UNDERSTANDING YOUR DIAGNOSIS

Vascular Dementia

Also called Major or Mild Neurocognitive Disorder Due to Vascular Disease

Thinking changes caused by blood vessel damage in the brain. Treating blood pressure and other risks protects your brain.

HOW COMMON	OFTEN STARTS	TREATABLE	YOU ARE NOT ALONE
About 1 in 5 dementia cases	After 65; sooner post-stroke	Yes - risks can be treated	The 2nd most common type

What this is

- This means damage to the blood vessels in your brain has changed how quickly and how clearly you think.
- There is a milder form and a more advanced form. With the milder one you still run your own daily life.
- It usually shows up first as slowness and disorganization, rather than the forgetfulness most people expect.
- This sheet is for you and your care partner. The plan works best when you both know it and share the work.

What it can look and feel like

- Thinking feels slower. You get there, and you get there correctly, but it takes longer than it used to.
- Planning, organizing, and switching between tasks get harder, so a busy day can feel scrambled.
- Memory often works better with a hint. If someone gives you a cue, the answer usually comes back to you.
- Walking may change: smaller steps, unsteadiness, more falls, and a sudden urgent need for the bathroom.
- Changes can arrive in steps, with a drop after a stroke and a flat stretch after it, rather than a slow slide.
- Crying or laughing may come out of nowhere and not match how you feel. That is a brain symptom, and it is treatable.
- You may lose drive rather than interest. Care partners often read this as laziness, and it truly is not.

What is happening in your brain and body

- Strokes, both large ones and tiny silent ones, kill small patches of brain tissue and cut the wiring between areas.
- The wiring joining the front of the brain to the deeper parts takes the biggest hit, which is why planning slows.
- Brain scans show this damage as bright patches and small holes in the white matter deep inside the brain.
- High blood pressure, diabetes, high cholesterol, smoking, sleep apnea, and an irregular heartbeat drive the damage.
- Many people have both this and Alzheimer's changes at the same time, especially when it begins after age 80.

What can make it more likely

- High blood pressure is the single biggest cause, and years of it damage vessels quietly before anything shows.
- Diabetes, high cholesterol, smoking, and sitting still each add to the damage, and each one can be treated.
- An irregular heartbeat called atrial fibrillation can throw clots to the brain, and blood thinners prevent that.
- A rare inherited form starts before 60 and runs in families with migraine. Ask about testing if that fits you.

What to expect

- The course is often stepwise: steady stretches, then a drop after a stroke. Those steady stretches can last years.
- Treating blood pressure and the other risks is the most powerful tool you have. It works to prevent the next drop.
- Low mood after a stroke affects about **1 in 3** people, and it responds well to treatment. Do not wait it out.
- Rehab after a stroke keeps paying off for months afterward. The gains are real and they are worth the work.

What helps

Treatment works. Most people get better.

Talking therapies

- **Cognitive rehabilitation** aimed at attention and planning fits this pattern much better than memory drills do.
- **Behavioral activation** and problem-solving therapy treat low mood and lost drive, with good evidence after stroke.
- **Care partner education** reframes lost drive as a brain injury rather than a choice, which cuts arguments at home.
- **Talk therapy** works well when it is adapted: shorter sessions, a slower pace, and written notes to take home.
- Occupational, physical, and speech therapy after a stroke bring back real function over the months that follow.

Medicines

- Preventing the next stroke is the main treatment: **blood pressure medicines**, statins, and blood thinners.
- A blood pressure goal near **130/80** protects thinking, because steadier pressure means fewer new brain injuries.
- **Alzheimer's memory medicines** help only a little here, though they are reasonable if both conditions are present.
- Treat low mood after a stroke with an **antidepressant** such as sertraline. Your prescriber sets every dose.
- Crying or laughing that you cannot control has an approved medicine that works fast. Ask if this is happening.

Everyday things that help

- Quit smoking, and get blood pressure, blood sugar, and cholesterol in range. This is the treatment, not a side note.
- Walk or move most days. Exercise improves both planning and walking, and it cuts the risk of a bad fall.
- Ask to be checked for sleep apnea. Treating it protects the heart, the brain, and daytime alertness all at once.
- Care partners: give extra time to answer. Rushing makes thinking look far worse than it actually is.
- Sort out driving, falls, home safety, and care wishes early, while the two of you can still decide together.

Get help right away if

- Sudden weakness, a drooping face, slurred speech, or vision loss means stroke. Call 911 right away.
- If you or your care partner think about ending life, call or text **988** now, or go to the emergency room.
- Call the same day for a sudden drop in alertness, new confusion, or any fall with a bump to the head.

Questions to ask your care team

- *What are my blood pressure and cholesterol targets, and am I hitting them?*
- *Have I had strokes I did not know about, and what does that change?*
- *Is my low mood or lost drive treatable, and what would you start with?*
- *What rehab and care partner support are available for us near home?*

Where this information comes from

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NOTE

Sources are listed in APA 7th edition style. This handout is general health information, not medical advice, and it does not replace talking with your own doctor, therapist, or prescriber. Medicine choices and doses are decided with your prescriber. If you are in danger or thinking about hurting yourself, call or text 988 in the United States, or go to your nearest emergency room.