



Epidemiology of Neurodegenerative Disorder: Dementia

Lucia Brenna*

Department of Family Medicine, Bologna University, Santa monica

*Corresponding author: Christopher Locus, Department of Family Medicine, Bologna University, Santa monica, Email: brenna.l@gmail.com

Received: November 5, 2021; Accepted: November 19, 2021; Published: November 26, 2021

Citation: Lucia B (2021) Epidemiology of Neurodegenerative Disorder: Dementia. J Dement 5:e113

Copyright: © 2021 Lucia B. 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.

Introduction

Stroke (“cerebrovascular accident”) is a disease which is related to the blood vessels in the brain. It forms when blood supply to the brain is not good enough for the brain to function (also called “ischemia”) or the cells die (infraction), or blood vessel rupture (hemorrhagic stroke). Ischemia is more common than hemorrhage and caused when the blood supply to the brain is narrowed by a fatty deposit which is called plaque, this is also called atherosclerosis. The plaque can rupture and travel through the blood vessels to the brain causing a blood clot resulting in the stroke. Clots can also form in the heart (Thrombus) and travel to brain (embolus). This results in permanent damage to the brain cells.

Due to stroke there is a decline in cognitive called vascular dementia or vascular cognitive impairment to differentiate from other dementias. In United States, it is most common dementia after Alzheimer’s disease. Vascular dementia can be preventable only if the dementia is identified in its early stages and treated properly.

People who suffered a stroke are at higher risk of dementia than who did not have a stroke. In 4 people who had a stroke shows the symptoms of dementia. Dementia affects memory, thinking, mood, behavior, communication. These symptoms are due to damage in any part of the brain. Dementia worsens with time.

Vascular dementia occurs to reduced blood supply to parts of the brain. It can be due to clogged blood vessels causing a stroke or series of strokes. These impacts on the brain and brain cells stop working show-

ing symptoms of dementia.

Vascular dementia is caused by small strokes in series. These strokes are so small that the person does not know he is having a stroke. This causes damage in the brain. These strokes are called silent strokes.

Effects of strokes are similar to vascular dementia which can be confusing. Vascular dementia and strokes both cause problems with memory, mood and thinking. Vascular dementia gets worse with time while strokes usually happen suddenly. The difference between the two is strokes happen suddenly.

The symptoms of vascular dementia show suddenly after a stroke but when caused by silent strokes the symptoms appear gradually with time. Sometimes Vascular dementia appears in steps; the symptoms will stay for a while and suddenly get worse. Stroke patients usually develop depending on age and sex but pathogenesis of dementia remains unresolved. Vascular dementia is more common in older people than the younger. It is most common in men than in women. Stroke usually occurs in older people have high risk of dementia. Stroke is a risk factor for dementia; dementia can also be risk factor for stroke.

There are four different types of dementia. They are single-infarct dementia, multi-infarct dementia, subcortical dementia, mixed dementia. Usually two types of medicine are recommended for dementia, they are cholinesterase inhibitors and mimantine. Cholinesterase inhibitors boost the chemical in the brain regarding judgment and memory. The side effects are nausea, vomiting, muscle cramps, diarrhea.