

Oral presentation

Recognizing vascular dementia

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Knowledge and understanding of vascular dementia (VaD) has greatly evolved since its first descriptions in the 19th century. Yet, recognizing VaD and differentiating it from Alzheimer's disease (AD) remains a diagnostic challenge. VaD should be suspected when dementia occurs abruptly, is associated with focal neurological signs and symptoms and follows a stepwise deteriorating course. However, over half of the cases may present with a more variable course. Certain neuropsychological patterns are more consistent with VaD than AD and can lend support to its diagnosis. Advances in neuroimaging have greatly improved our ability to identify cerebral vascular pathology; however, abnormal findings should be interpreted with care, taking into account lessons learned from clinicopathological studies. We have performed clinicopathological correlations in 208 individuals to evaluate five currently used clinical criteria for VaD. We have shown that they are not interchangeable. Although they are relatively specific, most suffer from low to very low sensitivity. A clear understanding of the different performance of currently available diagnostic strategies is crucial for the correct interpretation of epidemiological studies and therapeutic trials in VaD.