In this issue, Dr. Inge Loy-English and Dr. Howard Feldman herald the beginning of a “new era” in vascular dementia (VaD), as evidence grows that it might be preventable (e.g., by treating high blood pressure1,2) or treatable with cholinesterase inhibitors (ChEIs).3,4 At the same time, however, as the entity comes under closer scientific scrutiny, questions are being raised and some closely held beliefs are being questioned.

One closely held belief that has started to wither is that multi-infarct dementia is the second most common cause of dementia, after Alzheimer’s disease (AD). Instead, it appears that much of the dementia seen in the setting of cerebrovascular disease is not due to multiple large strokes, but to subcortical ischemia and lacunar infarction.5,6 Moreover, it is now widely appreciated that the classic dementia criteria are modeled on the dementia of AD.7 Therefore, these criteria exclude people who have important and even progressive cognitive and functional impairment, but who do not conform to the AD model of dementia.8 In consequence, there have been many calls for the development of criteria for what is increasingly known as “vascular cognitive impairment.”9,8 However, at present, regulatory authorities are still debating the criteria and there are no drugs specifically approved for VaD.

Although it is not yet clear how to interpret the recent findings about the ChEIs donepezil and galantamine in probable vascular dementia and Alzheimer’s disease combined with cerebrovascular disease: a randomised trial. Lancet 2002; 359:1283-90.

References:

1. PROGRESS Collaborative Group. Randomised trial of a perindopril-based blood-pressure-lowering regimen among 6,105 individuals with previous stroke or transient ischaemic attack. Lancet 2001; 358:1033-41.