

VASCULAR DEMENTIA

Demența vasculară

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Abstract

Dementia involves the loss of brain functions, usually progressive and irreversible. A change in pathology occurs at the brain by injury and death of neurons. Death of nerve cells at a certain rate is a normal process, but in the case of dementia, this process is much faster and has a pathological nature. As a result, the brain can not function properly. Patients with dementia have a particular problem with short-term memory, and rarely with long-term memory. It also presents difficulties in speaking, in time and space, in learning. Sick people need permanent care, unable to perform everyday activities (washing, dressing, feeding). In the population over 65 years there are 5% severe dementia and 15% medium severity dementia. Vascular dementia is a much more frequent clinical entity and is identified in 30-40% of patients with stroke. In Europe and SUA vascular dementia is considered to be a second cause of dementia after Alzheimer's. The prevalence of vascular dementia increases linearly with age and variation from one country to another, ranging from 1.2-4% of those aged over 65 years.

Keywords: dementia, memory, aging

Introduction

Vascular dementia (also called multiple-attack) means the loss of mental aptitudes which affects the everyday life of the person concerned, and which appears as the result of a cerebral vascular accident.

Vascular dementia is defined in DSM III as a dementia caused by a significant cerebrovascular disease; as a result of some ischemic AVC or rarely hemorrhagic when the blood flow is blocked and doesn't reach some parts of the brain. However, the disease may improve if the etiological factors are known, the diagnosis is accurate and if the patient is given a good treatment. The reason I have chosen this subject is to present the way vascular dementia manifests by observing the frequency of the symptoms on a number of subjects, observing them by age and gender, and also to discover how this disease evolves. In some cases it stagnates for a long time. In others the loss of abilities sets in very fast. The older the patient, the more prone to vascular dementia. This doesn't mean everybody gets it. Many old people will never get dementia. It has come out that around the age of 85, approximately 35 people out of 100 have dementia.

Risk Factors

Aging is the main factor of risk for all types of dementia but some disease may be inherited (Alzheimer's with an early debut or some types of frontotemporal dementia).

The chances to develop a vascular dementia grow if the following factors are present:

- it appears more frequently to males
- high blood pressure ,a previous heart attack, atherosclerosis (fat and calcium deposits on the arteries) which can cause the coronary arteries disease, Diabetes, high blood cholesterol, cerebral vascular accident or a previous transient ischemic accident (AIT).

Other factors that may increase the risk of dementia are:

- low blood pressure for a long period of time to people older than 75;
- high level of homocysteine.Homocysteine is an amino acid which is normally found in small amounts in the blood. There is this theory that high levels of homocysteine may cause the appearance of plates in the walls of the blood vessels. In time, this phenomenon may lead to severe affections, like cerebral vascular accident, heart attack, and pulmonary embolism, it may even cause the decrease of mental abilities.

Symptoms

Vascular dementia symptoms vary according to the affected area of the brain:

- memory loss (usually the earliest and easiest to notice symptom)
- difficulty in remembering recent events
- not recalling familiar people or places
- difficulty in finding the right words, in expressing the thoughts or naming objects
- difficulty in doing maths calculations
- difficulty in planning and performing tasks
- difficulty in thinking fast, for instance appropriate reaction in an emergency
- difficulty in managing one's moods or behavior; depression is frequent and restlessness and aggression may appear
- neglect taking care of oneself
- personality altering and unusual behavior

Specialty consultation

Should any sudden signs of cerebral vascular accident or transient ischemic accident appear, the ambulance must be called immediately. The signs may be:

- numbness, weakness or incapacity of moving the face, the arm or leg, especially on one side of the body;
- sight trouble for one or both eyes, like dimness, foggy vision, spots, double vision, loss of sight or the sensation that a shadow covered the eyes;
- confusion, speaking troubles or difficulty in understanding what others are saying;
- walking disorder, dizziness, poor coordination or loss of balance;
- bad headache with no apparent reason.

It is good to know the signs that forecast vascular dementia and to see a physician if any of these signs appear at any family member with antecedents of cerebral vascular accidents, as for example:

- increasing difficulty in finding the right words while speaking;
- getting lost while going to familiar places;
- more suspicious or combustible behavior than usual.

Investigation

The vascular dementia diagnosis may be found by identifying the cause, under medical history, physical examination, mental status examination and on the basis of the lab and imagery tests.

Prophylaxis

Vascular dementia can be prevented by reducing the risk of cardiovascular disease.

This risk can be reduced by:

- treating or preventing high blood pressure
- avoiding or giving up smoking
- maintaining an adequate body weight because it reduces the risks of Diabetes and high blood pressure, two risk factors of vascular dementia
- maintaining normal cholesterol levels
- taking regular exercise

Treatment

There are some cases of vascular dementia that can be drug treated with partial or total recovery of the mental functions. If the vascular dementia cannot be recovered, the aim of the treatment is to obtain a better quality of life for both the patient and the caregiver. The physician together with the patient, his family and the medical assistant will collaborate to come up with a plan of care in order to make the patient's life as easy and comfortable as possible. To plan may include advice to help the patient be independent and cope with daily activities, and drugs to improve the mood and behavioral problems. It is very important to educate the family members and other

caregivers in order to be able to look after a person with vascular dementia. People around the patient should learn as much as possible about this disease to be able to cope with the problems that may appear. Drugs cannot cure vascular dementia, but they can help improve the mental functions, mood or behavior, by slowing down the progress of the disease and by reducing some of the symptoms (aggression, anxiety, hallucination, depression and sleep disorder).

Essential principles when taking care of aged people

The same principles and rules need to be applied when taking care of people with dementia and aged people in general, also putting in some more love:

- Independence
- Participation
- Self-complacency
- Dignity

Taking care of patients with vascular dementia

Patients with vascular dementia need constant assistance when it comes to personal hygiene, nourishment, rest, communication and emotional attention (love, kindness, care, affection, understanding), the last ones being essential when supporting a patient.

The medical assistant needs to identify the degree to which the patient is able to do activities of self care and to estimate how these activities are limited by the deficit of the movement, emotional and intellectual abilities. During the nursing process of a patient with vascular dementia, the patient's needs have to be identified and then the priorities, objectives and types of intervention can be established.

1. Alteration of physical mobility related to motor and sensory deficit The patient has a limitation of movement amplitudes, movement coordination, and muscle weakness. To mitigate the effects of the nurse - Provides patient support for mobilization (lifting from bed, changing position, moving for physiological needs); - encourages the patient to actively mobilize; - teaches the patient to use auxiliary means for improved safety in motion

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2. Deficiency of self-care to maintain personal hygiene The patient with vascular dementia is partially able to meet his / her self-care needs, or he may lose interest in personal care and hygiene (eg, be afraid of bathing). In these situations, the assistant is assured that: - The room where the patient will make a bath is safe (it is good to install it handrails in the shower cabin, borders around the bathtub); - ensure patient privacy (installation of a screen); - the patient should be trained and encouraged to perform self-care; - to use poor water; - Make sure that the bath routine is as enjoyable as possible (using soap, scented bath gel, soft towel, clean).

3. Addressing diet and eating problems: The patient with vascular dementia presents a risk of altering the state of nutrition (forgets to eat and drink water, or may require to eat continuously), that is why the person in question must be adequately supplied and hydrated in quantitative and qualitative terms depending on its calorie requirement. The nurse should take care that: - patient to sit comfortably and comfortably at the table; - to have the desired meals as a menu; - to cut them-fragment the food if necessary; - if the person can not use a spoon or a fork, it is advisable to give him the food prepared so that it can be served with his fingers; - Drink a sufficient amount of liquid (water, tea, soup - about 1.5 l daily).

4. Ensure patient rest, relieve sleep disturbances As a rule, all the signs and feelings of a condition are accentuated in the presence of fatigue. The nurse should know that: - it is recommended

that the person with vascular dementia be kept awake and active during the day; - it must be discouraged (unless this would cause even more problems); - It may be helpful to offer a glass of warm milk or herbal tea that contains exciting substances in the evening before going to bed; - a hot bath a little before bedtime can be helpful in getting relaxed.

Conclusions

Care for a person with vascular dementia requires team work involving health care professionals and carers in order to create a safe, comfortable environment and to make the daily life activities of the person as light as possible. Professional counseling can help the person accept the diagnosis and build strategies to cope with the situation. If the disease is diagnosed early, people with mild vascular dementia may be involved in developing plans for the future in organizing domestic and day-to-day activities. Vascularity has a progression rate that differs from one person to another, so that the operation of the person concerned can be stable for several months and even more years. As vascular dementia progresses, there is a decline in memory, thinking, reasoning, and the ability to make and carry out plans.

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