<table>
<thead>
<tr>
<th>About</th>
<th>Alzheimer’s Disease (AD)</th>
<th>Dementia with Lewy Bodies (DLB)</th>
<th>Frontotemporal Dementia (FTD)</th>
<th>Vascular Dementia (VD)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>About</strong></td>
<td>Most common type of dementia (60%)</td>
<td>2nd or 3rd most common cause of dementia</td>
<td>Different types of FTD (Pick’s disease, Primary Progressive Aphasia –PPA, “dysexecutive” syndrome etc.)</td>
<td>May or may not co-exist with AD</td>
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<td></td>
<td>Slow progression (Avg. ~10 yrs but may be 20)</td>
<td>Most DLB patients are male</td>
<td>Personality changes (not memory) are noticed first</td>
<td>Abrupt onset and stepwise progression</td>
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<td></td>
<td>Survival time is ~7 yrs (+/- 3 yrs)</td>
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<td>Age of onset is ~57 yrs of age (maybe older)</td>
<td>Have “vascular history” (Eg., stroke, diabetes, MI, hypertension, high chol)</td>
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<tr>
<td><strong>Early Behaviors</strong></td>
<td>STM problems</td>
<td>Visual hallucinations (people or animals)</td>
<td>Typical Behaviors (may/may not have these depending on type of FTD)</td>
<td>Better overall Short Term Memory than in AD</td>
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<td></td>
<td>Word finding issues</td>
<td>Parkinsonism (gait disturbances thus, prone to falls)</td>
<td>Have better memory recall and cued recall than AD</td>
<td>Depression</td>
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<tr>
<td></td>
<td>Visuospatial issues</td>
<td>Fluctuation of alertness/attention and functioning</td>
<td>Disinhibition may be evident</td>
<td>Mood swings</td>
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<td></td>
<td>Changes in IADLs</td>
<td>Have milder or same memory deficits as AD</td>
<td>Eating lots of sweets</td>
<td>Neurological signs (gait affected or physical probs)</td>
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<td>Decreased awareness of deficits</td>
<td></td>
<td>Self neglect</td>
<td>Fronto/executive decline</td>
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<td></td>
<td>Occasional irritability</td>
<td></td>
<td>Decreased speech (PPA)</td>
<td>Hallucinations</td>
</tr>
<tr>
<td></td>
<td>Personality &amp; social behavior not affected here</td>
<td></td>
<td></td>
<td>Delirium events</td>
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<td>Depressive symptoms (not necessarily)</td>
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</tbody>
</table>
### Elder Care In Hospital

**Comparing Dementias**

**Trish Bilski, Clinical Nurse Specialist, Veterans’ Services**

*Updated: November 22, 2017*

#### Alzheimer’s Disease (AD)
- Depression

#### Mid-Stage Behaviors
- Apraxia
- Indifference & Apathy
- Some irritability
- Pacing and restless hyperactivity
- Delusions
- Sleep disturbances

#### Dementia with Lewy Bodies (DLB)
- Have severe problems with visuospatial tasks
- Decreased frontal executive function
- Decreased verbal fluency
- Sensitive to antipsychotics (try to avoid use)

#### Frontotemporal Dementia (FTD)
- Poor abstract thinking
- Rude behavior
- Impulsive
- Apathy
- Lack sympathy for others
- Decreased executive functions
- Better visuospatial
- Irritability

#### Vascular Dementia (VD)
- Tend to be worse on visuospatial tasks than FTLD

- Are usually better in social skills, awareness, verbal fluency and abstract thinking than FTLD

#### Late-Stage Behaviors
- Disinhibited
- Wandering/pacing
- Gait problems
- Weight loss
- Aggression
- Long Term Memory affected
- Incontinent
- 24 hr care
- No longer recognizes family
- Seizures (17%)

- Delusions and hallucinations not common in FTLD
- Inappropriate sexual behavior/ comments
- Compulsive like behaviors
- Poor insight
- Repetitive behaviors

#### References: