

Clinical factors affecting post stroke dementia.

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Abstract

Dementia after a stroke occurs frequently, and dementia risk after a stroke is significantly higher. We still don't fully understand the stroke-related risk factors for dementia. In a sizable, clearly defined stroke cohort, we aimed to investigate clinical factors that contribute to post stroke dementia. The study group consisted of 337 of 486 consecutive patients, aged 55 to 85, who underwent a thorough neuropsychological test battery and MRI three months after having an ischemic stroke. This included structured medical, neurological, and laboratory evaluations; clinical mental status examinations; informant interviews; detailed histories of risk factors; and assessments of stroke type, localization, and syndrome. The DSM-III dementia definition was applied. Dementia after any stroke occurred 31.8% of the time, dementia related to stroke occurred 28.4% of the time, and dementia following a first stroke occurred 28.9% of the time. Patients with post stroke dementia tended to be older and less educated, and more frequently had a history of previous cerebrovascular disease and strokes, left hemisphere stroke, major dominant stroke syndrome, dysphasia, gait impairment, and urine incontinence. In addition, compared to non-demented stroke patients, the demented patients were more frequently current smokers, had lower arterial blood pressure readings, and more frequently experienced an orthostatic reaction.

Keywords: Dementia, DSM-III, Gait impairment, Lower arterial blood pressure, Orthostatic reaction.

Introduction

In addition, compared to non-demented stroke patients, the demented patients were more frequently current smokers, had lower arterial blood pressure readings, and more frequently experienced an orthostatic reaction. Dysphasia, major dominant stroke syndrome, a history of antecedent cerebrovascular disease, and poor educational level were found to be correlations of dementia in logistic regression analysis. When individuals with dysphasia were removed, major dominant syndrome and poor educational level emerged as the correlations [1]. Our findings imply that various factors, such as stroke characteristics, host characteristics, and prior cerebrovascular disease, each independently contribute to the probability of poststroke dementia. Compared to what was previously anticipated, both VD and poststroke dementia are more common, and a stroke greatly raises the chance of dementia. We still don't fully understand the stroke-related risk factors for dementia.

In previous stroke cohorts and follow-up studies, poststroke dementia has been linked to various combinations of risk variables and stroke symptoms in addition to age and poor educational attainment. Studies on the risk factors for VD

have also shown mixed results [2]. There is significant disagreement over the causes of post-stroke dementia. Examining the factors that raise the risk of dementia in patients with confirmed ischemic stroke is one way to better understand the processes of dementia from CVD. The purpose of this study was to discover the clinical characteristics that separate demented from nondemented people in a sizable well-defined stroke cohort using cross-sectional data. The subjects underwent a structured clinical and neurological examination by board-certified neurologists, as well as a structured clinical and neurological examination based on a review of all available hospital charts, an interview with the subject and a knowledgeable informant, and a structured medical and neurological history [3].

A prominent neurologist also reviewed each of the instances. Similar to the approach adopted by the Memory Research Unit, Department of Neurology, University of Helsinki, and the National Stroke Data Bank, the neurological examination concentrated on factors and characteristics associated with dementia and stroke. Haemoglobin, haematocrit, white blood cell count, thrombocytes, salt, potassium, liver function tests, calcium, total and HDL cholesterol, triglycerides, vitamin

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B12, erythrocyte folate, thyroid function tests, fasting blood glucose, and creatinine were among the laboratory examinations [4]. As previously mentioned, a history of the major vascular risk factors was acquired. According to the TOAST criteria, ischemic stroke types were divided into four categories: stroke with an unknown origin, cardio embolism, large-artery arteriosclerosis, and small-vessel occlusion. The stroke's location was classified as anterior, posterior, and anteroposterior as well as right hemisphere, left hemispheric, and bilateral. In order to explore cross-sectional characteristics associated with dementia risk, we present here the largest well-defined stroke cohort to date [5].

Conclusion

In comparison to stroke patients who did not develop post-stroke dementia, patients with post-stroke dementia were more frequently older, less educated, and more likely to have a history of prior CVD and stroke, current smoking, cardiac failure, left hemispheric stroke, a major dominant stroke syndrome, dysphasia, gait impairment, urinary incontinence, lower arterial blood pressure values, and more likely to experience an orthostatic reaction. In a logistic regression analysis, dysphasia, major dominant stroke syndrome, a history of prior cardiovascular disease, and a poor level of education were found to be correlations with dementia. The order of correlations remained the same once patients with CVD+AD or recurrent stroke were eliminated. The correlations were

major dominant syndrome and education when the dysphasia patients were removed from the logistic model. In our study, having dysphasia during the clinical examination was linked to dementia overall, in people with dementia brought on by a stroke, and in people who had their first stroke. After attempting to test everyone and only including those who could be examined, we had omitted patients with severe aphasia from the series, as recommended by recent guidelines.

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