

Differential Diagnosis of Alzheimer Disease, what is More Important to know

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Alzheimer's disease is a most common dementia in the world. Approximately 30% of the population over the age of 80's will present it. Although it is a disease with the well-defined diagnostic criteria, the exclusion of other diseases is very important. The physician should present in his mind the arsenal of differential diagnoses of main clinical features of each disease that potentially mimics an Alzheimer's disease, thus facilitating the identification of them. In this heterogeneous group of dementias, curiously found some of them that are potentially reversible. In the group of dementias, we found primary and secondary diseases as cause of dementia process: deficiency of vitamin B₁₂, B₁, tertiary syphilis, normal pressure hydrocephalus, brain tumors, vascular dementia, delirium, depression, Lewy body disease, central nervous system (CNS) vasculitis, fronto-temporal dementia, drug intoxication and Parkinson's disease. Although the technology evolution, many of the aforementioned diagnosis may be performed based on the patient's medical history and physical examination. Patients with reports of sadness and loss of energy may suggest the diagnosis of depression in an elderly patient with cognitive impairment. Cognitive changes initiated abruptly suggest more the diagnosis of delirium than dementia. In these cases, a secondary etiology needs more investigation [1-3]. The history of daily alcohol consumption may suggest deficiency of vitamin B₁ (Korsakoff syndrome). Young patients with arthralgia, weight loss and rash are associated with CNS vasculitis. Changes in gait, urinary incontinence are common findings in normal pressure hydrocephalus. This disease may be confirmed by computed tomography that reveals a dilation of the ventricular system. Patients with reports of recurrent strokes may have vascular dementia. Vascular dementia is diagnosed through the presence of multiple confirmed infarctions on neuroimaging exams. Motor changes such as spasticity is associated to dementia by Lewy bodies and Parkinson's disease in a late stage [4,5]. It is concluded that anamnesis and physical examination is considered the initial step in the investigation of a patient who comes at the office with a complaint of memory problems.

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