



Other Types of Dementia

Chronic Traumatic Encephalopathy (CTE)

Chronic traumatic encephalopathy is a gradual degeneration in brain function due to repeated head injuries that cause both concussions with symptoms and concussions with no symptoms. CTE symptoms start slowly and gradually appear. Initially, there may be concentration and memory problems with episodes of disorientation and confusion, dizziness, and headache. Individuals can become aggressive and psychotic. As CTE progresses, behavior becomes even more erratic, with aggression and symptoms similar to those of Parkinson's disease. The symptoms are progressive and cannot be stopped.

Creutzfeldt-Jakob Disease (pronounced KROITS-felt YAH-kobe)

This is a rare form of dementia, yet the progression of the disease is rapid and life expectancy is only about one year. Symptoms include personality changes; anxiety; memory loss; impaired thinking; blurred vision; insomnia; difficulty speaking; difficulty swallowing; sudden and jerky movements. This disease is often incorrectly diagnosed as mad cow disease, as the symptoms are very similar.

Frontotemporal Dementia (originally known as Pick's Disease)

This can be a broad term that encompasses a wide group of disorders that primarily affect the temporal and frontal lobes of the brain. These two areas of the brain control personality, behavior, and language. People with frontotemporal dementia are often diagnosed between the ages of 45 and 60 years of age. Symptoms include dramatic changes in the individual's personality such as being socially inappropriate (saying sexual or mean comments; taking clothes off in public); showing no emotion; difficulty both speaking and understanding others; repetitive compulsive behavior; decline in personal hygiene, changes in eating habits (overeating is most common). Memory loss often occurs in the later stages of this disease.

HIV and Dementia

HIV is often linked with mental decline and worsening motor skills. When the virus attacks someone's nervous system, it can damage their brain and cause HIV-associated neurocognitive disorders (HAND). Symptoms can include: short attention span; memory loss; headaches; poor judgment; confusion; slowed learning; weakness in arms and legs.



Huntington's Disease

This is an inherited brain disorder that results in the progressive loss of both cognitive ability and physical control. Symptoms typically appear between the ages of 30 and 50. Symptoms include involuntary jerking movements; involuntary and sustained contracture of muscles; rigid muscles; slow and abnormal eye movements; difficulty walking and keeping one's balance; difficulty swallowing; difficulty with physical production of speech.

Korsakoff Syndrome

Korsakoff syndrome is caused by a severe deficiency of thiamine (vitamin B-1). It is most commonly caused by alcohol misuse, and can also be associated with AIDS, chronic infections, and poor nutrition. Korsakoff syndrome can **sometimes** be preceded by an episode of encephalopathy, a serious brain reaction to the extreme lack of thiamine. Encephalopathy does not always occur, but when it does, the condition will be referred to as Wernicke-Korsakoff Syndrome. Symptoms of Korsakoff syndrome can include involuntary eye movements; difficulty maintaining balance; struggling to walk; confusion and feeling drowsy all of the time; difficulty in learning skills and obtaining information; filling in memory gaps with different events that have happened in their life.

Lewy Body Dementia & Parkinson's Disease Dementia

Lewy Body dementia is an umbrella term for two related diagnoses. Lewy Body dementia refers to both Parkinson's disease dementia and dementia with Lewy bodies. Symptoms can include: slower movements; tremors; disturbances in behavior; decline in cognitive abilities; speech that is muffled; problems sleeping; muscles that are rigid and decreasing control of bodily functions. In the early stages of Lewy Body dementia, visual hallucinations frequently occur.

Mild Cognitive Impairment (MCI)

Mild cognitive impairment is a term used when changes in cognitive abilities are noticed, but they do not interfere with daily life or functioning independently. Individuals with mild cognitive impairment can be at a greater risk for developing Alzheimer's disease and other types of dementia. It is important to note that not everyone with MCI will develop Alzheimer's or have worsening of their symptoms. Symptoms can include forgetting important information; visual perception; forgetting or struggling with the steps needed to complete a specific task.

Mixed Dementia

Mixed dementia occurs when an individual has more than one type of dementia. This commonly occurs when the abnormalities in the brain are linked to Alzheimer's disease and vascular dementia. It is also possible to have Lewy Body dementia occur with Alzheimer's disease.



PseudoBulbar Affect (PBA)

PseudoBulbar Affect is not a type of dementia, but is often caused by neurological conditions such as Alzheimer's disease, other types of dementia, strokes, traumatic brain injury (TBI), multiple sclerosis (MS), Lou Gehrig's disease (ALS), or Parkinson's disease. Individuals with PBA will have sudden outbursts of crying or laughing over small things for no apparent reason. These outbursts are often very sudden and over-exaggerated and they do not match how the person is feeling inside. The symptoms are frequently misdiagnosed as depression. PBA is thought to occur when there is a "short circuit" in the areas of the brain that control emotional responses.

Vascular Dementia

Vascular dementia is the second most common form of dementia and can occur when there is restricted blood flow to the brain. This can happen after strokes and as well as other conditions that damage blood vessels and reduce circulation to the brain. Symptoms include trouble concentrating; decreased ability to organize thoughts and actions; restlessness and agitation; unsteady when walking; sudden and/or frequent urge to urinate; wandering at night; difficulty making decisions.