

# Clinical Perspectives of Dementia

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# Clinical Perspective of Dementia

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- Whole societies are being affected in major economic and social ways in countries where the population is aging rapidly, such as Japan (23% over 65), Germany (20.5%), Italy (20.4%) and the US (13%)
- The obvious consequences are a shrinking labour force and shifting of a nation's wealth to health care.

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- As a person gets older, changes occur in all parts of the body, including the brain.
  - The challenge for aging individuals is to reduce the rate of their decline.

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- Brain aging is inevitable to some extent, but not uniform.
  - It affects everyone, or every brain, differently.
  - Slowing down brain aging or stopping it altogether would be the ultimate elixir to achieve eternal youth.

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- Is brain aging a slippery slope that we need to accept?
  - Are there steps we can take to reduce the rate of decline?

## Normal brain aging

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- “Slips of mind” are associated with getting older.
- People often experienced those slight memory lapses in their 20s and yet did not give it a second thought.
- Older individuals often become anxious of memory slips due to the link between impaired memory and Alzheimer’s disease.

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- Alzheimer's and other dementias are not a part of the normal aging process.

- Common memory changes associated with normal aging

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- ❖ Difficulty learning new
- ❖ Recalling names and numbers
- ❖ Remembering appointments etc.



# Cognitive Decline with Aging

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- Mild changes in memory and rate of information processing
- Verbal abilities remain stable over the life span
- Calculations may be slower
- Self-care capacity usually stable
- Not progressive
- Does not interfere with daily function

# Mild Cognitive Impairment

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- Transitional state between the cognitive changes of aging and the earliest clinical features of dementia.
- Progression rate was about 10% per year.
- Most cases of MCI do not become dementia.

# Mild Cognitive Impairment - Symptoms

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- Frequently losing or misplacing things.
- Frequently forgetting conversations, appointments or events.
- Difficulty remembering the names of new acquaintance.
- Difficulty following the flow of conversation.
- Intact ADL

# Mild Cognitive Impairment

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- Predictors of progression – APOE4 carrier, atrophic hippocampi on MRI, ?CSF tau and A beta levels
- Neuroimaging to establish underlying pathology.
- Reassess in 6-12 months to monitor for any progression
- Life style advice – control of vascular risk factors.

# DEMENTIA

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- Dementia is an umbrella term for loss of memory and other thinking abilities severe enough to interfere with daily life

# Types of Dementia

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- Alzheimer's
- Vascular
- Lewy body
- Frontotemporal
- Other, including Huntington's
- Mixed dementia

# Dementia Part I

1. Normal brain, Aging brain and Mild Cognitive Impairment  
Prof Dr Win Min Thit
2. Evaluation of Cognitive Impairment  
Prof Dr Moe Moe Zaw
3. Early Onset Dementia: Assessment, Burden & Challenges  
Prof Dr Nwe Nwe Win
4. Alzheimer's Dementia  
Prof Dr Sein Mya Mya Aye
5. Vascular Dementia  
Prof Dr Phyu Phyu Lay
6. Pharmacological Management of Dementia  
Prof Dr Aye Aye San