

## The Ups and Downs of Vascular Dementia

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Mr. Thomas Phillip's family was concerned about the 72 year-old retired teacher. They first noticed changes at the monthly family dinner. The usually well-groomed man appeared disheveled and unkempt. He needed to shave and had an unpleasant, musky odor. He was quiet, withdrawn, and even more, he didn't seem interested in his grandchildren, typically the bright point of his month. When the kids tried to engage him by asking riddles and offering cards for magic tricks, he looked away and seemed disinterested. His home was less tidy than usual. His daughter, an RN, became concerned and checked his blood pressure and blood glucoses to see if his diabetes or high blood pressure were out of control, but they were his usual high side of normal. During the meal, he snapped at the grandchildren, a few minutes later let out a sob and said he missed his wife of 40 years terribly and things just hadn't been the same since her death 10 years ago. Tom Jr. tried to distract him, asking about a phone call Mr. Phillip had made earlier in the week mentioning a car problem. Mr. Phillip was unable to recall his concern, but when Tom Jr. listed several possibilities, he remembered squealing brakes. The next day, Mr. Phillip seemed almost back to usual but the following day he was disinterested again. Mr. Phillip's daughter took him to see his physician and after a review of symptoms, physical exam, lab studies, neuropsychological testing, and CT of his brain, he was diagnosed with vascular dementia.

Vascular dementia is a common type of dementia and occurs alone or with other dementias (mixed dementia). It often occurs in people with high blood pressure, high cholesterol, heart disease, or diabetes. It is not a disease of the brain, but a problem of blood vessels that supply brain cells with oxygen and nutrients. When narrowing of the vessels or strokes occur, the cells don't get what they need, so they die and cause symptoms. These symptoms may happen quickly or slowly and progress in a step-wise pattern instead of slow, steady decline. Symptoms often fluctuate and change in intensity and presence. Symptoms can include slowed processing, poor concentration and planning, and changes in memory and emotion. The memory is often a retrieval (trouble getting information out) not an amnesia (the information isn't there) problem. Emotional changes can include emotional lability (sudden changes in emotion that aren't connected to what's going on around them) and apathy (the loss of ability to feel interest). Depression, a separate condition from apathy, is also associated with strokes and vascular dementia. [Here](#) is a video of Teepa providing insight on these changes. Other symptoms include difficulty recognizing and using common items, vision changes, mobility problems, and falls.

After his diagnosis, Mr. Phillip and his family made a new commitment to a healthy lifestyle. They understand that good nutrition, exercise and careful management of chronic diseases (high blood pressure, heart disease, high cholesterol, and diabetes) can reduce the risk of developing vascular dementia for the rest of the family and may slow progression for Mr. Phillip.