A 63-year-old man is brought to the physician by his daughter because she is concerned about his memory loss over the past year. Yesterday he could not remember his 18-month-old granddaughter’s name. Although he denies that there is any problem, she says he has been forgetful and becomes easily confused. There is no history of alcohol abuse. His temperature is 37°C (98.6°F), pulse is 77/min, respirations are 12/min, and blood pressure is 118/84 mm Hg. On mental status examination, his mood is normal. He is oriented to person and place but initially gives the wrong month, which he is able to correct. He recalls memories from his youth in great detail but only recalls one of three words after 5 minutes. He has difficulty recalling the names of common objects and does not remember the name of the current US president. Physical examination, laboratory studies, and thyroid function tests show no abnormalities. What is the most likely diagnosis for this patient’s memory problem?

(A) Alcohol-induced amnestic episode  (I) Masked depression
   (blackout)                          (J) Medication toxicity
(B) Alcohol withdrawal              (K) Normal age-associated memory decline
(C) Apathetic hyperthyroidism       (L) Normal-pressure hydrocephalus
(D) Bipolar disorder, depressed     (M) Parkinson disease
(E) Delirium because of medical condition (N) Pick disease
(F) Dementia, alcohol-related       (O) Pseudodementia
(G) Dementia, Alzheimer type        (P) Residual schizophrenia
(H) Generalized anxiety disorder    (Q) Multi-infarct (vascular) dementia
Learning Objectives

The listener should be able to:

- Know the normal age-associated changes in cognition
- List the common neurodegenerative disorders: (1) Alzheimer’s Disease, (2) Pick’s Disease, (3) Parkinson’s Disease
- Know the metabolic/enocrine causes of dementia: (1) B12 deficiency, (2) Alcohol related dementia, (3) Thyroid disease
- List the vascular and psychiatric causes of dementia

Key Teaching Points

1. Recognize that there are several infectious causes that can cause memory impairment: such as HIV, Neurosyphilis, or even encephalitis.

2. If severe memory impairment is present, it is possible to have underlying dementia with a superimposed pseudodementia. The onset is often abrupt, and the patient’s psychosocial milieu can often suggest reasons for depression. These patients often feel confused, unable to carry out simple tasks, have poor appetites, sleep poorly, and are less energetic. These patients respond well to the treatment of the underlying depression.

3. With the primary complaint being memory loss Parkinson’s disease is unlikely, as dementia associated with Parkinsonism is late in the disease progression. In fact, early manifestation of dementia is an exclusionary criteria for Parkinson’s disease.

4. Patients with Pick’s Disease usually present with significant behavioral disturbances with varying degrees of social disinhibition often with neglect of personal grooming.

5. Usually it’s the patient that recognizes the change more than the family in normal again because its working memory and learning new tasks that’s most affected.

Comments


Frontotemporal Dementia/Pick’s Disease, Andrew Kertesz, MD, FRCPC. Arch Neurol. 2004; 61:969-971.


Chapter 365 – Dementia

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24.13.8 Alzheimer's disease and other dementias

ADAMS AND VICTOR'S PRINCIPLES OF NEUROLOGY - 9th Ed. (2009)

Abnormalities of Movement and Posture Caused by Disease of the Basal Ganglia Chapter 12. Alzheimer's disease - JAMES S. NELSON