

Vascular Dementia - *Factsheet*

Dementia web 
Information resource for carers, professionals and you

www.dementiaweb.org.uk



Vascular Dementia

Vascular Dementia

Dementia is not an illness in itself. It is an umbrella term for a collection of conditions and diseases which cause disorders of the brain. These diseases cause a person to have difficulties with “cognitive functioning” that is, thinking, remembering and reasoning.

Alzheimer’s disease is by far the most common form of dementia in the UK, affecting 62% of people so diagnosed. Vascular dementia is the next most common form, affecting almost 20%.

The situation is not clear cut, since it is not always easy to distinguish vascular dementia from Alzheimer’s disease – and some people have a combination of the two, known as mixed vascular dementia.

Vascular dementia is similar to Alzheimer’s disease in that it affects the higher mental functions of the brain. People experiencing vascular dementia will, like those with Alzheimer’s disease, have problems with learning, remembering, recognition, planning and problem solving. However, there is a major difference in the two diseases. Alzheimer’s disease tends to affect the whole of the brain and to progress gradually and steadily. Vascular dementia tends to affect only certain areas of the brain, and this means someone may retain more of their abilities – and also more awareness of their condition. They may experience periods of stability or even improvement, but this is likely to be followed by sudden worsening –for example, when they experience a further stroke.

How vascular dementia is caused

The brain relies on a constant flow of oxygenated blood. If this is interrupted, even for a very short time, the irreversible death of brain tissue will follow.

Vascular dementia can be caused by any condition which results in an interruption to the blood flow to the brain, and as well as strokes, this could include diseased arteries, heart attacks, high blood pressure, raised cholesterol, diabetes, furred arteries and irregular heart rhythms. Any condition causing damage to the circulation of blood to the brain carries a risk to mental functioning.

The types of vascular dementia

Vascular dementia of acute onset may occur if someone has a severe stroke. The damage to the brain will be immediate, and there is also likely to be physical disability.

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The symptoms of **multi-infarct dementia**, however, may not be noticeable for some time. This type of dementia results when a mini-stroke deprives a small area of the brain with its supply of oxygenated blood. This is sometimes referred to as a silent stroke as symptoms will not be evident. If a series of these silent strokes occur over a period of time symptoms may then become evident because of a loss of mental/physical function for the person. The person may go for some time without symptoms getting any worse, and then a further small stroke will cause a sudden deterioration.

Sub-cortical vascular dementia, often known as **Binswanger's disease** affects deeper parts of the brain, and may result in slow thinking, speech and actions, and a typical widely spaced gait.

Mixed cortical and subcortical vascular dementia can also occur, and there are rarer causes which may affect some of those with auto-immune inflammatory diseases, such as lupus.

Symptoms of vascular dementia

People with vascular dementia may experience:

Patchy cognitive defects – this means that the damage is localised. A person may have, for example, big problems with memory, but still be able to carry on a normal conversation.

Difficulty with making decisions, weighing up options or planning for the future.

Depression – probably because they are well aware of their condition.

Mood swings and extreme responses to trivial happenings.

Physical weakness or paralysis caused by the stroke(s). Which parts of the body are affected will depend on which part of the brain was damaged – each half of the brain controls the movement on the opposite side of the body.

Hallucinations and/or delusions (but not to the same extent as people with Lewy body dementia).

“Good days and bad days” that is, fluctuations in the ability to function, and sometimes more confusion in the evening or at night.

As in the case of other illnesses which can result in dementia, it is not possible to reverse the damage, and normally the dementia will gradually worsen. However, in some cases, if treatment and a change of lifestyle results in no further strokes occurring, it is possible that the dementia may cease to progress. Long periods of stability, interrupted by intermittent worsening are usual. People will usually survive for an average of eight years with vascular dementia, but the cause of death is usually related not to the dementia but to the underlying risk factors of stroke and heart attack.

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Warning signs

We all need to be mindful of potential warning signs, especially if you have previous indicators for vascular disease. Therefore warning signs should never be ignored. Symptoms of a transient ischaemic attack (TIA) develop suddenly, and usually peak in less than a minute. The duration of symptoms varies, but symptoms usually go within an hour (typically within 2-15 minutes). Sometimes symptoms last up to 24 hours. The symptoms that develop depend on which part of the brain is affected. Different parts of the brain control different parts of the body. Therefore, symptoms may include one or more of the following.

- Weakness or clumsiness of a hand, arm, or leg.
- Difficulties with swallowing.
- Numbness or pins and needles of a part of the body.
- Brief loss of vision, or double vision.

If someone experiences any of these symptoms you should call a doctor immediately, because diagnosis and treatment could prevent a more serious stroke.

It is important for us all to be “stroke aware” because many deaths from stroke could be avoided if help was sought immediately. So if someone experiences a sudden, severe headache, an unexplained fall or dizziness, difficulty speaking or understanding, visual disturbances in one or both eyes or numbness or weakness of the face, arm or leg, you should immediately consider whether they might have had a stroke.

Ask the person to:

- Smile
- Raise their arms above their head
- Repeat a simple sentence, such as “it is raining today”
- Stick out their tongue
- If the tongue goes to one side, or there is any problem with any of the above actions, call an ambulance at once.

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What treatment can be given?

There is no cure for vascular dementia. Once the damage to the brain has occurred it is not reversible. However, it is possible to take action to minimise the risk of further strokes. Medication can help, by controlling high blood pressure, preventing clots forming, and treating diabetes, high cholesterol, depression and restlessness. Stopping smoking, taking exercise, eating healthily and drinking sensibly will all lessen the risk of a stroke. Sometimes, following a stroke, the brain manages to do some adjustment, and other areas of the brain “take over” some of the damaged functions.

Non-drug options for the management of agitation, anxiety or depression might include aromatherapy, multisensory stimulation, music therapy, animal-assisted therapy, massage, cognitive behavioural therapy (sometimes involving carers), reminiscence therapy, and exercise.

What to do

It is important to consult a doctor as soon as worrying symptoms appear. There are a number of reasons for this:

- Other possible causes for the symptoms can be investigated
- An early diagnosis will allow the person and their family to learn about the disease, to come to terms with the situation and to plan for the future.
- The person will be able to state their preferences about future treatment, financial arrangements, care choices etc.
- An early diagnosis will allow access to drugs which might slow the progress of the disease.
- Carers will be able to seek help and advice for themselves, as well as for the person with vascular dementia.

Where to get help

Contact your GP for support, advice and information. The GP will rule out reversible or temporary causes for symptoms, carry out first line tests, refer to a specialist if necessary and assume ongoing responsibility for the person's general health. The GP can be seen as a “gatekeeper” who can provide access to a range of specialist services. The person may be referred to any one of a variety of consultants. In some areas there are memory clinics, home support, day services and ‘talking therapies’.

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Many other people may also be able to help, such as social workers, community psychiatric nurses, district nurses, speech therapists, occupational therapists, counsellors, advocates and carers who may come into the home to assist with personal care.

It may be that the person's dementia reaches a stage where their family can no longer cope with their care. If moving into a care home is seen to be the best way to meet the person's needs, independent reports and quality ratings on all homes in your local area can be found on the website of the Care Quality Commission which regulates them. www.cqc.org.uk (use its webform) Or telephone 8.30 am to 5.30 pm Monday to Friday on **03000616161**

You can also refer to our factsheet: "Moving to a Care Home and Funding Your Care" - coming soon.

Guideposts Trust provides specialist information and care services for people with dementia and their carers. www.dementiaweb.org.uk

Contact the Helpline number: **0845 1204048** available Monday to Friday office hours, answer service at other times or by email at info@dementiaweb.org.uk

The Alzheimer's Society is a care and research charity for people with Alzheimer's disease (and other forms of dementia) and their families. As well as a national helpline, there are over 250 local branches.

Helpline: **020 7423 3500**

Email: enquiries@alzheimers.org.uk

Website: <http://alzheimers.org.uk>

Carers UK provides advice and information to carers and the professions who support carers.

Carers UK Adviceline: **0808 808 7777** (Wednesday and Thursday 10am to 12pm and 2pm to 4pm)

Email: adviceline@carersuk.org

Website: www.carersuk.org

Dementia Information Service for Carers

Helpline Number **0845 4379901**

Call in normal office hours. Answer phone at other times.

Email: info@dementiawebwarwickshire.org.uk

Web: www.dementiawebwarwickshire.org.uk

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