POST STROKE DEMENTIA

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After suffering a cerebrovascular disease, the patients are confronted with a series of changes in psychological and social functioning. The term mild vascular cognitive impairment (MVCI) is used to describe decline in any cognitive domain(s) that occurs after cerebrovascular insult, irrespective of its nature (ischemic, hemorrhagic or multiple infarcts). According to the studies, more than 60% of patients suffer from MVCI in acute phase. The impairment continues and also deepens after six months after disease. In the acute phase it occurs in all areas of cognitive functioning (attention, memory, visio-spatial and executive functions), regardless of patient age and education. The localization and lateralization of cerebrovascular disease in part determine the nature of deficits. An early and extensive assessment of cognitive problems is critical, because the quality of life for patient with MVCI is greatly reduced in many areas of everyday functioning. Furthermore, after five years, almost half of the patients suffer irreversible cognitive damage, which is defined as post-stroke dementia or vascular dementia. The neuropsychological assessment provides precise and clear definition of cognitive, emotional and behavioral deficits. It also represents the basis for intensive cognitive rehabilitation, which is scientifically and evidence-based approach that prevents further loss of cognitive abilities. This paper systematically presents the neuropsychological aspects of MVCI and stresses the importance of the individually oriented cognitive rehabilitation. The main goal of the later is to improve general cognitive functioning of cerebrovascular patients, which in turn leads to better everyday functioning and reduces the probability of post-stroke dementia in older age.