, heparin

## Links

## References

BENEŠ, Jiří. *Studijní materiály* [online]. [cit. 10.03.2010]. <<http://jirben.wz.cz>>.