

An Overview on Epidemiology of Dementia

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COMMENTARY

Dementia is a collection of symptoms that appear when the brain is impaired due to an injury or disease. The symptoms include gradual memory, cognitive, and behaviour deficits that have a detrimental impact on a person's capacity to function and carry out daily activities. Aside from memory loss and cognitive patterns disturbance, the most typical symptoms include emotional issues, linguistic difficulties, and a lack of drive. The symptoms can be defined as occurring in a stage-by-stage progression. The state of consciousness is unaffected. Dementia has a tremendous impact on the person with dementia, their caretakers, and their relationships in general. A change in a person's ordinary mental functioning and a larger cognitive deterioration than normal ageing are required for a diagnosis of dementia. Dementia can be caused by a variety of disorders and traumas to the brain, such as a stroke. Alzheimer's disease, a neurological ailment, is the most prevalent cause.

Consider two major categories of disease when thinking about dementia: those that are "neurodegenerative" (formerly dubbed "irreversible") and those that are "non-neurodegenerative." This heuristic is useful, although it is constrained by its simplicity. Patients with dementia, for example, can and often do have a number of disorders, both neurodegenerative (e.g., dementia with Lewy bodies) and non-neurodegenerative (e.g., cerebrovascular disease), all of which contribute to the impairment. Diseases can impair cognition without causing a decline in daily functioning, whether at the time of diagnosis or later. Mild neurocognitive disorder (according to the DSM-V) and Mild Cognitive Impairment are two terms used to describe these conditions.

Neurodegeneration causes the majority of dementia in the elderly.

Alzheimer's disease, dementia with Lewy bodies, vascular dementia, frontotemporal lobar degeneration, and Parkinson disease are some of the most common degenerative dementias among the elderly. Epidemiologic studies on dementia (particularly Alzheimer's disease) are now appearing in popular literature and the media, in addition to major medical journals. This is particularly true for risk and protective factor reports. Unfortunately, epidemiologic phrases and concepts are frequently abused in the popular press, and their consequences are frequently misread. Patients and their families who come across these papers might benefit from physicians who are familiar with the studies' findings as well as the underlying principles and methodology. From middle age to old age, Alzheimer's disease (AD) is the most common neurodegenerative dementia. Alzheimer's disease affects 5-6 percent of people aged 65 and up, and up to 30 percent of people over the age of 85. Around 5% of all Alzheimer's disease cases begin before the age of 65, a condition known as "early-onset." The disease usually starts with a gradual loss of memory, albeit in less common variations, behavioural, visuospatial, or language symptoms predominate. In Alzheimer's disease, the average survival time following onset of symptoms is 10-12 years.

Cerebrovascular disease, which can be caused by a variety of factors, is a prevalent cause of cognitive impairment. These various vascular causes might be grouped together under the umbrella term "vascular cognitive impairment." Vascular dementia is a type of cognitive impairment that results in a loss of autonomy in daily activities. Clinically obvious stroke or numerous strokes, tiny vessel ischemic illness (historically known as Binswanger disease), rare genetic diseases such as cerebral autosomal dominant arteriopathy with subcortical infarcts, and cerebral amyloid angiopathy are just a few of the etiologies.

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