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VASCULAR DEMENTIA - CLINICAL CASE

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Introduction: Vascular Dementia (VD) is the second most frequent cause of dementia (20-30% of cases) with a similar percentage associated with Alzheimer's disease (AD). Due to increased prevalence, its early diagnosis is of particular importance for prevention and correction of risk factors.

Clinical case: An 82-year-old Caucasian woman has been taken to the emergency department by her husband, presenting changes in behaviour defined by aggressiveness, delusional and paranoid ideation with 1M of progression. She had also suffered cognitive impairment (memory deficits, prosopagnosia, disorientation) and some functional decline. She also experienced isolation and reduced communication, anxiety, almost total insomnia, emotional lability, slurred speech, slowed gait and urinary incontinence.

Discussion: This elderly patient with multiple medical comorbidities (HTA, DM, chronic AF hypocoagulated, MI, Cranioencephalic trauma with a stroke episode) was admitted to the Department of Psychiatry and investigated with auxiliary diagnostic tests and neuroimaging. We found ischemic injury and haemorrhagic sequelae in the latter and in the neuropsychological assessment cognitive deficits were found (executive function, attentional, semantic memory and visuospatial). Due to this findings and the rapid evolution of symptoms, the diagnosis was Cortical and Subcortical VD.

The patient was treated with a minor anxiolytic, a hypnotic inducer and an antidemential, with improvement, after one week, of her emotional lability, behavioural symptoms and remission of delusional ideation. At discharge, she maintained slow gait, urinary incontinence, as well as attentional, mnesic and executive deficits, and she was partially oriented, in spite of anosognosia.

She was transferred to geriatrics and to a day center.