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MADISON NEUROLOGY LLC

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Neurology Care 7 days a Week. Because Your Brain Matters.

Vascular Dementia

Patient education guide · Stroke & Vascular · Madison Neurology LLC

What is it?

Vascular dementia is a decline in thinking skills caused by reduced blood flow to the brain, from strokes, small vessel disease, or both. It is the second most common cause of dementia after Alzheimer's disease. Symptoms often appear in a stepwise pattern, worsening after each vascular event, and frequently affect planning, processing speed, and attention more than memory at first.

How does it happen?

It results from conditions that damage brain blood vessels: major strokes, multiple small strokes (some silent), or chronic small vessel disease driven by high blood pressure, diabetes, high cholesterol, and smoking. It often coexists with Alzheimer's disease ('mixed dementia').

Common symptoms

- Slowed thinking and difficulty planning or organizing
- Trouble with attention and concentration
- Memory problems (often less prominent early than in Alzheimer's)
- Walking difficulties, shuffling gait, or frequent falls
- Mood changes, depression, or apathy

How is it diagnosed?

Diagnosis combines cognitive testing with brain MRI or CT showing stroke-related or small-vessel changes. Evaluation of vascular risk factors (blood pressure, heart rhythm, cholesterol, diabetes screening) is part of the workup.

How is it treated?

There is no cure, but treating the underlying vascular risk factors can slow progression: strict blood pressure control, statins, diabetes management, smoking cessation, and regular exercise. Medications used for Alzheimer's (cholinesterase inhibitors) may help some patients. Physical activity, cognitive engagement, and treating depression improve quality of life.

What does the future hold?

Progression is variable and often stepwise — stable periods interrupted by declines after new vascular events. Aggressive risk factor control is the best tool for slowing decline. Life expectancy depends on overall vascular health; many patients live years to decades with the condition.

Questions patients commonly ask

Q: Is vascular dementia preventable?

A: Largely, yes. Controlling blood pressure, not smoking, exercising, and managing diabetes from midlife onward substantially reduces risk.

Q: Will it keep getting worse?

A: It can be slowed. Unlike purely degenerative dementias, preventing new strokes can hold symptoms stable for long stretches.

Q: Are memory drugs useful?

A: Cholinesterase inhibitors help some people with vascular or mixed dementia; your neurologist can discuss whether a trial is appropriate.

National support groups & resources

- **Alzheimer's Association (24/7 Helpline)** — alz.org — 1-800-272-3900
- **American Stroke Association** — stroke.org — 1-888-478-7653
- **American Academy of Neurology — Brain & Life patient resources** — brainandlife.org

(Organization contact details were current at the time of compilation; please verify online.)

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