

Demência Vascular

Critérios Diagnósticos

Demências Vasculares

- Sub-categorias
 - Tromboembolismo das grandes artérias
 - Demência por múltiplos infartos
 - Estado lacunar
 - Múltiplos infartos lacunares
 - Encefalopatia arteriosclerótica sub-cortical
 - Doença de Binswanger
- Tratamento
 - Controle dos fatores de risco ateroscleróticos

Comparação entre critérios

	DSM-III	ADDTC	ICD-10	NINDS-AIREN	DSM-IV
Stepwise deterioration	+	-	-	1	-
"Patchy" (unequal) distribution of cognitive deficits	+	-	+	-	-
Focal neurological signs	+	2	+	+	4
Focal neurological symptoms	+	-	-	-	4
≥2 Ischemic strokes	-	2	-	3	-
Evidence of significant CVD	+	2	+	3	+
Etiologic relation to the disturbance	+	-	+	+	+
Temporal relationship between stroke and dementia	-	2	-	+ (1)	-

+ indicates obligatory, -, not needed; 1, either onset of dementia within 3 mo after a recognized stroke and/or abrupt deterioration in cognitive functions, or fluctuating, stepwise progression of cognitive deficits; 2, evidence of ≥2 ischemic strokes by history, or neurological signs, and/or neuroimaging studies, or occurrence of a single stroke with a clearly documented temporal relationship to the onset of dementia and evidence of ≥1 infarct outside the cerebellum by CT or T1-weighted MRI; 3, either multiple strokes or a single strategically placed infarct, and 4, focal neurological signs and symptoms or laboratory evidence indicative of CVD that are judged to be etiologically related to the disturbance.

Ischemic Score of Hachinski

Clinical Findings (13)	Points
abrupt onset	2
stepwise deterioration	1
fluctuating course	2
nocturnal confusion	1
relative preservation of personality	1
depression	1
somatic complaints	1
emotional incontinence	1
history of hypertension	1
history of strokes	2
evidence of associated atherosclerosis	1
focal neurological symptoms	2
focal neurological signs	2

Score	Diagnosis
> 7	vascular dementia
4 - 7	borderline mixed
< 4	primary degenerative dementia (Alzheimer etc.)

Modified Ischemic Score

Parameter	Finding	Points
onset	abrupt	2
	not abrupt	0
history of stroke	present	1
	absent	0
focal symptoms	present	2
	absent	0
focal signs	present	2
	absent	0
low density areas on CT scan	none	0
	isolated	2
	multiple	3

Modified Ischemic Score	Diagnosis
0 - 2	senile dementia of the Alzheimer type
3 - 4	indeterminate or mixed
5 - 10	multiple infarct dementia

DSM-IV Criteria for Dementia

A1. Memory impairment

A2. One or more of the following cognitive disturbances

a. Aphasia

b. Apraxia

c. Agnosia

d. Disturbance in executive functioning

B. Cognitive deficits in criteria A1 and A2 each cause significant impairment in social or occupational functioning and represent a significant decline from a previous level of functioning

Dementia according to DSM-IV criteria

C. Factors judged to be etiologically related to the disturbance

Focal neurological signs and symptoms

Laboratory evidence indicative of cerebrovascular disease (eg, multiple infarctions involving cortex and underlying white matter)

D. Not occurring exclusively during the course of delirium

VD according to DSM-IV criteria

VD according to DSM-IV criteria plus vascular lesions on CT scan

ICD-10 Research Criteria (DCR-10)

A. Evidence of each of the following

1. Decline in memory (mainly short-term memory)
2. Decline in other cognitive abilities

Deficits in criterion A cause a significant impairment of social functioning

B. Absence or clouding of consciousness

C. Decline in emotional control or motivation or a change in social behavior

D. Symptoms in criterion A have been present ≥ 6 mo

Dementia according to DCR-10 criteria

Unequal distribution of deficits in higher cognitive functions

Evidence of focal brain damage

Evidence of cerebrovascular disease

VD according to DCR-10 criteria

VD according to DCR-10 criteria plus vascular lesions on CT scan

NINDS-AIREN Criteria for the Diagnosis of Probable VD

Cr terios diagn sticos de dem ncia vascular da NINDS-AIREN

(National Institute of Neurological Disorders and Stroke - European panel of experts)

Os crit rios diagn sticos para **dem ncia vascular prov vel** incluem:

1. Dem ncia definida por uma altera o da mem ria e de pelo menos duas outras  reas cognitivas, suficiente para interferir com as atividades da vida quotidiana
2. O diagn stico de dem ncia vascular prov vel requer a presen a de todos os elementos seguintes:
 - doen a cerebrovascular, com sinais neurol gicos focais no exame cl nico e sinais pertinentes de acidente vascular na TC ou RMN
 - rela o entre a dem ncia e a doen a cerebrovascular se manifestando atrav s:
 - o in cio da dem ncia dentro dos 3 meses ap s o acidente cerebrovascular
 - o uma deteriora o brutal das fun es cognitivas
 - o uma evolu o flutuante, em degraus

3. O diagnóstico de **demência vascular possível** pode ser evocado na presença de demência e de sinais neurológicos focais quando:

- não há nenhum exame neuroradiológico disponível
- na ausência de relação temporal clara entre o acidente vascular e a demência
- quando há um início insidioso com uma evolução flutuante dos distúrbios cognitivos e há prova de uma doença cerebrovascular

4. Os elementos compatíveis com o diagnóstico de demência vascular **provável** são:

- distúrbio precoce da marcha
- uma história de instabilidade ou quedas espontâneas frequentes
- uma incontinência urinária precoce
- uma paralisia pseudobulbar; incontinência emocional
- modificações da personalidade e do humor

5. Os elementos que devem **fazer duvidar** do diagnóstico de demência vascular são:

- distúrbios precoces da memória e uma deterioração progressiva da memória e de outras funções cognitivas na ausência de sinal neurológico focal e de lesões vasculares cerebrais na TC ou RMN

Referência: Roman G, Tatemishi TK, Erkinjutti T et al. Vascular dementia: diagnostic criteria for research studies. Report of the NINDS-AIREN international workshop. Neurology 1993; 43: 250-260.

ADDTTC Criteria for the Diagnosis of Probable Ischemic VD

A.

1. Dementia (as defined in the text)
2. Evidence of two or more ischemic strokes by
History, neurological signs, and/or
Neuroimaging studies (CT or T₁-weighted MRI), or
Occurrence of a single stroke with a clearly documented temporal relationship to the onset of dementia

3. Evidence of ≥ 1 infarct outside the cerebellum by CT or T₁-weighted MRI

B. Diagnosis of probable IVD is supported by

1. Evidence of multiple infarcts in brain regions known to affect cognition (as defined by NINDS-AIREN criteria)
2. History of multiple transient ischemic attacks
3. History of vascular risk factors (eg, hypertension, heart disease, diabetes mellitus)

4. Elevated Hachinski Ischemia Scale score (≥ 7)

C. Clinical features that are thought to be associated with ischemic VD but await further research

1. Relatively early appearance of gait disturbance and urinary incontinence

2. Periventricular and deep white matter changes on T₂-weighted MRI that are excessive for age²

3. Focal changes in electroencephalographic studies³

D. Other clinical features that do not constitute strong evidence either for or against a diagnosis of probable ischemic VD

1. Periods of slowly progressive symptoms

2. Illusions, psychoses, hallucinations, delusions

3. Seizures

E. Clinical features that cast doubt on a diagnosis of probable ischemic VD

1. Transcortical sensory aphasia in the absence of corresponding focal lesions on neuroimaging studies

2. Absence of central neurological symptoms/signs other than cognitive disturbance

Concordance Between the Different Criteria for VD

Applied Criteria	Concordance, %	Discriminating Factors ¹	Wilks' Λ	Cases Correctly Classified, %
DSM-IV/ADDTC	47.8	No. of strokes	0.920	65.7
		No. of lacunes	0.871	
DSM-IV/ICD-10	32.0
DSM-IV/NINDS-AIREN	23.9	Focal neurological signs	0.699	81.0
ADDTC/ICD-10	37.5
ADDTC/NINDS-AIREN	40.0	Focal neurological signs	0.810	69.4
ICD-10/NINDS-AIREN	17.9	Focal neurological signs	0.736	81.8
		No. of cognitive deficits	0.663	

Abstract

Background and Purpose Vascular dementia (VD) has been an ill-defined term thus far. Recently detailed criteria for the diagnosis of VD have been proposed (Alzheimer's Disease Diagnostic and Treatment Centers [ADDTC], 1992; *Diagnostic and Statistical Manual of Mental Disorders*, 4th edition [DSM-IV], 1994; *International Classification of Diseases*, 10th revision [ICD-10], 1992, 1993; and National Institute of Neurological Disorders and Stroke–Association Internationale pour la Recherche et l'Enseignement en Neurosciences [NINDS-AIREN], 1993). Until now the clinical feasibility of these diagnostic guidelines has not been evaluated.

Methods This study aimed to compare these criteria in an unselected sample of 167 elderly patients (mean age, 72.0±9.9 years) admitted with probable dementia.

Results The number of cases that could be classified as VD differed widely between the various diagnostic guidelines. According to DSM-IV criteria, 45 cases were diagnosed as VD. Twenty-one cases fulfilled the ICD-10 research criteria, but only 12 met the NINDS-AIREN criteria for VD. Twenty-three cases were classified as ischemic VD as defined by the ADDTC criteria. The concordance was very poor since only 5 cases met the criteria for VD of all diagnostic guidelines.

Conclusions Our results show that the classification according to different diagnostic guidelines yields rather distinct groups of patients. The reasons responsible for these findings are as follows: (1) different criteria for dementia, (2) limitation to ischemic VD in the ADDTC criteria, (3) no further differentiation of VD into subtypes according to CT or MRI findings (DSM-IV), and (4) the multifactorial etiopathology of VD. Major diagnostic difficulties ensue from the very frequent cases with white matter lesions, since their etiology and classification remain widely unknown.

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