

Therapy of vascular dementia

Dementia or stroke will affect one in three people. One of the main findings of research in this field in the last 10 years is that all the traditional vascular risk factors for stroke that we know about are also risk factors for dementia. This raises the very real possibility that dementia can be prevented, or at least delayed, if we act on these risk factors. For example, there is some evidence that treating high blood pressure with appropriate drugs can prevent dementia and memory loss. There is no compelling evidence that one class of medication for hypertension is superior to another for prevention of dementia.

Another hope that has been raised in the last few years is that the drugs that can help Alzheimer's disease can also help persons with dementia due to vascular disease of the brain. It seems that both these diseases have in common, among other things, a relative lack of one particular neurotransmitter, acetylcholine. Drugs that can raise the level of this substance in the brain (cholinesterase inhibitors) are beneficial to both forms of dementia.

The CCCDTD3 reviewed the evidence for a benefit from cholinesterase inhibitors in dementias with a vascular component. It was concluded that there was fair evidence of benefits of small magnitude for donepezil in cognitive and global outcomes, with less robust benefits on functional measures. Donepezil could be considered a treatment option for Vascular Dementia. Many persons have dementia due to a combination of Alzheimer's Disease and Vascular disease. There is fair evidence of benefits of small magnitude for galantamine in such cases. Galantamine can be considered a treatment option for mixed Alzheimer's with Cerebrovascular Disease.