

Correspondence

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ATHEROMA, INFARCTION AND DEMENTIA: NEED FOR A NEW NAME?

DEAR SIR,

Wright & Whalley (1984) have commented that atherosclerosis of the cerebral vasculature is a variable feature in multi-infarct dementia and often appears to be insufficient to explain the observed degree of cerebral infarction and dementia.

We report 6 patients with "vascular" dementia (VD) diagnosed according to the Ischaemia Score (Hachinski *et al.*, 1975) and 23 patients with cerebrovascular disease (CVD), 10 of whom had mild cognitive impairment not amounting to dementia. On computerised tomography, 3 of the 6 patients with VD had multiple lacunar infarction but no large, non-lacunar, hemispheric infarction. Thirteen of the 23 CVD patients had sizeable, non-lacunar hemispheric infarction but none had multiple lacunar infarction.

In terms of *quantity* of overall infarction, the CVD group could be deemed to be the more seriously afflicted but the cognitive impairment, when present, was non-specific and relatively mild. This would suggest that non-lacunar infarction by itself, especially when it is confined to one hemisphere, is not sufficient for dementia or even serious cognitive deficit. It also emphasises the important association of multiple lacunar infarction with cognitive dysfunction amounting to dementia. It has been shown (Ladurner *et al.*, 1982) that bilateral infarction, especially in the thalamic region, distinguishes between demented and non-demented patients with CVD.

When the CVD group was considered in terms of carotid artery disease, bilateral disease on angiography was comparable in those with and without cognitive dysfunction, but patients with non-lacunar hemispheric infarction showed significantly greater cognitive impairment.

These results confirm that the *type* of infarction and its bilateral location are important in relation to dementia associated with CVD; that cognitive dysfunction is related to infarction rather than the extent of arterial disease; and support the conten-

tion that the relationship between dementia, overall infarction and arterial disease is a rather tenuous one.

The unsatisfactory nature of the nomenclature is also pinpointed. As dementia and even lesser forms of cognitive dysfunction seem related to cerebral lesions rather than arterial disease, terms like "arteriosclerotic" or "vascular" dementia would seem to be not quite appropriate. On the other hand, multiple lacunes are not always demonstrable. Therefore, there would appear to be a need for a new nomenclature and classification for this group of dementia, and one that would reflect its heterogeneous nature as well.

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LANGUAGE IN DEMENTIA

DEAR SIR,

Recent articles have used data on language disorders in senile dementia to hypothesise on the nature of the underlying deficit (Davis *et al.*, *Journal*, April 1984, 144, 383–386) or improve diagnostic acuity (Skelton-Robinson *et al.*, *Journal*, August 1984, 145, 168–171). Many specialised journals pursue these topics with little attention to some of the pitfalls accompanying word recognition tests. A