

Treatment and Diagnosis of Mixed Dementia

John Thomas*

Department of Psychiatry, Weill Cornell Medical College, New York, USA

Mixed dementia is the coexistence of Alzheimer's complaint and cerebrovascular complaint (CVD) in the same demented case. Presently, its diagnosis and treatment remains a challenge for practitioners. To provide an overview of the epidemiology, pathogenesis, natural history, diagnosis, and remedy of Mixed Vascular-Alzheimer Dementia (MVAD). The literature was reviewed for articles published between 1990-2016 by using the keywords linked to MVAD. Neuropathological studies indicate that MVAD is a veritably common pathological finding in the elderly with a frequency about of 22. The distinction between Alzheimer's dementia and vascular dementia (VD) is complex because their clinical presentation can overlap. There are transnational criteria for the MVAD opinion.

The pharmacologic therapy shows modest clinical benefits that are similar among all medicines used in cases with Alzheimer's madness and VD [1]. Thenon-pharmacologic remedy includes the rigorous operation of cardiovascular threat factors (especially hypertension) and the creation of a healthy diet. The opinion and treatment of MVAD cannot be bettered without farther studies. Presently available medications provide only modest clinical benefits once a case has developed MVAD [2]. In subjects at threat, the antihypertensive remedy and healthy diet should be recommending for precluding or decelerating the progression of MVAD.

In the most common form, the plaques and tangles associated with Alzheimer's complaint are present along with blood vessel changes associated with vascular madness. The pillars and tangles of Alzheimer's complaint can frequently attend with Lowy bodies [3], the abnormal protein deposits plant in madness with Lowy bodies and Parkinson's disease dementia. In some cases, a person may have changes linked to all three-Alzheimer's disease, vascular dementia and dementia with Lowy bodies.

In the most common form of mixed dementia, the abnormal protein deposits associated with Alzheimer's complaint attend with blood vessel problems linked to vascular dementia. Alzheimer's brain changes also frequently attend with Lowy bodies [4]. In some cases, a person may have brain changes linked to all three conditions — Alzheimer's complaint, vascular dementia and Lowy body dementia.

Experimenters do not know exactly how numerous aged grown-ups presently diagnosed with a specific type of dementia actually have mixed dementia, but necropsies indicate that the condition may be significantly more common than preliminarily realized.

Necropsy studies play a crucial part in slipping light on mixed dementia because scientists cannot yet measure utmost dementia-related brain changes in living individualities. In the most instructional studies [5], experimenters relate each party's cognitive health and any diagnosed problems during life with analysis of the brain after death.

What are the symptoms of mixed dementia?

Symptoms of mixed dementia vary depending on the types of dementia a person has. Frequently someone will have a lesser quantum of one type of dementia than another. In similar cases, we talk about this type being 'predominant'.

What are the treatments for mixed dementia?

There's presently no cure for any type of dementia, including mixed dementia. Medicines and other treatments can help maintain a better position of cognitive function for longer. This doesn't stop the beginning damage passing in the brain.

Medication for mixed dementia

The most common kinds of drug used to treat mixed dementia are cholinesterase impediments. These boost situations of a chemical in the brain that helps cells communicate with each other. Unfortunately, there's presently no drug that can improve the symptoms of vascular dementia. Still, someone with vascular complaint may be suitable to help strokes or other 'events' by continuing to take their drug for high blood pressure or diabetes.

Curatives for mixed dementia

As well as drug treatments, there are other curatives that may help to ameliorate function or quality of life. These include cognitive behavioural remedy, cognitive stimulation remedy, cognitive recuperation, and reminiscence remedy. Learn further about the different approaches for managing with memory loss. A person with mixed dementia involving Lowy body complaint may be offered physiotherapy to help with movement problems.

Acknowledgement

I would like to thank my Professor for his support and encouragement.

Conflict of Interest

The authors declare that they are no conflict of interest.

References

1. Kafil TS, Nguyen TM, MacDonald JK, Chande N (2018) Cannabis for the treatment of ulcerative colitis. *Cochrane Database Syst Rev* 11:CD012954.
2. Battle CE, Abdul-Rahim AH, Shenkin SD, Hewitt J, Quinn TJ (2021) Cholinesterase inhibitors for vascular dementia and other vascular cognitive impairments: a network meta-analysis. *Cochrane Database Syst Rev* 2:CD013306.
3. Lai NM, Chang SMW, Ng SS, Tan SL, Chaiyakunapruk N (2019) Animal-assisted therapy for dementia. *Cochrane Database Syst Rev* 11:CD013243.

*Corresponding author: John Thomas, Department of Psychiatry, Weill Cornell Medical College, New York, USA, E-mail: jhonthoms@uk.com

Received: 3-May-2022, Manuscript No: dementia-22-63758, Editor assigned: 5-May-2022, PreQC No: dementia-22-63758 (PQ), Reviewed: 12-May-2022, QC No: dementia-22-63758, Revised: 20-May-2022, Manuscript No: dementia-22-63758 (R), Published: 25-May-2022, DOI: 10.4172/dementia.1000127

Citation: Thomas J (2022) Treatment and Diagnosis of Mixed Dementia. *J Dement* 6: 127.

Copyright: © 2022 Thomas J. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

4. Vinkers DJ, Gussekloo J, Westendorp RG (2003) Leisure activities and the risk of dementia. N Engl J Med 349:1290-1292.
5. Coyle JT (2003) Use it or lose it--do effortful mental activities protect against dementia? N Engl J Med 348:2489-2490.