

Introduction to the Dementia Issue

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With our increasingly aged population, the enormous problem of dementia demands a much greater degree of investment than it has received. Brown University has recently opened its Center for Alzheimer's Disease, which works closely with other neurology research centers at the university, and the University of Rhode Island has its own neurological research center as well, The Ryan Institute for Neuroscience. Despite years of intense research and billions of dollars, we have barely scratched the surface of what needs to be known. In Alzheimer's disease (AD), for the first time, there is hope that new drugs may arrest or slow progression. We are unsure how close we are to this point in the other disorders addressed herein.

This issue of the *Rhode Island Medical Journal* contains articles on AD, the most common cause of dementia in wealthy countries, in **The Alzheimer's Disease Continuum – A New Diagnostic Approach** by **JONATHAN DRAKE, MD; SCOTT WARREN, MD, PhD; CHUANG-KUO WU, MD, PHD**. The Lewy body dementias, the second most common neurodegenerative causes, are presented in **Dementia with Lewy Bodies and the Lewy Body Dementias: 2/1** by this guest editor, and the frontotemporal dementias (FTDs) are reviewed in **The Diagnostic Landscape of Behavioral Variant Frontotemporal Dementia** by **MEGAN S. BARKER, PhD; MASOOD MANOOCHERI, BA; EDWARD D. HUEY, MD**. While the FTDs are a relatively rare cause, they are of extreme importance for our understanding of all of these neurodegenerative disorders, because these disorders involve tau protein, particularly in AD and FTD, often in dementia with Lewy bodies, Parkinson's disease, and the rare disorders, progressive supranuclear palsy and cortico-basal degeneration syndromes. They may hold the key to major advances. Monoclonal antibody treatments directed against Alzheimer-related amyloid protein are discussed.

Cerebrovascular disease, a frequent cause for dementia and a frequent contributor to the declines seen with the primary brain disorders, is not addressed here, although these patients are treated at the memory clinics as well as by neurovascular specialists.

The issue also contains a review of neuropsychological testing in **Neuropsychology in Aging: Best Practices for Cognitive Screening, When to Refer, and What to Expect From a Comprehensive Evaluation** by **SARAH PRIETO, PhD; LOUISA THOMPSON, PhD**. This type of testing is often an important tool in identifying a problem in its earliest stages, as well as helping to classify the disorder when other clinical signs are ambiguous.

Finally, the article, **From Acute Confusion to Chronic Decline: The Cognitive Impact of Delirium in Older Adults** by **FATIMAH HAMEED, MD, MSc; VICTORIA SANBORN, PhD; CAROLINE NESTER, PhD; LORI A. DAIELLO, PharmD, ScM**, reviews delirium, perhaps even more perplexing and challenging than the neurodegenerative disorders, since we lack any pathological starting point, and the clinical data is impossibly varied, making oversimplification unavoidable.

The contributions are all clinically focused, written by members of the Memory and Aging groups at Brown University Health and Butler Hospital. We are fortunate to have their expertise to treat our patients now and help forge a brighter future.

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