Senile dementias. Ed A. Agnoli *et al.* © John Libbey Eurotext, Paris, 1988.

Terminology in dementia

F. Gerstenbrand, G. Birbamer, J. Rainer

Univ.-Klinik für Neurologie, Anichstraße 35, A-6020 Innsbruck, Austria

Summary

The postulate for reaching a proper diagnosis and for the evaluation of the severity of the underlying brain damage as well as of the prognosis, is the exact discrimination of the symptomatology. Besides of that it is therefore necessary to make a distinction between the organic dementia and those neuropsychiatric syndromes which might show spontaneous remission. The distinctly by E. B l e u l e r ecquired and by M. B l e u l e r consecutively and critically reviewed discrimination of the symptomatology has been used for this classification and terminology.

Key words: Organic dementia - diffuse and local organic brain syndrome - frontobasal syndrome - frontokonvex syndrome - temporobasal syndromes - amnestic syndrome

Introduction

As an increasing proportion of the population becomes more than 65 years old (about 11 per cent in the USA and 14 per cent in Japan and some Western European countries) the incidence of dementia is likewise increasing. Approximately 5 per cent of the people aged 65 and above, show some degree of dementia. Within the group of the 80 years old this figure rises up to 20 per cent (C h r i s t i e, 1987). Therefore dementia has become an important social problem and a lot of research has been done on this topic.

Difficulties arise in classifying the different types of dementia and to reach a clear terminology to differentiate the demential syndrome as a sequel of

diffuse brain damage or multilocular lesions in differentiation to the syndromes with neuropsychiatric symptoms caused by transient disturbances of the brain due to intoxication or metabolic disorders with a symptomatology similar to dementia. In the German literature transient brain disorders have been termed by E. B l e u l e r (1916) as a diffuse brain syndrome (Diffuses organisches Psychosyndrom). Apart from the diffuse brain syndrome with disturbances of the higher and highest brain functions, E. B l e u l e r discriminated the local brain syndrome (lokales organisches Psychosyndrom) which appears as a diffuse disorder of the frontal brain and the temporal lobe mainly with neuropsychiatric symptoms. The diffuse as well as the local organic brain syndrome is consistent with the transitional syndrome (Durchgangssyndrom) introduced by W I E C K (1964).

E. B l e u l e r (1916) in his historical paper defined dementia as the worst form of an organic brain syndrome with impairment of intellectual functions, of emotion and personality. According to him the course of this disorder is a progressive one with a poor or no remission at all. Within the organic dementia E. B l e u l e r differentiated the diffuse organic brain syndrome, the amnestic organic brain syndrome and the local organic brain syndrome.

L i s h m a n n (1980) defined dementia as an acquired global impairment of intellectual function, an impairment of memory and personality w i t h o u t disturbance of consciousness, as a syndrome or a pathologic entity. C u m m i n g s (1980) defined dementia as an acquired persistent impairment of intellectual function which comprises at least three of the following spheres of mental activity: language, memory, visuospatial skills, emotion, personality and cognition (abstraction, calculation, judgement etc.). S t r u b and B l a c k (1981) described dementia as a progressive loss of intellectual and adaptive abilities which does not necessarily entail social disintigration. The impairment of cognitive functions is not necessarily global and can be related to certain areas.

According to the Diagnostic and Statistical Manual of Mental Disorders (DSM III, 1980) dementia is defined as a loss of intellectual ability with resulting occupational and social handicaps, memory impairment with one or more of the following: impaired thinking, impaired judgement, aphasia, apraxia, agnosia, constructional difficulties, personality changes, unclouded consciousness. Related organic causes can not be detected but any organic mental illness must be excluded.

It should be tried to clarify the terminology concerning the organic dementia in discriminating the different forms of the organic brain syndromes based on the clear definition by E. B l e u l e r (1916) and later by M. B l e u l e r (1967) as it is presented in the following.

Classification and Terminology

Three different forms of brain syndromes have to be differentiated, the organic dementia (o.d.) as a progressive form and a static one, the diffuse organic brain syndrome (d.o.b.s.) and the local organic brain syndrome (l.o.b.s.). The latter one in subdivided into the frontobasal syndrome, the frontokonvex syndrome, the temporobasal syndrome, and the amnestic syndrome.

Table 1: Different forms of organic brain syndromes

1. Organic dementia (o.d.)
   1.1. Progressive form
   1.2. Static form
2. Diffuse organic brain syndrome (d.o.b.s.)
3. Local organic brain syndrome (l.o.b.s.)
   3.1. Frontobasal syndrome
   3.2. Frontokonvex syndrome
   3.3. Temporobasal syndrome
   3.4. Amnestic syndrome

1. The Organic Dementia (O.D.) is defined as a mental disorder resulting from an irreversible diffuse brain damage with two different forms, the progressive and the static one. The clinical symptoms of organic dementia consists of a more or less marked disturbance of highest and higher functions, showing a rarefication and simplification of all psychic reactions with memory impairment (especially concerning the short-term-memory), disorientation of location and time, disturbance of judgement and apprehension, also disturbances of control of affection, emotion and instinct, flattening of the mood, and in addition impairment of speech, calculation, reading, writing, constructional abilities, partial apraxia and agnosia. The course maybe either stationary or leads into a progressive deterioration.

2. The Diffuse Organic Brain Syndrome (D.O.B.s.) is characterized by mental disorders which are a sequel of a reversible brain disease (inflammatory, vascular, metabolic, toxic etc.). The clinical picture is similar to the one of the organic dementia, but mostly with less marked symptoms. Nevertheless,

the course differs: it might present as a reversible one with a complete remission, a partially reversible one with a defective state showing symptoms of an organic dementia, or a partially reversible but with a defective state, maybe later on developing into a progredient organic dementia.

3. The Local Organic Brain Syndrome (L.O.B.S.) shows mental disorders as a sequel of cerebral damage
of the frontal lobe, 3.1. frontobasal syndrome
3.2. frontokonvex syndrome
of the temporal lobe, 3.3. temporobasal syndrome
3.4. amnestic syndrome

The course of the local organic brain syndrome maybe reversible with a complete remission, partially reversible, but leading into a defective state with symptoms of frontal or temporal lobe lesion, partially reversible but with a later onset of a progressive course leading into a defective state.

3.1. The frontobasal syndrome has first been described by K r e t s c h m e r (1949) and occassionally has been termed the "orbital syndrome". The mental symptoms show an increase of drive, loss of emotional control, tendency for motoric overactivity, diminuition of cognitive functions and overreaction to fright. Moreover, a frequent occurrence of primitive motor patterns such as oral automatism and grasping-reflexes maybe observed. In addition to these symptoms vegetative disturbances are found such as a tendency to vascular hypertonia as well as disturbances of the circadian rhythm. This syndrome can aetiological be linked with a lesion of the frontobasal structures mainly caused by traumata.

3.2. The frontokonvex syndrome (G e r s t e n b r a n d, 1967; S c h m i e d e r, 1968) is characterized by a lack of drive (apathy, reduction of activity), a decrease of emotional response, an inhibition of instincts and an impairment of cognitive functions. Primitive motor patterns such as grasping-reflexes and less often oral automatism are observed. This condition is due to a lesion of the convexity of the frontal lobe as well as the related structures and is mainly posttraumatic.

3.3. The temporobasal syndrome which has been differentiated by G e r s t e n - b r a n d (1974) corresponds to the p s e u d o p s y c h o p a t h i c s y n d r o m e, described by P e t e r s (1969), consists of an increase of drive (but lessens after a short period), euphoria, distractibility, reduced reaction to fright, a decrease of emotional response, hypersexuality,

disturbances of social adjustment and primitive oral motoric patterns, vegetative dysregulations. In some cases temporal seizures maybe observed. Lesions of the temporal lobe, mostly as a sequel of inflammatory or traumatic damage are the aetiological causes of this clinical picture.

3.4. The amnestic brain syndrome also termed as dysmnestic syndrome by E. B l e u l e r (1916) mainly shows a disturbance of the memory, intellectual perception, orientation (location and time), impairment of thinking, affection with different accents. Primitive motoric bilaterally in the temporokonvex region, mostly caused by intoxications (alcohol, poisons, metals etc.) and metabolic as well as by vascular disorders.

References

American Psychiatric Association (1980): Diagnostic and Statistical Manual of Mental Disorders, third Edition (dt) 119 - 120

Bleuler, E. (1916): Lehrbuch der Psychiatrie, 14. Auflage: Bleuler, M. 1979 Springer Verlag

Christie, J.E. (1987): Clinical Relevance. Basic and Clinical Aspects of Neuroscience, Vol. 2., 47 - 54, Edited by Flückinger E. Springer Verlag

Cummings, I.L. et al (1980): Reversible dementia. J.A.M.A. 243, 2434 - 2439

Gerstenbrand, F. (1967): Das traumatische apallische Syndrom, Springer Edition. Wien - New York

Kretschmer, E. (1949): Das Orbitalhirn- und Zwischenhirnsyndrom nach Schädelbasisfraktur. Arch. Psychiat. Nervenkr. 182, 454 - 579

Lishmann, W.A. (1980): Organic Psychiatry London, Blackwell Scientific Publications.

Peters, U.H. (1969): Das pseudopsychopathische Affektsyndrom der Temporallappenepileptiker. Nervenarzt 72, 75 - 82

Schmieder, F. (1968): Psychiatrische Rehabilitation traumatischer Hirnschäden. Wien.Med.Wschr. 38, 779 - 782

Strub, R.L., Black, F.W. (1981): Organic brain syndromes: an introduction to neurobehavioral disorders. Philadelphia: Davis F.A.

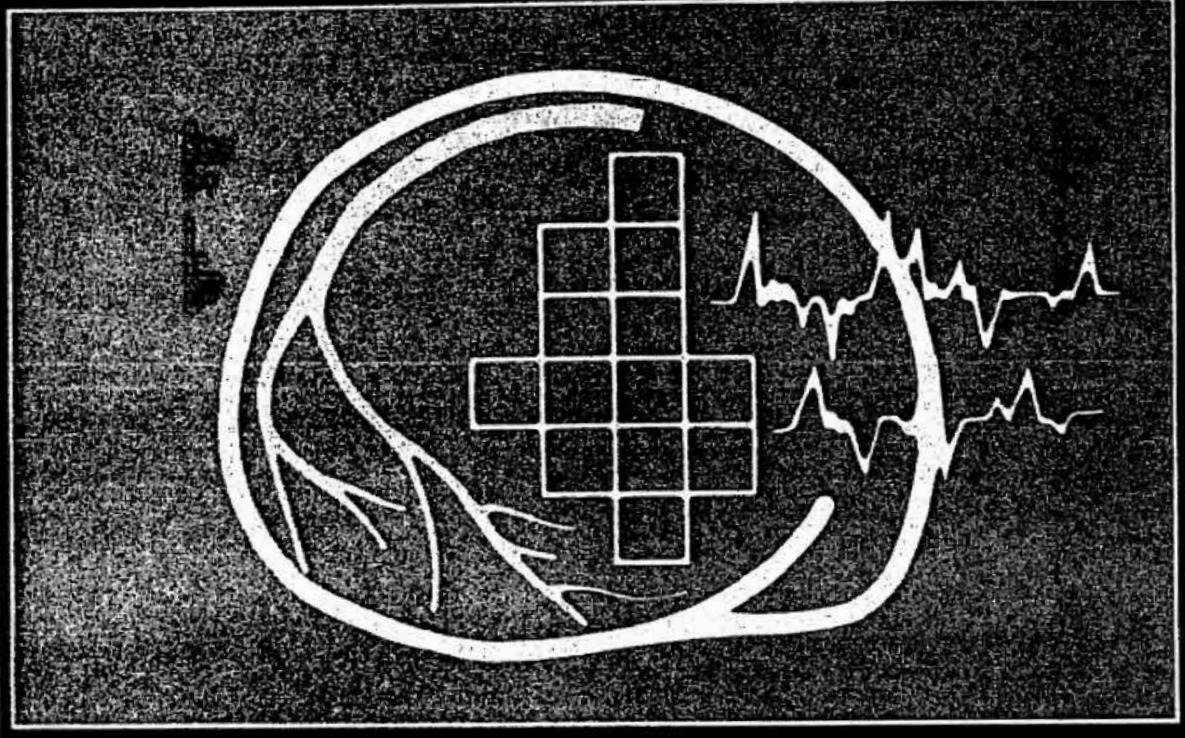
Wieck, H.H. und K. Stäcker (1964): Zur Dynamik des "amnestischen" Durchgangssyndroms. Arch. Psychiat. 205, 479 - 512

NUMBER 2

Senile Dementias

Current Problems in

SENILE DEMENTIAS



Problèmes actuels en

DEMENCES SENILES

A. Agnoli, J. Cahn, N. Lassen, R. Mayeux

JL John Libbey
EUROTEXT
LONDON · PARIS