

Top Ten Things To Know Vascular Cognitive Impairment (VCI) and Dementia

1. Prevalence of dementia is 5% to 10% for individuals 65 years and older in affluent countries. The prevalence of Alzheimer's disease doubles every 4.3 years; the prevalence of vascular dementia (VaD) doubles every 5.3 years.
2. Likely pathophysiological processes underlying VCI include dysfunction of the neurovascular unit and mechanisms regulating cerebral blood flow.
3. Alzheimer's disease, micro and macrohemorrhage, microinfarction and VCI all have cerebral amyloid angiopathy as a common potential risk factor.
4. The neuropathology of cognitive impairment in later life is often a mixture of Alzheimer's disease and microvascular brain damage, which may overlap and synergize to heighten the risk of cognitive impairment.
5. Magnetic resonance imaging and other neuroimaging techniques play important roles in the definition and detection of VCI and provide evidence that subcortical forms of VCI with white matter hyperintensities and small deep infarcts are common.
6. Risks for VCI may include, but are not limited to, atrial fibrillation, hypertension, diabetes mellitus, and hypercholesterolemia.
7. Other potential markers for VCI include carotid intimal-medial thickness and arterial stiffness.
8. No specific treatments for VCI have been approved by the US Food and Drug Administration at this time.
9. Detection and control of the traditional risk factors for stroke and cardiovascular disease may be effective in the prevention of VCI, even in older persons.
10. The impact of lifestyle behaviors including diet, physical activity, smoking cessation, alcohol intake, and obesity are described in the context of VCI.