Dementia and memory loss: Evaluation and treatment

First figure out what it is!

The usual suspects

Common neurodegenerative conditions: Alzheimer’s disease, Lewy Body, Frontotemporal dementia, Parkinson’s dementia

Vascular dementia

But…what if it’s not?

- Multifactorial: medications, alcohol, heart and kidney failure
- Head trauma
- Subdural hematoma (blood on the brain)
- Normal pressure hydrocephalus (fluid on the brain)
- B12 deficiency or thyroid dysfunction
- HIV or other infections (syphilis, Creutzfeld Jakob)
- MS and other diseases of the brain
- Depression (pseudodementia)
- Delirium (being crazy, often in the hospital, due to medication, sleep disturbance, pain, other reversible factors. Alarming, usually reversible.)

Tools we use

- Take a history (ideally with input of family or friends)
- Mental status exam: MOCA, MiniMental, SLUMS
- Complete neurocognitive testing
- Depression screening
- Physical exam
- Blood tests for standard problems: reversible problems are found in less than 1% of cases
- MRI preferred over CT scan to look for brain atrophy, stroke, tumors, extra fluid

Newer testing

Imaging: PET and SPECT for Parkinsons, Alzheimers–usually ordered by a neurologist for complex or unclear cases.

Biomarkers for Alzheimer's disease when the data is inconsistent– only to rule it out, test can be positive without actual disease (tests are for tau protein). Usually not covered by insurance, though available.

Genetic testing for apolipoprotein E epsilon 4 allele–not recommended because it causes worry and is not necessarily predictive

Treatment: Medication –mainly for Alzheimers disease

- Cholinesterase inhibitors (Aricept and others) and Memantine–watch for side effects, sometimes somewhat effective.
- Monoclonal antibody injections against amyloid (lecanemab)--by specialist after advanced imaging and testing in early dementia. These do not improve function but may slow progression
- Vitamin E 1000 IU twice daily may slow progression
- Medication for sleep or anxiety not recommended because may cause worsening of cognition. But we try everything when people are desperate.
- Antidepressants may improve depression and anxiety, used in lower doses.
- For frontotemporal dementia or Lewy Body disease, doctors may try certain medication, some may help, but no specific medication is recommended

Prevention: this really helps!

- Everything that is good for the heart is good for reducing risk of dementia–healthy Mediterranean diet, control of blood pressure and unhealthy levels of cholesterol, exercise, weight control
- Maintain regular social activity, avoid loneliness and isolation
- Get 7-8 hours of sleep each night
- Avoid alcohol
- Stay away from certain classes of medications–over the counter sleep aids containing antihistamines, various others
- Exercise your mind–reading, puzzles, learning new things