



Book Supplement

Diagnostic Criteria for Vascular Dementia

Probable vascular dementia is defined by:

Dementia

Evidence of 2 or more ischemic strokes by history, neurologic signs, and/or neuroimaging (CT or T₁ - weighted MRI)

Or the occurrence of a single stroke with a clearly documented temporal relationship with the onset of dementia

Evidence of at least one infarct outside of the cerebellum by neuroimaging

The diagnosis of Probable vascular dementia is supported by the presence of:

Multiple infarcts in regions known to affect cognition

History of multiple transient ischemic attacks

History of vascular risk factors

Elevated Hachinski Ischemia Scale

Clinical features still under investigation but thought to be associated with vascular dementia include:

Early appearance of gait disturbance or urinary incontinence

T₂-weighted MRI periventricular and deep white matter changes excessive for age

Focal abnormalities on EEG or functional neuroimaging

The diagnosis of vascular dementia is unlikely when there is:

Transcortical sensory aphasia in the absence of corresponding focal lesions on neuroimaging

The absence of neurologic signs or symptoms besides the cognitive problems

Possible vascular dementia is defined by:

Dementia

History or evidence of a single ischemic stroke without a clearly documented temporal relationship with the onset of dementia

Or Binswanger's syndrome with unexplained urinary incontinence or gait disturbance, vascular risk factors, and extensive white matter changes on neuroimaging

Definite vascular dementia is defined by:

Histopathologic evidence of multiple ischemic infarctions, some outside of the cerebellum

Dementia

Histopathologic evidence of multiple ischemic infarctions, some outside of the cerebellum

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