How can we differentiate between Delirium and Dementia?

- Attention is almost always altered in delirium but not dementia
- Increased or decreased motor activity is inherent in delirium but absent in dementia
- Delirium is reversible if the cause is identified but dementia progressively worsen

Dementia Versus Mild Cognitive Impairment

Attempts have been made to better define cognitive changes associated with aging, and varying sets of criteria have produced multiple terms, including such terms as *age-associated memory impairment*, *age-related cognitive change*, and *questionable dementia*, among others. The most widely used term for cognitive change insufficient to meet criteria for dementia is *mild cognitive impairment* or, in the most recent psychiatric lexicon (*DSM-5*), *minor neurocognitive disorder* (see Chapter 50). Criteria for MCI include subjective cognitive complaints and objective cognitive dysfunction but preserved general cognitive function and activities of daily living. Follow-up examinations of individuals with MCI indicate that some, but not all, develop dementia over time.

Primary Neurodegenerative Disorders
Alzheimer disease (AD)
Lewy body disorders
Dementia with Lewy bodies (DLB)
Parkinson disease dementia (PDD)
Frontotemporal dementias (FTD)
Behavioral variant frontotemporal dementia (bvFTD)
Progressive nonfluent aphasia (PNFA)
Frontotemporal dementia with motor neuron disease (FTD-ALS, FTD-MND)
Progressive supranuclear palsy (PSP)
Corticobasal degeneration (CBD)
Huntington disease (HD)
Wilson disease (WD)

Creutzfeldt-Jakob disease (CJD) and other prion diseases
Hippocampal sclerosis
Limbic-predominant age-related TDP-43 encephalopathy (LATE)
Chronic traumatic encephalopathy (CTE)
Others: British familial dementia, HDLS, others
Vascular dementias: multi-infarct dementia, Binswanger disease, CADASIL
Immune-mediated encephalitides: NMDARAE, VGKCAE, others
Demyelinating dementias: multiple sclerosis, adreno- and metachromatic leukodystrophies
Inflammatory dementias: CNS vasculitides, Behçet syndrome, systemic lupus
Infectious dementias: neurosyphilis, neuroborreliosis, HIV dementia, others
Neoplastic dementias: tumors, carcinomatous meningitis, paraneoplastic syndromes
Metabolic or endocrine dementias: B_{12} or rarer vitamin deficiencies, hypothyroidism
Structural dementias: hydrocephalus, brain trauma

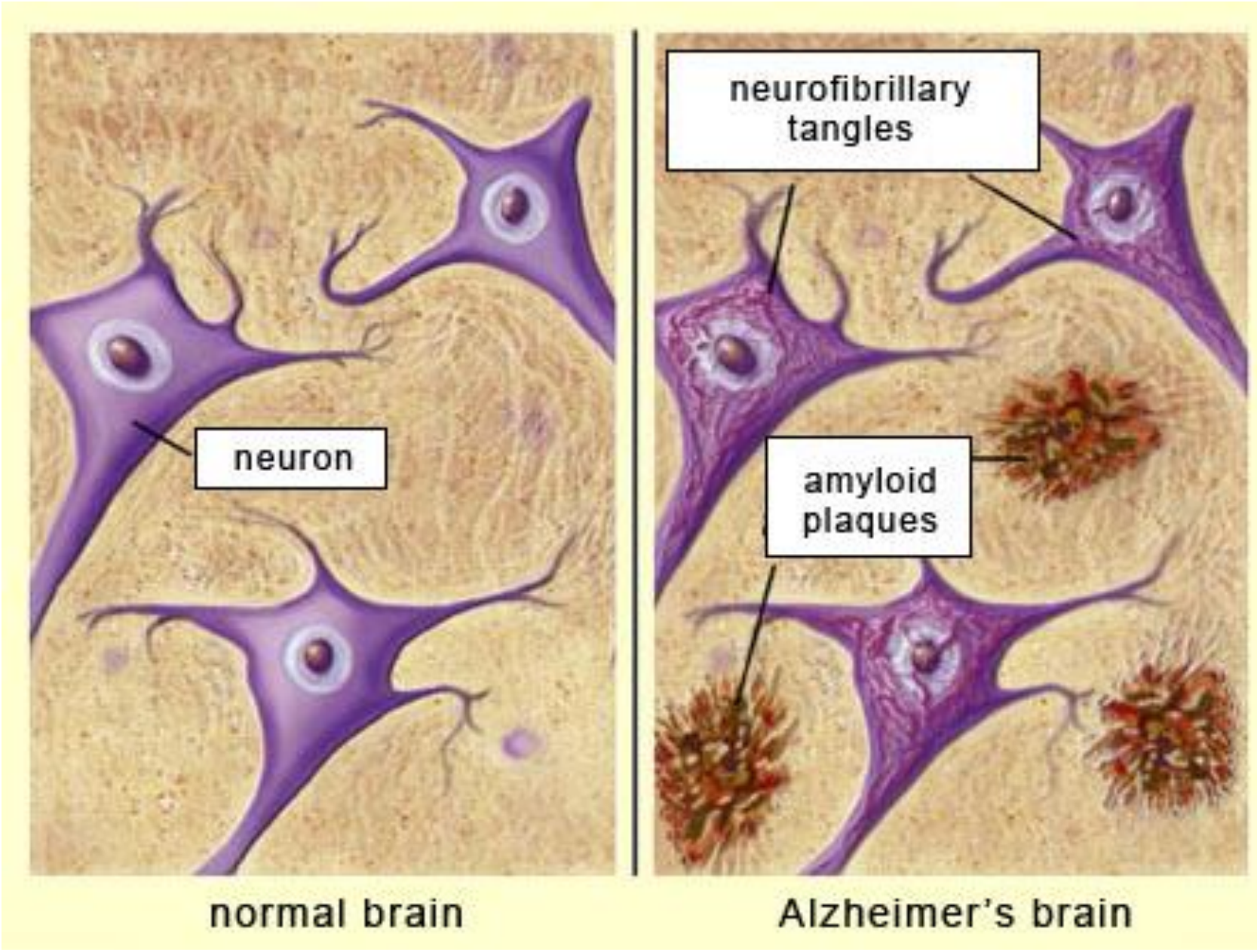
neuron
neurofibrillary tangles
amyloid plaques
normal brain
Alzheimer's brain

TABLE 12.3 Ten Warning Signs of Alzheimer Disease[a]

1. Memory loss that affects job skills
2. Difficulty performing familiar tasks
3. Problems with language
4. Disorientation to time and place
5. Poor or decreased judgment
6. Problems with abstract thinking
7. Misplacing things
8. Changes in mood or personality
9. Problems with directions or spatial relations
10. Loss of initiative

[a] Adapted from the Alzheimer's Association. 10 early signs and symptoms of Alzheimer's. Alzheimer's Association Web site. https://www.alz.org/alzheimers-dementia/10_signs. Accessed October 15, 2020.

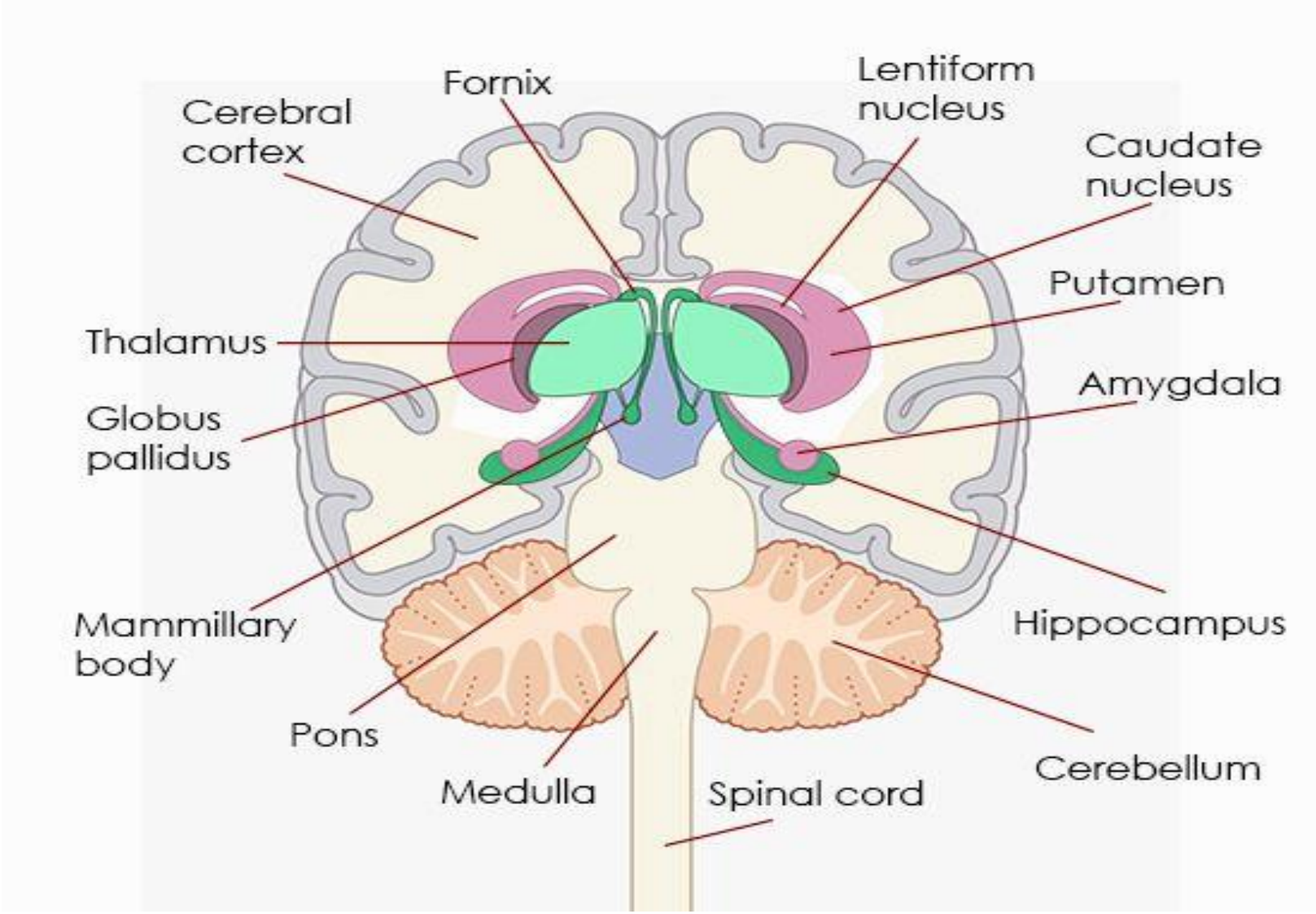
Fornix
Lentiform nucleus
Cerebral cortex
Caudate nucleus
Putamen
Thalamus
Amygdala
Globus pallidus
Mammillary body
Hippocampus
Pons
Cerebellum
Medulla
Spinal cord

TABLE 12.4 Neurologic Signs and Symptoms Atypical for Alzheimer Disease

Sign or Symptom	Possible Significance
Dominant nonmemory features (eg, language, praxis, visuospatial dysfunction)	Frontotemporal degenerations, posterior cortical atrophy
Prominent behavioral, personality, psychotic symptoms	Frontotemporal degenerations, Lewy body dementia
Early parkinsonism (eg, resting tremor, bradykinesia, cogwheeling)	Lewy body dementia, progressive supranuclear palsy (no rest tremor), corticobasal degeneration, hydrocephalus
Urinary incontinence	Hydrocephalus
REM sleep behavior disorder	Parkinson disease dementia, Lewy body dementia

Seizures	Immune-mediated or infectious encephalitides
Myoclonus	Creutzfeldt-Jakob disease
Frequent falls	Progressive supranuclear palsy
Early unexplained gait abnormalities	Lewy body dementia, progressive supranuclear palsy, corticobasal degeneration, hydrocephalus
Early prominence of bulbar/brainstem signs	Progressive supranuclear palsy
Unexplained motor or reflex asymmetries	Vascular dementia, corticobasal degeneration
Unexplained (early) UMN signs (eg, Babinski sign)	Frontotemporal degeneration with motor neuron disease
Unexplained LMN signs (eg, fasciculations)	Frontotemporal degeneration with motor neuron disease

TABLE 12.6 Dementias Categorized by Protein Pathologies

β-Amyloidopathy	AD
α-Synucleinopathy	Lewy body disorders (DLB), PDD
Tauopathy	Frontotemporal dementia: Pick disease, PSP, CBD (Note that AD has secondary tau pathology.)
TDP-43 proteinopathy	Frontotemporal dementia (FTD-U), ALS with dementia
Prionopathy	Creutzfeldt-Jakob disease, sporadic/familial fatal insomnia, GSS, vCJD