JETIR.ORG ISSN: 2349-5162 | ESTD Year : 2014 | Monthly Issue JOURNAL OF EMERGING TECHNOLOGIES AND INNOVATIVE RESEARCH (JETIR) An International Scholarly Open Access, Peer-reviewed, Refereed Journal

# Alzheimer's disease is the most prevalent type of dementia, although there are other varieties as well. Other kinds of dementia, include mixed dementia, frontotemporal dementia, lewy body dementia, and vascular dementia

Nivedita Dass<sup>1\*</sup>, Md Alam<sup>2</sup>, Sonia Singh<sup>3</sup>, S.P. Subashini<sup>4</sup> <sup>1</sup>UG Student, <sup>2</sup>Associate Professor, <sup>3</sup>Dean<sup>4</sup>, School of Nursing, Galgotias University, Greater Noida, Uttar Pradesh, India

# Abstract

Alzheimer's disease is the most prevalent type of dementia, although there are other varieties as well. Other kinds of dementia, include mixed dementia, frontotemporal dementia, lewy body dementia, and vascular dementia

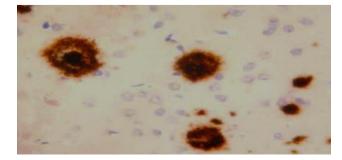
# Introduction:

Dementia is a clinical syndrome characterized by a signification and persistent decline in cognitive abilities that interferes with daily functioning. This decline includes impairment in memory, executive functions (such as problem-solving and decisionmaking), attention, language, and visuospatial abilities Neurosurgeon Robert Katzmann proposed a connection between Alzheimer's disease and senile dementia in 1976. Katzmann argued that Alzheimer's disease, which affect persons under the age of 65, and a large portion of senile dementia, which occurs (bydefinition) beyond that age, are pathologically identical and should not be treated differently.

#### PATHOPHYSIOLOGY/PATHOLOGICAL FEATURES

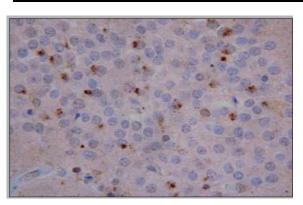
We still don't completely understand the diseases processes that cause dementia. It is crucial to keep in mind that these patterns are not mutually exclusive, occurring concurrently as they frequently do, and that evidence of these processes is also discovered post-mortem in

individuals who did not display cognitive abnormalities before death.

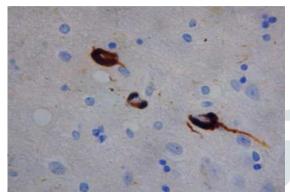


#### Figure1:

This shows a dense deposition of amyloid throughout the cortex as dense core (DC) and diffuse (D) plaques.



**Figure 2:** section from the hippocampal dentate fascia showing dot like deposition of ubiquitin This is characteristic of Frontotemporal Lobar Dementia with Ubiquitinised inclusions (now called TDP).



#### Figure 3:

Neuronal tangles stained with an antibody to Tau (T) Neuronal tangles stained.

ETIR

### Investigation:

The National Institute of Clinical Excellence (NICE) suggests structural brain imaging (ideally MRI but CT will do)and blood tests (complete blood picture, urea and electrolytes, calcium, glucose, liver function tests, thyroid function tests, vitamin B12 and folate)35. A CT scan, and to a lesser degree an MRI scan, can provide information on chronic ischaemia, infarcts, and localised atrophy in addition to ruling out malignancies,haemorrhages, stroke, and normal pressure hydrocephalus.

## Management:

The Alzheimer's Society have local offices and provide information and support. Patients and carers should be referred to a social worker if a carer's assessment is felt appropriate and to facilitate access to services such as Day Centres and social services care provision.

Summary: Dementia is a term used to describe a group of symptoms characterized by the decline in cognitive abilities, including memory, language, problemsolving, and judgment. It is a progressive disorder, meaning that the symptoms gradually worsen over time. Dementia affects people of all ages, but is most common in older adults. There are several types of dementia, with Alzheimer's disease being the most common form.

**Conclusion:** Dementia is a term used to describe a group of symptoms characterized by the decline in cognitive abilities, including memory, language, problemsolving, and judgment. It is aprogressive disorder, meaning that the symptoms gradually worsen over time. Dementia affects people of all ages, but is most common in older adults.

## Bibliography:

1. Knapp M, Prince M. Dementia UK: full report. London: Alzheimer's Society; 2007. [Google Scholar]

Prince M, Knapp M, Guerchet M, McCrone P, Prina M, Comas-Herrera A. Dementia UK: Update. London: Alzheimer's Society; 2014. [Google Scholar]

Matthews FE, Arthur A, Barnes LE, Bond J, Jagger C, Robinson L, et al. Atwo-decade comparison of prevalence of dementia in individuals aged 65 years and older from three geographical areas of England: results of the Cognitive Function and Ageing Study I and II. Lancet. 2013;382(9902):1405–12. [PMC free article] [PubMed] [Google Scholar]

Prince M, Guerchet M, Prina M. Policy Brief for Heads of Government: The Global

Impact of Dementia 2013 - 2050; London: Alzheimer's Disease International;

2013. [Google Scholar]

Todd S, Barr S, Roberts M, Passmore AP. Survival in dementia and predictors of mortality: a review. Int J Geriatr

Psychiatry. 2013;28(11):1109–24. [PubMed] [Google Scholar]

Prince M, Jackson J. World Alzheimer Report 2009. London: Alzheimer's Disease International; 2009. [Google Scholar]

McKhann GM, Knopman DS, Chertkow H, Hyman BT, Jack CR, Jr, Kawas CH, et al. The diagnosis of dementia due to Alzheimer's disease: Recommendations from the

