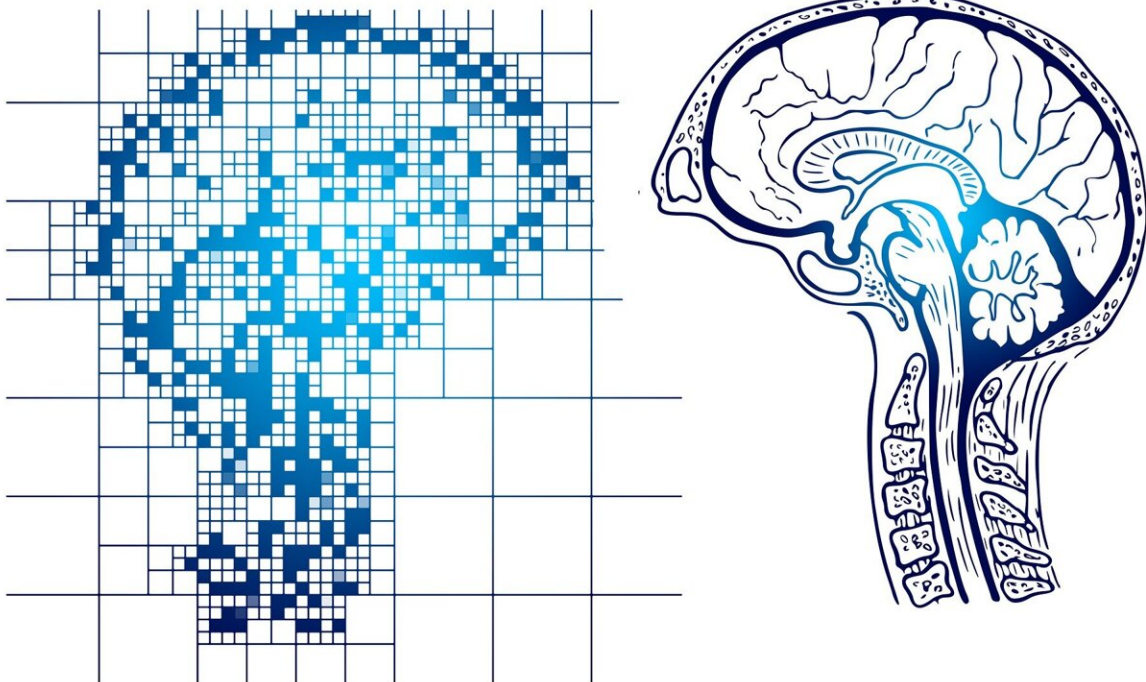


What's the difference between Alzheimer's and dementia?

June 11 2024, by Nikki-Anne Wilson



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Changes in thinking and memory as we age can occur for a variety of reasons. These changes are [not always a cause for concern](#). But when they begin to disrupt daily life, it could indicate the first signs of dementia.

Another term that can crop up when we're talking about dementia is Alzheimer's disease, or Alzheimer's for short.

So what's the difference?

What is dementia?

Dementia is an umbrella term used to describe a range of syndromes that result in changes in memory, thinking and/or behavior due to degeneration in the brain.

To meet the [criteria](#) for dementia, these changes must be sufficiently pronounced to interfere with usual activities and are present in at least two different aspects of thinking or memory.

For example, someone might have trouble remembering to pay bills and become lost in previously familiar areas.

It's less-well known that dementia can also occur in [children](#). This is due to progressive brain damage associated with more than 100 rare genetic disorders. This can result in similar cognitive changes to those we see in adults.

So what's Alzheimer's then?

[Alzheimer's](#) is the most common type of dementia, accounting for [about 60-80%](#) of cases.

So it's not surprising many people use the terms dementia and Alzheimer's interchangeably.

Changes in memory are the most common sign of Alzheimer's and it's what the public [most often](#) associates with it. For instance, someone with Alzheimer's may have trouble recalling recent events or keeping track of what day or month it is.

We still don't know exactly what [causes Alzheimer's](#). However, we do know it is associated with a buildup in the brain of two types of protein called [amyloid- \$\beta\$ and tau](#).

While we all have some amyloid- β , when too much builds up in the brain it clumps together, forming plaques in the spaces between cells. These plaques cause damage (inflammation) to surrounding brain cells and lead to disruption in [tau](#). Tau forms part of the structure of brain cells, but in Alzheimer's, tau proteins become "tangled." This is toxic to the cells, causing them to die. A [feedback loop](#) is then thought to occur, triggering production of more amyloid- β and more abnormal tau, perpetuating damage to brain cells.

Alzheimer's can also occur with other forms of dementia, such as [vascular dementia](#). This combination is the most common example of a [mixed dementia](#).

Vascular dementia

The second most common type of dementia is [vascular dementia](#). This results from disrupted [blood flow](#) to the brain.

Because the changes in blood flow can occur throughout the brain, signs of [vascular dementia](#) can be more varied than the memory changes typically seen in Alzheimer's.

For example, vascular dementia may present as general confusion, slowed thinking, or difficulty organizing thoughts and actions.

Your [risk of vascular dementia](#) is greater if you have heart disease or high blood pressure.

Frontotemporal dementia

Some people may not realize that dementia can also affect behavior and/or language. We see this in different forms of [frontotemporal dementia](#).

The behavioral variant of [frontotemporal dementia](#) is the second most common form (after Alzheimer's disease) of [younger onset dementia](#) (dementia in people under 65).

People living with this may have difficulties in interpreting and appropriately responding to social situations. For example, they may make uncharacteristically rude or offensive comments or invade people's personal space.

[Semantic dementia](#) is also a type of frontotemporal dementia and results in difficulty with understanding the meaning of words and naming everyday objects.

Dementia with Lewy bodies

[Dementia with Lewy bodies](#) results from dysregulation of a different

type of protein known as α -synuclein. We often see this in people with Parkinson's disease.

People with this type of dementia may have altered movement, such as a stooped posture, shuffling walk, and [changes in handwriting](#). Other symptoms include changes in alertness, visual hallucinations and significant [disruption to sleep](#).

Do I have dementia and if so, which type?

If you or someone close to you is concerned, the first thing to do is to [speak to your GP](#). They will likely ask you some questions about your medical history and what changes you have noticed.

Sometimes it might not be clear if you have dementia when you first speak to your doctor. They may suggest you watch for changes or they may refer you to a specialist for [further tests](#).

There is no single test to clearly show if you have dementia, or the type of dementia. A diagnosis comes after multiple tests, including [brain scans](#), tests of memory and thinking, and consideration of how these changes impact your [daily life](#).

Not knowing what is happening can be a challenging time, so it is important to speak to someone about how you are feeling or to reach out to [support services](#).

Dementia is diverse

As well as the different forms of dementia, everyone experiences dementia in different ways. For example, the speed dementia progresses varies a lot from person to person. Some people will continue to [live well](#)

[with dementia](#) for some time while others may decline more quickly.

There is still significant [stigma](#) surrounding dementia. By learning more about the various types of dementia and understanding differences in how dementia progresses, we can all do our part to create a more [dementia-friendly community](#).

The [National Dementia Helpline](#) (1-800-100-500) provides information and support for people living with dementia and their caregivers. To learn more about dementia, you can take this [free online course](#).

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