

Dementia

DSM-III-R criteria: Impairment of short-and long-term memory and one or more of:

- 1) impaired abstract thinking
- 2) poor judgment
- 3) other disturbance of higher cortical function, e.g. aphasia, agnosia, constructional difficulty
- 4) personality change

These changes must significantly interfere with work or usual activities and not occurring exclusively in Delirium. There must be either evidence of a specific organic etiologic factor or no "functional," psychiatric disorder.

Prevalence

5% of population over 65, 15% at age 85 (conservative estimates)

Differential diagnosis

mental retardation

circumscribed neurobehavioral syndromes depression delirium (may co-exist, or follow)

Classifications

- Cortical: due to direct involvement of the association cortexes; marked by various disorders of higher cortical functions, e.g. aphasia, agnosia, apraxia, amnesia, with relatively normal alertness (until late)
- anterior (frontal): "sloppy," disinhibited posterior (parieto-temporal), "neat," socially appropriate
- subcortical: disruption of complex ascending pathways that energize (esp. frontal) cortex, marked by slowness to respond

Etiology

Primary (without another known cause), or, as part of some easily defined CNS disease (secondary)

- Infectious
 - Tertiary neurosyphilis
 - Chronic granulomatous meningitis (tuberculous, fungus)
 - Viral encephalitis
 - Transmissible viral dementias e.g. Jakob-Cruetzfeldt dz (prion)
 - AIDS:directly and indirectly
- B. Trauma
 - Cerebral contusions, laceration
 - Subdural hematoma
 - Dementia pugilistica (punch drunk syndrome)
- C. Neoplasms

Hey, what what was this topic again?