台南市立醫院(委託秀傳醫療社團法人經營)
107年度「失智照護服務計畫」年輕型失智症專業人員訓練課程

年輕型失智症的診斷與治療

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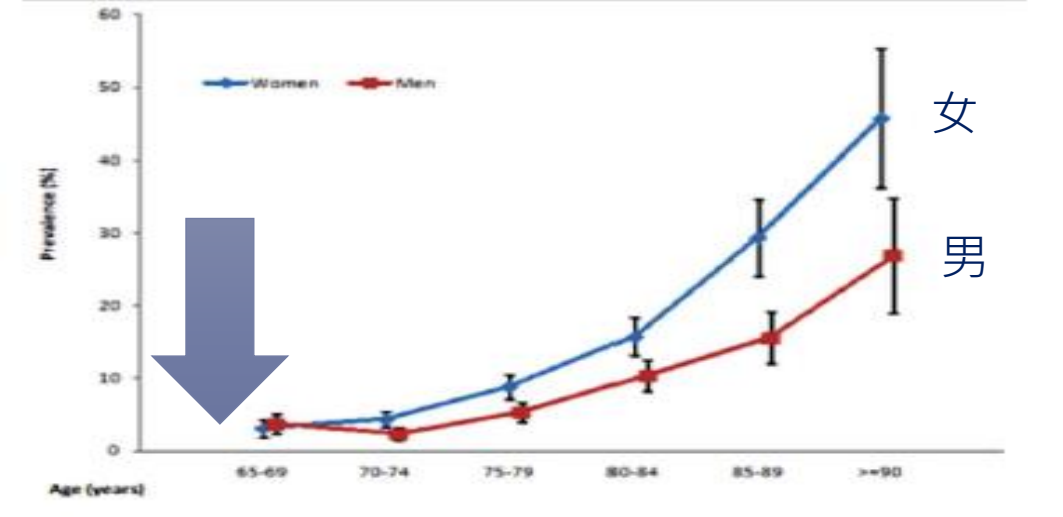
2018 9/8 (六) 10:20-11:50

嘉南藥理大學二樓國際會議廳

年輕型失智症

盛行率(百人



老年性失智症

- 女多於男
- 年齡愈大愈容易發生

- 定義：65歲之前出現失智症狀
- 相對於老年性(晚發性)失智症

PLoS One. 2014 Jun 18;9(6):e100303

失智症盛行率

(TADA流行病學研究報告 - 2013)

		輕度知能障礙 (MCI)		極輕度失智症 (CDR=0.5)		輕度以上失智症 (CDR ≧1)		失智症	
Age	實際老人人口數*	抽樣樣本五歲分齡盛行率(%)	依盛行率推算出的MCI人口	抽樣樣本五歲分齡盛行率(%)	依盛行率推算出的人口	抽樣樣本五歲分齡盛行率(%)	依盛行率推算出的 人口	抽樣樣本五歲分齡盛行率(%)	依盛行率推算的總失智人口
65-69	747480	13.92	104049	1.89	14127	1.51	11287	3.40	25414
70-74	682956	16.43	112210	1.73	11815	1.73	11815	3.46	23630
75-79	509783	21.95	111897	3.27	16670	3.92	19983	7.19	36653
80-84	378576	23.47	88852	4.65	17604	8.38	31725	13.03	49328
85-89	198883	26.24	52187	7.56	15036	14.36	28560	21.92	43595
≧90	82474	22.6	18639	11.17	9212	25.71	21204	36.88	30416
Total	2,600,152	19.63	487834	3.51	84464	5.40	124574	8.91	209038
年齡標準化盛行率(%)			18.76		3.25		4.79		8.04

PLoS One. 2014 Jun 18;9(6):e100303

年輕型失智症的盛行率

Table 1 Age and gender specific prevalence rates in the study population 盛行率 ：每10萬人口

Population 年齡層			All causes of dementia								
			All			Male 男			Female 女		
Age range	Male (n)	Female (n)	n	Rate*	95% CI	n	Rate	95% CI	n	Rate	95% CI
30–34	23898	23375	6	12.7	(4.7 to 26.7)‡	3	12.6	(2.6 to 36.7)	3	12.8	(2.7 to 37.5)
35–39	18526	19106	3	8.0	(1.6 to 23.3)	1	5.4	(0.1 to 30.1)	2	10.5	(1.3 to 37.8)
40–44	18982	19643	6	15.5	(5.7 to 33.8)	1	5.3	(0.1 to 29.4)	5	25.5	(8.3 to 59.4)
45–49	16549	16799	11	33.0	(16.5 to 59.0)	6	36.3	(13.3 to 78.9)	5	29.8	(9.7 to 69.5)
50–54	15185	15237	19	62.5	(37.6 to 97.5)	10	65.9	(31.6 to 121)	9	59.1	(27 to 112)
55–59	13983	13626	42	152.1	(110 to 206)	28	200.2	(133 to 289)	14	102.7	(56.2 to 172)
60–64	12716	13141	43	166.3	(120 to 224)	26	204.5	(134 to 300)	17	129.4	(75.4 to 207)
30–64	119839	120927	130	54.0	(45.1 to 64.1)	75	62.6	(49.2 to 78.4)	55	45.5	(34.3 to 59.2)
45–64	58433	58803	115	98.1	(81.1 to 118)	70	119.8	(93.4 to 151.0)	45	76.5	(55.8 to 102)

R J Harvey et al. J Neurol Neurosurg Psychiatry 2003;74:1206 – 1209

年輕型失智症的發生率

Table 1 Age- and sex-specific incidence rates of early-onset dementia in Girona

發生率 ：每10萬人口

年齡層 Age range, y	Population		All			Male 男			Female 女		
	Prevalent cases[a]	Population at risk (2007-2008)	Incident cases	Rate[b]	95% CI	Incident cases	Rate[b]	95% CI	Incident cases	Rate[b]	95% CI
30-34	25	199,475	1	0.5	0.01-2.7	1	0.9	0.02-5.2	0	0.0	0.00-3.9[c]
35-39	15	184,731	2	1.1	0.1-3.9	2	2.0	0.02-7.2	0	0.0	0.00-4.3[c]
40-44	27	172,920	5	2.9	0.9-6.7	2	2.2	0.02-7.9	3	3.7	0.07-10.7
45-49	52	156,749	8	5.1	2.2-10.1	5	6.1	2.0-14.3	3	4.0	0.08-11.6
50-54	84	135,051	20	14.8	9.1-22.9	11	15.9	7.9-28.4	9	13.7	6.3-25.9
55-59	181	118,700	38	32.0	22.7-43.9	15	25.0	13.9-41.2	23	39.2	24.8-58.8
60-64	172	103,433	70	67.7	52.8-85.5	37	71.6	50.4-98.7	33	63.8	43.9-89.6
Total	556	1,071,059	144	13.4	11.3-15.8	73	13.0	10.2-16.4	71	13.9	10.8-17.5

J. Garre-Olmo et al. (ReDeGi Study Group) Neurology 2010

年輕型失智症流行病學研究

在小於65歲的的年齡層人口，年輕型失智症的

- 盛行率-每10萬人口約有~100的個案 (< 0.1%)
  - 日本 : 42/10萬人 (Ikejima, 2009)
  - 英國 : 54/10萬人 (Harvy, 2003)
- 發生率-每10萬人口每年約8~23的新個案發生
  - 德國 : 8/10萬人 (Bickel, 2006)
  - 英國 : 12/10萬人 (Mercy, 2008)
  - 西班牙: 22/10萬人 (Garre-Olmo, 2010)

台灣並無相關研究報告

Lancet Neurol. 2010 August ; 9(8): 793–806
Clinical Practice & Epidemiology in Mental Health, 2013, 9, 88-95

年輕型失智症流行病學研究

- 早發性失智症發生率與盛行率都遠低於老年性失智症
  - @ 1 : 100
  - @ 弱勢（數）族群
- 早發性失智症如同老年性失智症年齡愈大愈容易發生
- 男女比例接近

年輕型失智症的病因

阿茲海默症

血管失智症

腦傷性失智症

酒精性失智症

亨廷頓氏症

額顳葉失智症

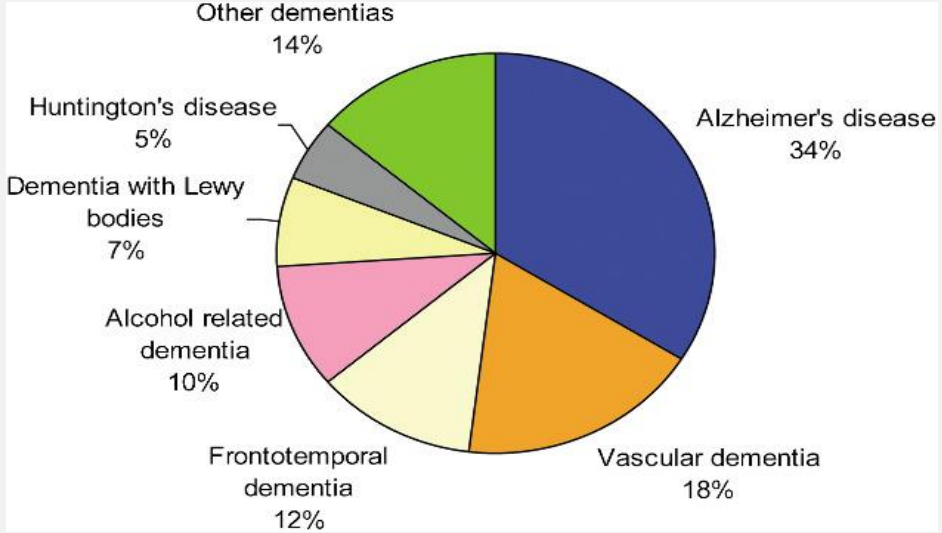
巴金森失智症

路易體失智症

Clinical diagnosis	EOD patients, n (%)	LOD patients, n (%)
Alzheimer disease	61 (42.4)	1,133 (58.5)
Mixed dementia[c]	9 (6.3)	253 (13.0)
Vascular dementia	20 (13.8)	117 (6.0)
Secondary dementias	26 (18.1)	72 (3.7)
Traumatic brain injury dementia	2	1
Alcohol-related dementia	5	7
Creutzfeldt-Jacob disease	2	1
Huntington disease	3	0
Other medical conditions[d]	14	63
Frontotemporal dementia	14 (9.7)	56 (2.9)
Behavioral variant	13	43
Semantic dementia	1	13
Parkinsonian syndromes	7 (4.9)	179 (9.2)
Parkinson disease	3	57
Diffuse Lewy body disease	1	109
Progressive supranuclear palsy	1	12
Corticobasal degeneration	2	1

J. Garre-Olmo et al. (ReDeGi Study) Neurology 2010;75:1249 – 1255)

年輕型失智症的病因



早發性失智症

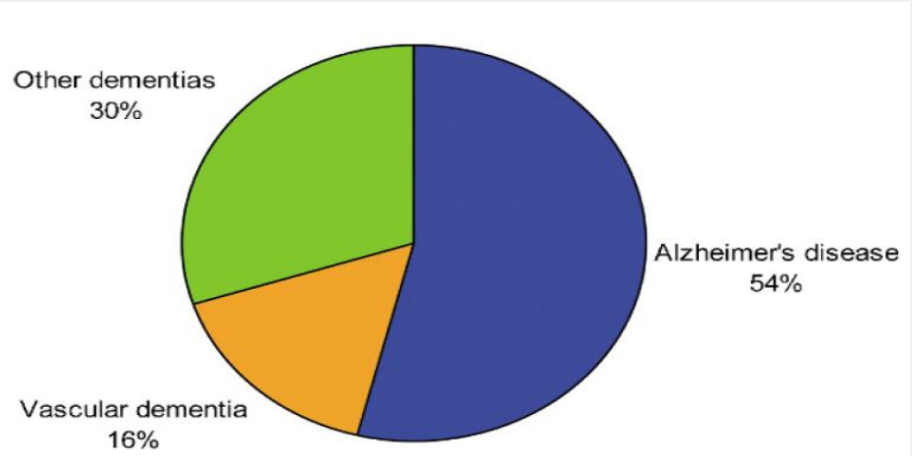
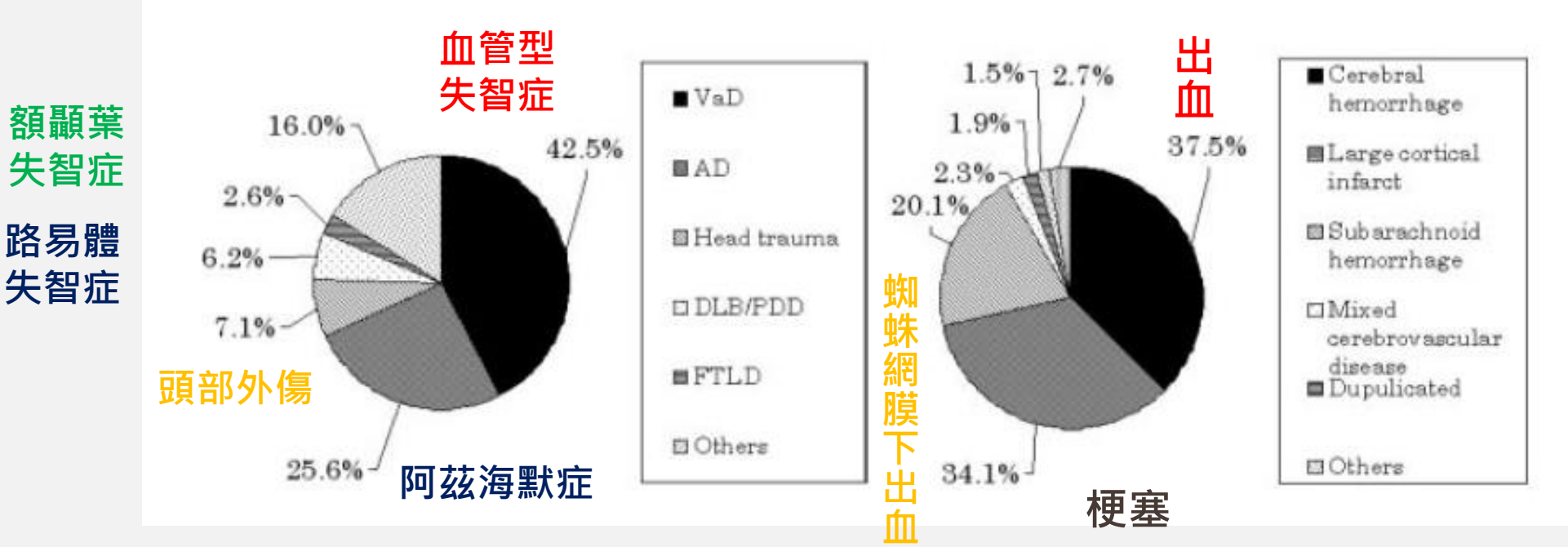


Figure 2 Causes of dementia with late onset (≥65 years) (based on Lobo *et al*, see further reading).

晚發性失智症

- 最常見仍為阿茲海默症與血管性失智症，但前者相對比例減少
- 具遺傳性的額顳葉失智症與亨廷頓氏症，及其他次發病因則相對增加

年輕型失智症病因: 日本特例



久山(Hisayama)研究: 在這個日本長期追蹤的社區研究中發現，腦中風的發生率在所有年齡層都下降，唯有非老年族群 (presenile group) 除外。

Stroke. 2009;40:2709-2714.

失智症的延遲診斷

Diagnosis	YOD (年) 年輕型 Mean (S.D.)	*n*	LOD (年) 老年型 Mean (S.D.)	*n*	Total Mean (S.D.)	*n*
All	4.4 (3.1)	235	2.8 (2.1)[a]	167	3.8 (2.8)	402
阿茲海默症 AD	4.2 (3.0)	139	3.0 (2.2)[b]	122	3.6 (2.7)	261
額顳葉失智症 FTD	6.4 (3.6)	29	3.3 (2.1)	3	6.1 (3.5)	32
血管失智症 VaD	3.9 (2.7)	35	2.2 (1.8)[c]	33	3.1 (2.4)	68
Other	4.1 (3.3)	32	3.4 (1.3)	9	4.0 (3.0)	41

D. van Vliet et al. Psychological Medicine 2012

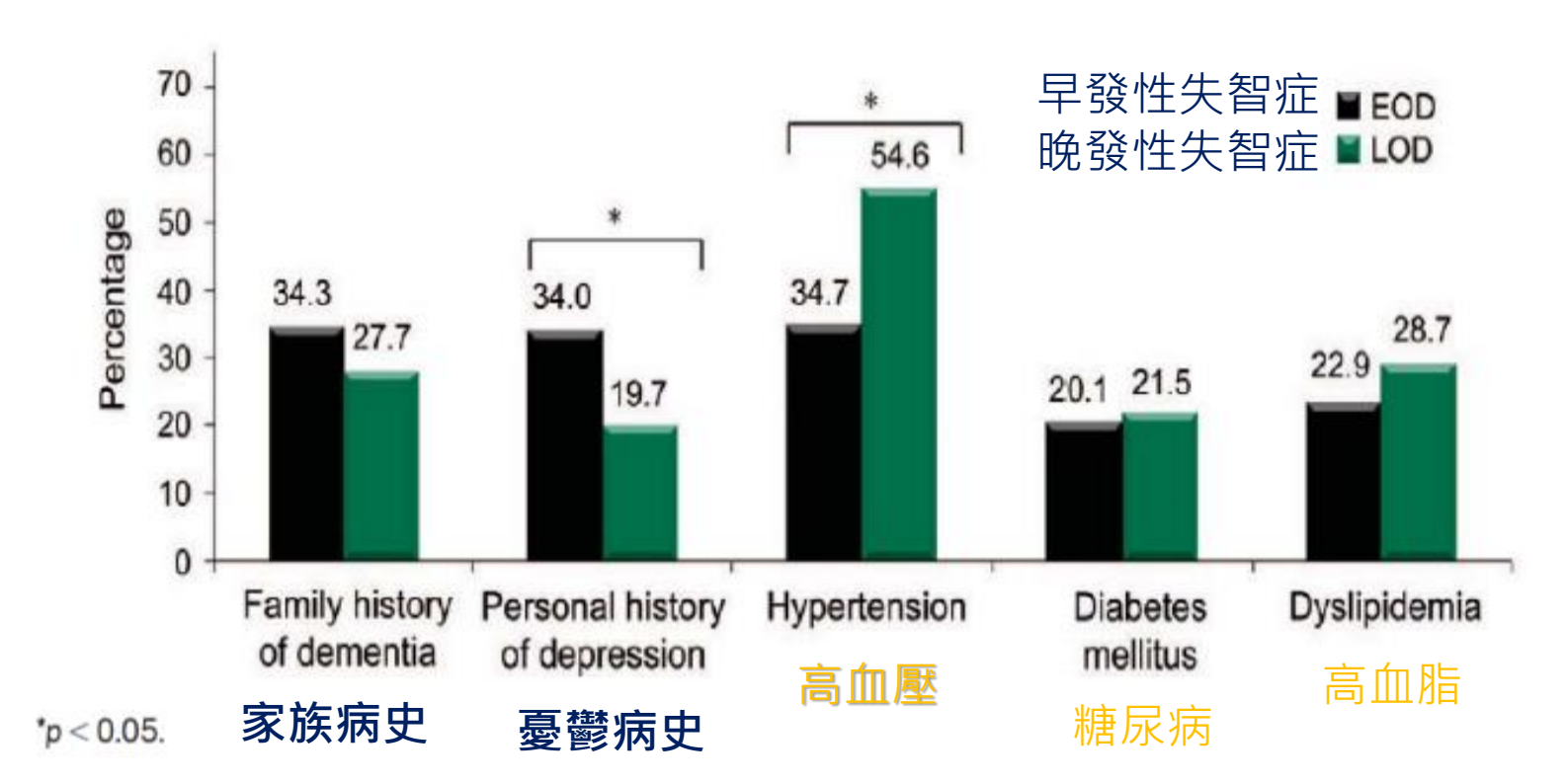
年輕型失智症的診斷

- 與老年性失智症相比較:
  - 可能致病原因更廣泛
  - 臨床症狀廣泛多變
  - 遺傳性病因比例增加

→ 診斷困難
→ 診斷延遲

- 原因:
  - 家屬判斷錯誤
    - 這麼年輕應不會得失智症
    - 精神疾病?
  - 醫師診斷困難
    - 臨床症狀與疾病類型不同於晚發性失智症
    - 病例較少，臨床經驗不足

年輕型失智症的危險因子



(J. Garre-Olmo et al. (ReDeGi Study Group) Neurology 2010;75:1249 – 1255)

年輕型的失智症．疾病簡介

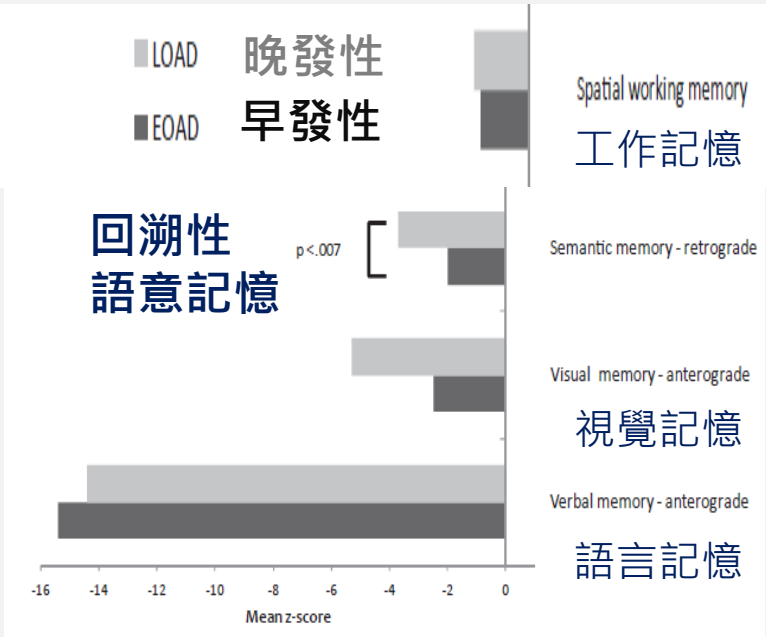
年輕型(早發性)阿茲海默症

- 較少合併其他血管性病變或代謝性疾病

- 臨床症狀: (與老年性病例比較)
  - 約有1/3早發性個案初始(主要)症狀並非是記憶障礙 (亞型)
  - 病程進展較快
  - 治療反應不佳
  - 較明顯精神行為症狀

- 家族遺傳性:~5%，大多是自體顯性遺傳
- 與APOE4基因多型的關聯性較低
- 腦部構造影像檢查不一定會發現顳葉海馬迴(Hippocampus)萎縮

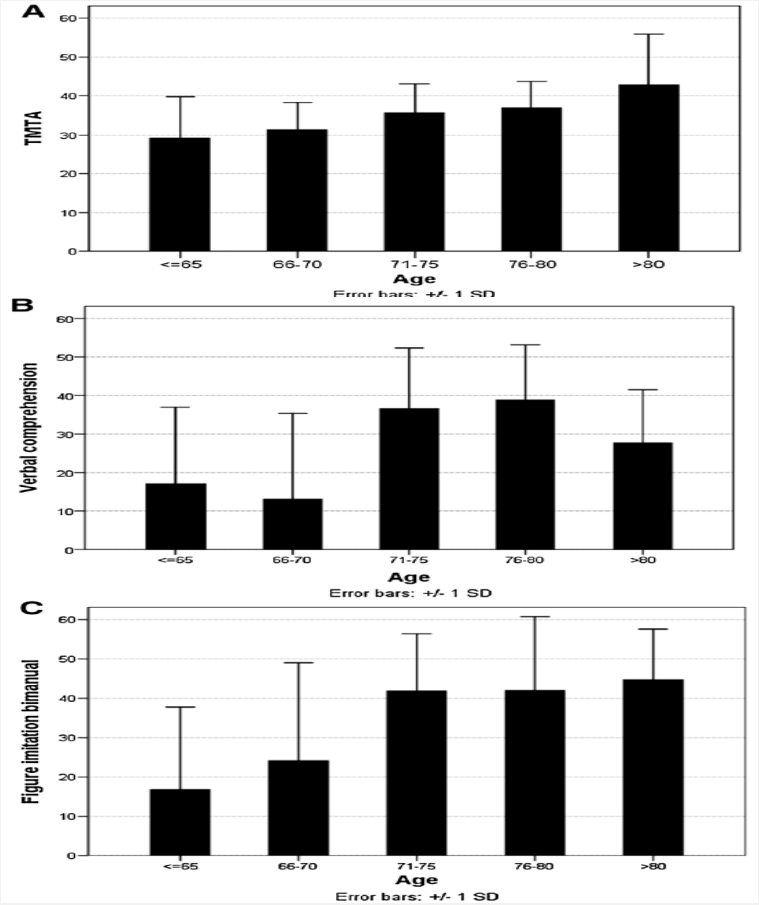
年輕型阿茲海默症：臨床症狀



執行功能

語言理解

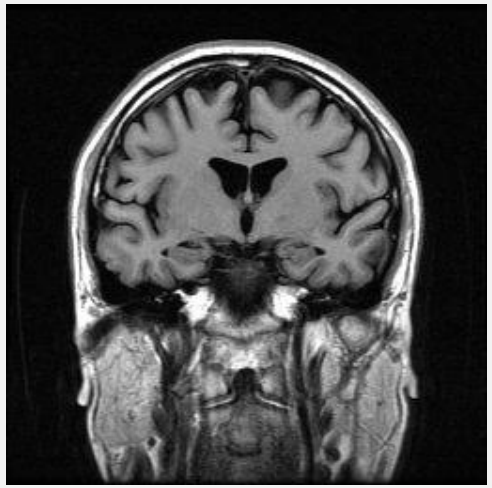
動作模仿



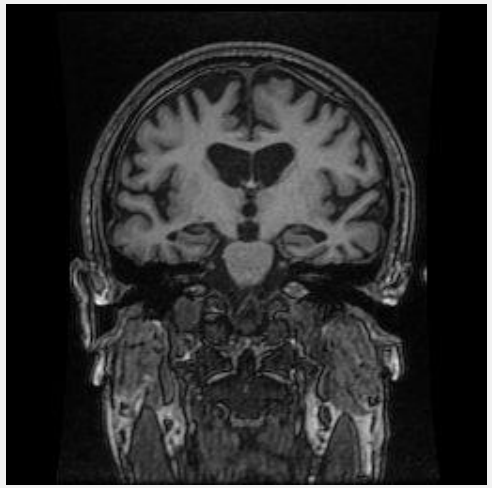
Cortex (2016); 74:217~232
J Neurol (2015) 262:1238 – 1246

年輕型阿茲海默症案例

- 男性電機工程師
  - 家族病史: 奶奶 母親 兩位舅舅都有失智症狀
  - 43歲: 就業公司經營不善,在家從事手工副業
  - 45歲: @ 記憶功能不好,重複購物
    @ 遊走 (wandering)
    @ 生活功能尚可自理 (極輕度失智階段)
  - 48歲: @ 住家附近迷路
    @ 焦慮及話語減少
  - 49歲: 生活功能急速減退 (中度失智階段)
  - 50歲: 輪椅代步,住進機構



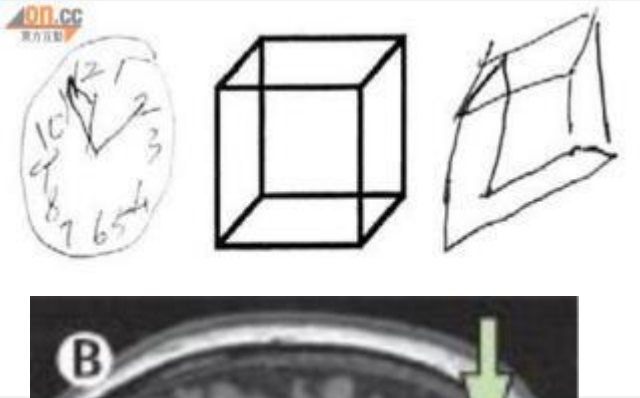
45歲

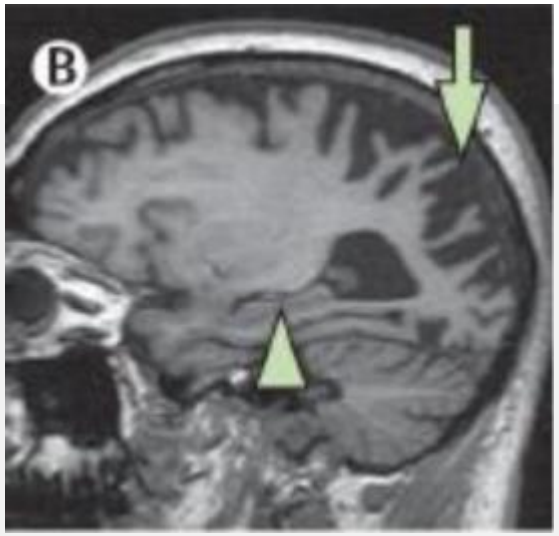


49歲

後腦皮質萎縮
(POSTERIOR CORTICAL ATROPHY)

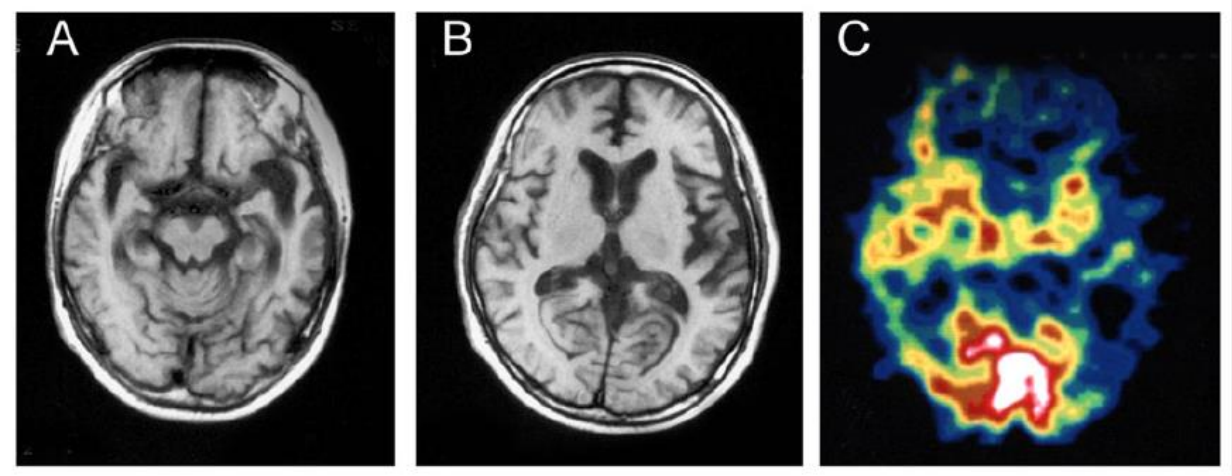
- 五十六歲裁縫
  - 健康紀錄良好，不煙不酒，沒有長期服藥，沒有精神病家族病史，頭部沒受過重傷
  - 兩年前出現認知功能問題，包括無法正常工作及經常把個人物件放錯位置。該名裁縫過往精於算術，雙手十分靈巧，可輕易畫出衣服紙樣，但患病後卻經常計錯數及畫錯圖樣，被迫放棄工作。他亦出現左右不分情況，試過到錯誤地址探望朋友，亦曾在熟悉的地鐵站迷路。





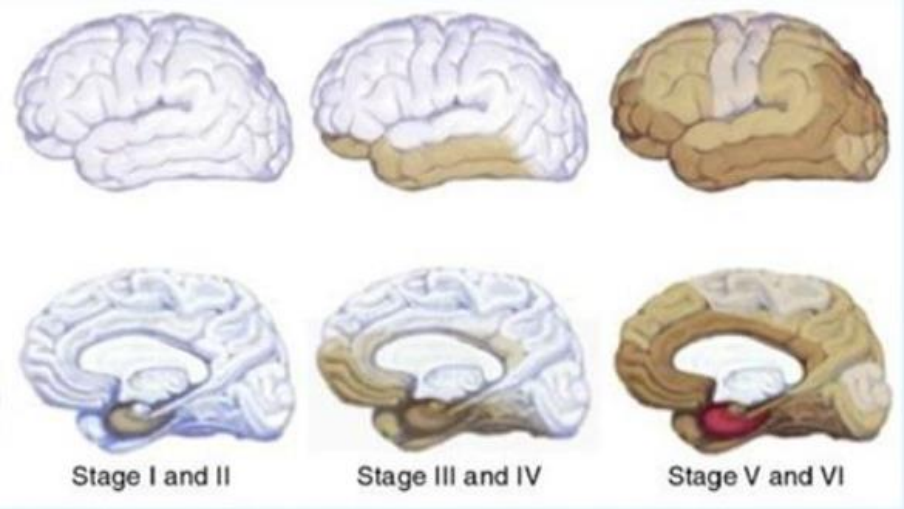
寡言型漸發性失語症
(LOGOPENIC PRIMARY PROGRESSIVE APHASIA)

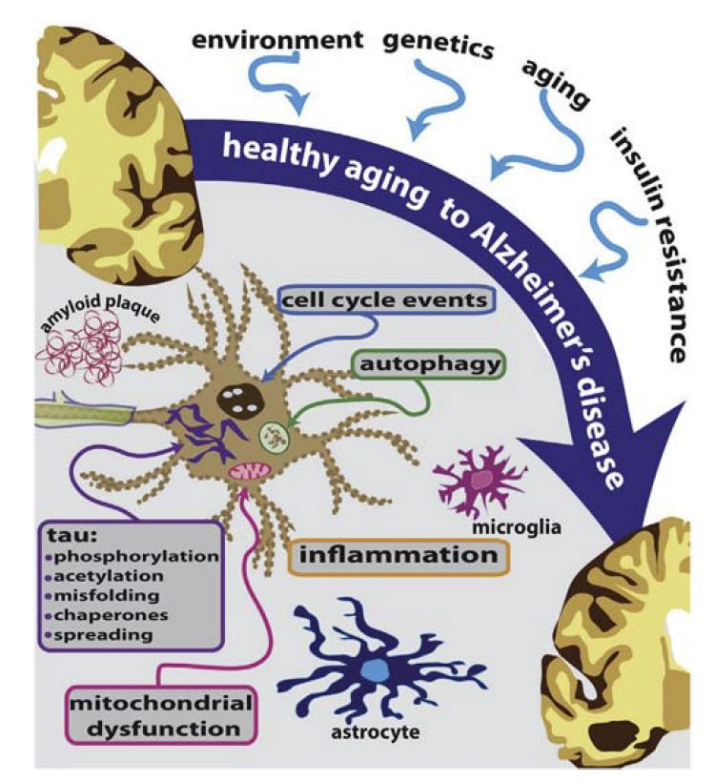
- 初始表現: 命名困難
- 逐漸理解能力與記憶功能也出現障礙
- 左側顳葉萎縮

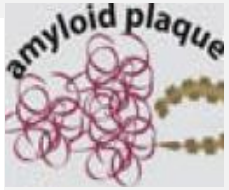


Neuropathology 2017; 37, 150 – 173

阿茲海默症 – 致病機制







老年性斑塊

(Senile plaques)

- β-類澱粉蛋白聚合

(Aβ42 +Aβ40)

- 細胞外

神經纖維糾結

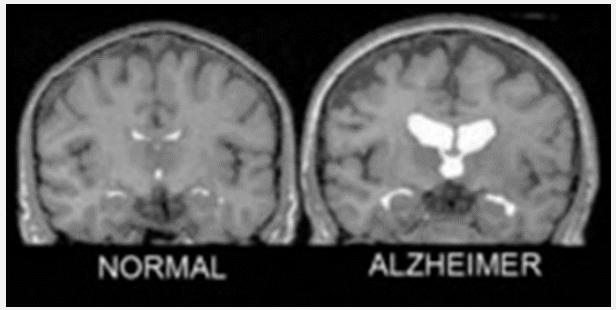
(Neurofibrillary tangles)

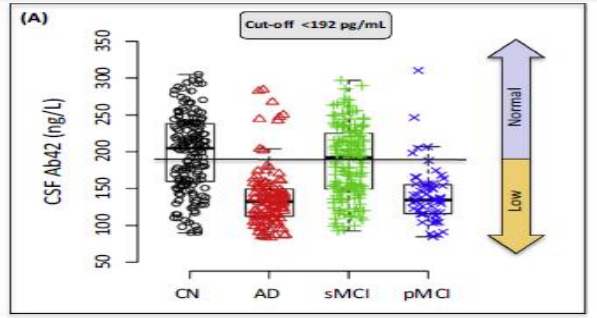
- 磷酸化Tau蛋白聚合
- 細胞內

K. Herrup et al. / Alzheimer’s & Dementia 9 (2013) 452 – 458

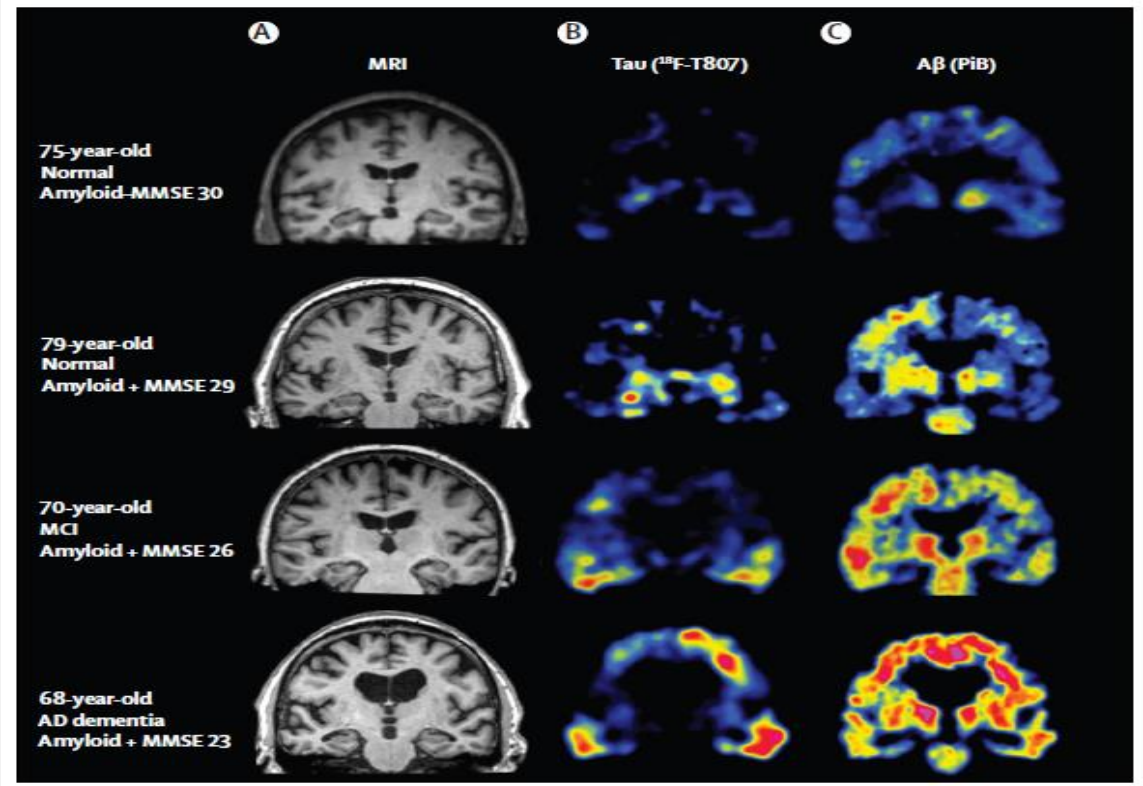
阿茲海默症的生物標記

- 腦部影像顳葉內側體積 (海馬迴)
- 腦部功能影像檢查
  - 類澱粉正子攝影 (Amyloid PET)
  - 葡萄糖正子攝影 (FDG PET)
  - 單光子掃描(SPECT)
- 腦脊髓液特殊蛋白測定 (Aß & Tau)
- 基因檢測 – 家族遺傳案例





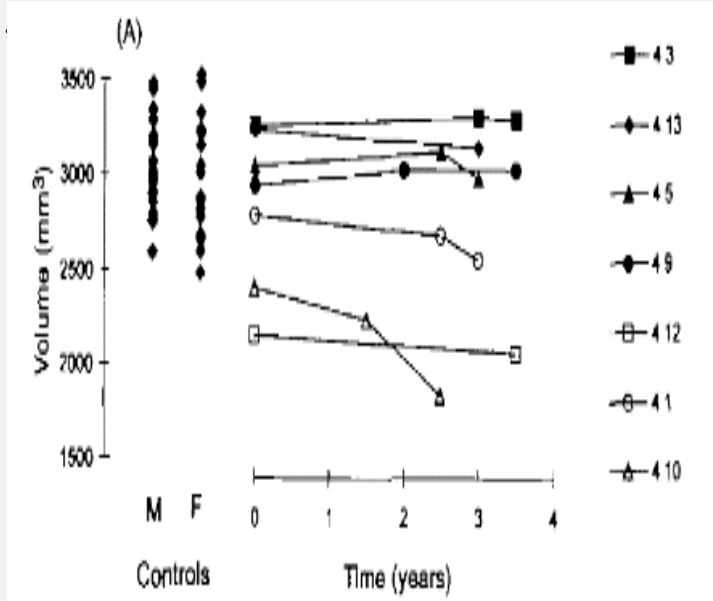
類澱粉正子攝影 AMYLOID PET
TAU蛋白正子攝影 TAU PET



Lancet Neurol 2015; 14: 114 – 24

海馬迴(HIPPOCAMPUS)定量

- 許多在無症狀或極早期症狀的基因異常者很早便可以觀察到大腦內側顳葉（包含海馬迴)的萎縮，甚至早在臨床診斷的3.5-5.5年之前。
- 長期追蹤研究發現，早發性失智症患者與對照組相比較，大腦內側顳葉與整個腦部的萎縮速度較快。
- **惡化速度較快!**



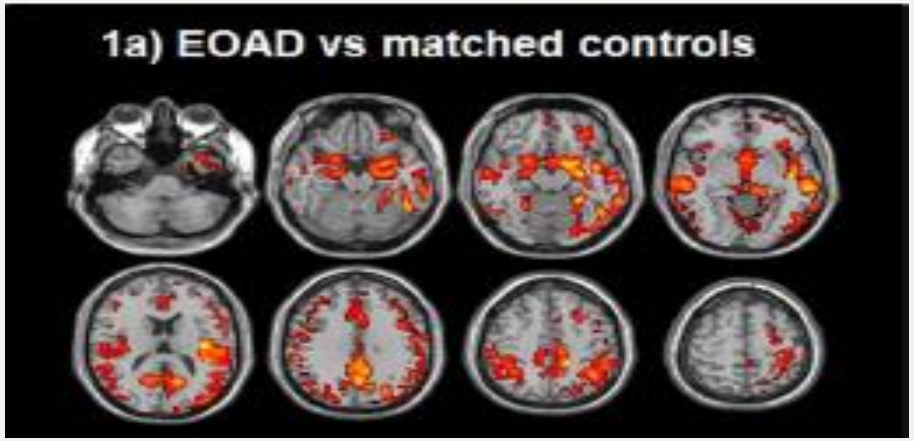
(Fox NC, et al. Brain. 1996;119(Pt 6):2001-7)
(Chan D, et al. Lancet. 2003;362:1121-2)

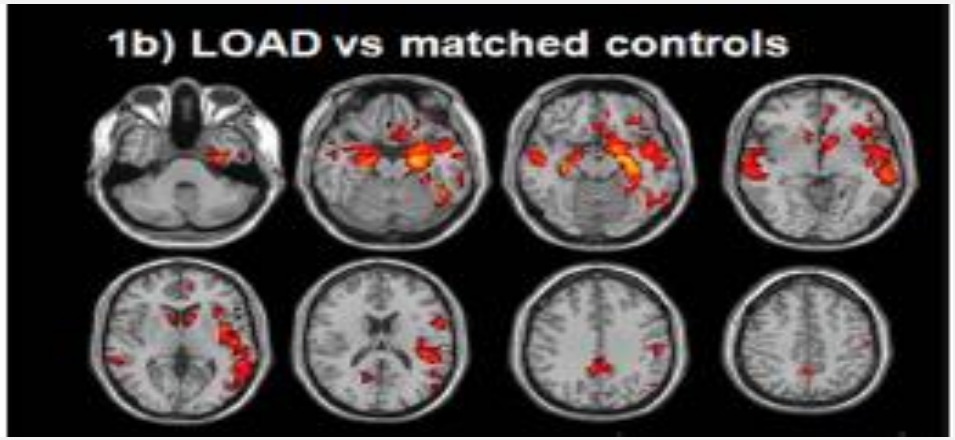
大腦萎縮比較

- 早發性阿茲海默症患者與同年齡層的正常人比較，大腦萎縮的位置除了老年性患者常見的內側顳葉 (包含海馬迴) 、前額腦區底部(orbitofrontal cortex)、扣帶迴皮質（cingulate cortex）之外，還包括其他大腦位置與視丘(thalamus)、尾核（caudate nucleus）甚至小腦；位置變異性較大!

臨床表現也較具多樣性!

早發性

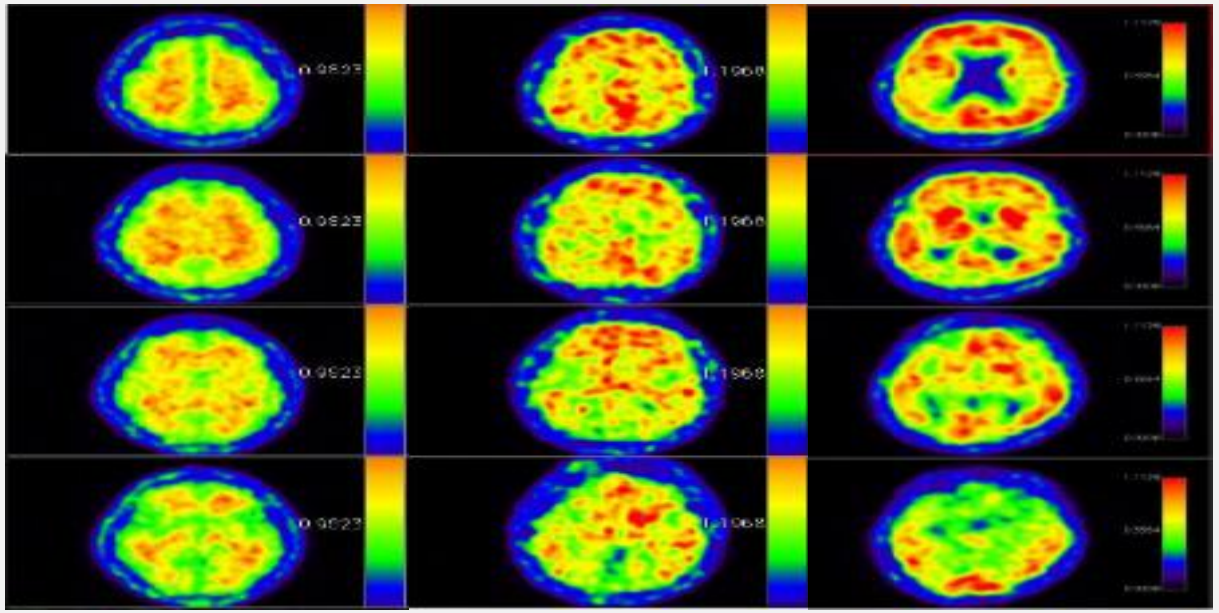




晚發性

Gour N et al. Hum Brain Mapp. 2013 Oct 5.

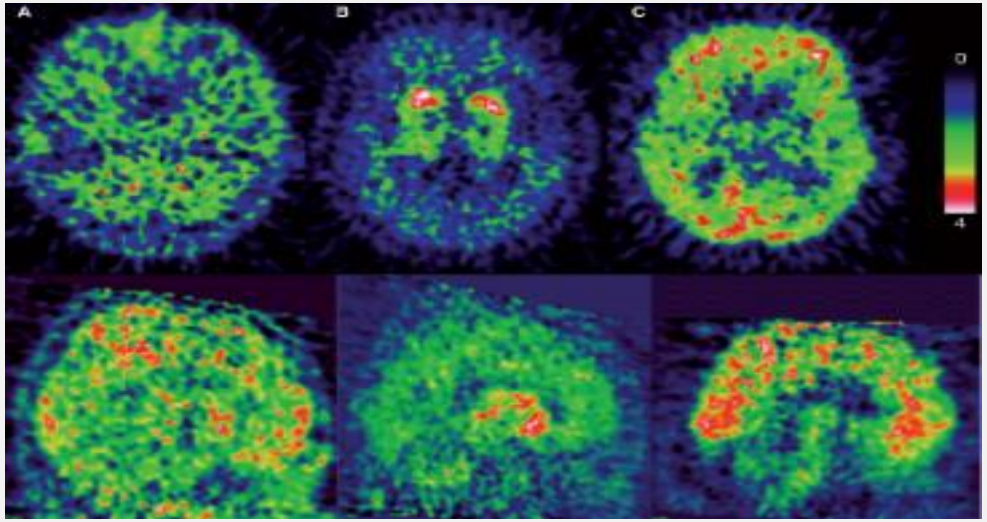
類澱粉正子攝影 (AMYLOID PET)



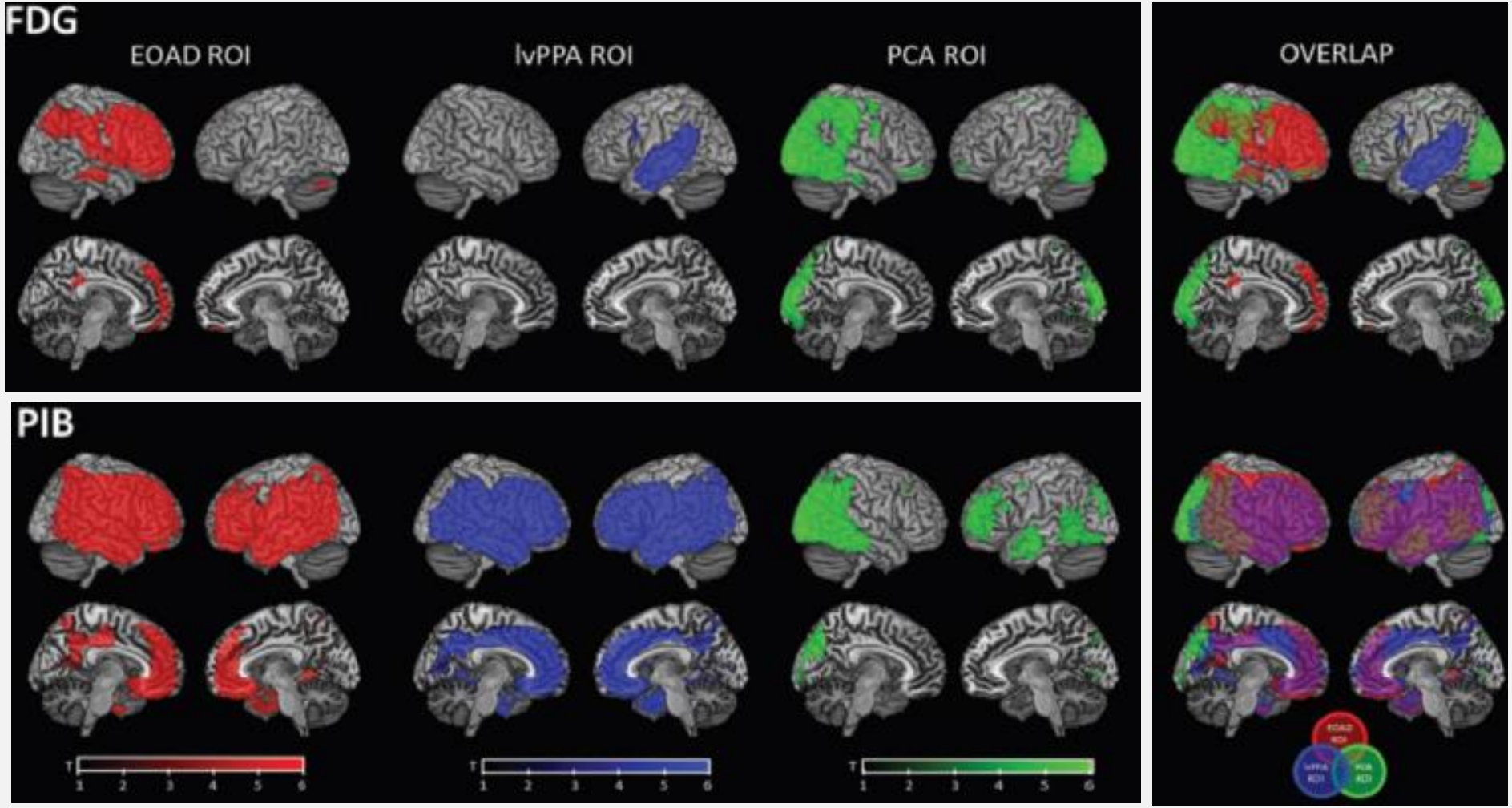
早發性患者
無症狀家屬

早發性患者
有症狀家屬

早發性阿茲海默
症患者



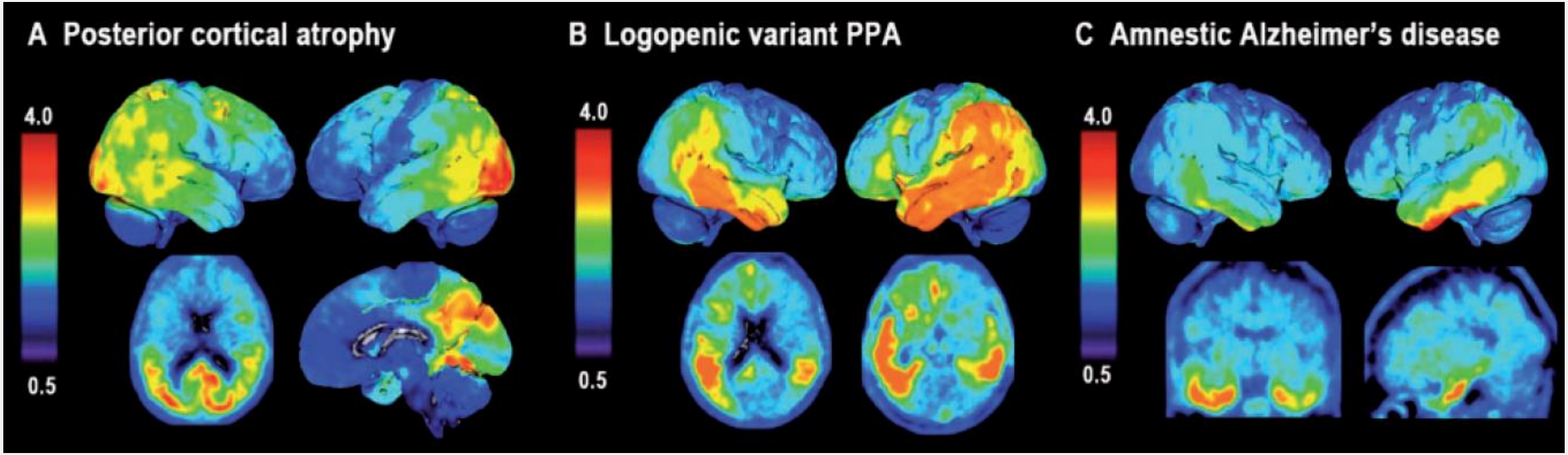
帶有異常基因的早發性阿茲海默症患者，
腦部較早出現類澱粉堆積(未出現症狀前)，
位置變異性較大



Alzheimer's disease syndromes are associated with degeneration of specific functional networks, and that fibrillar amyloid-β deposition explains at most a small amount of the clinico-anatomic heterogeneity in Alzheimer's disease

Brain 2013: 136; 844 – 858

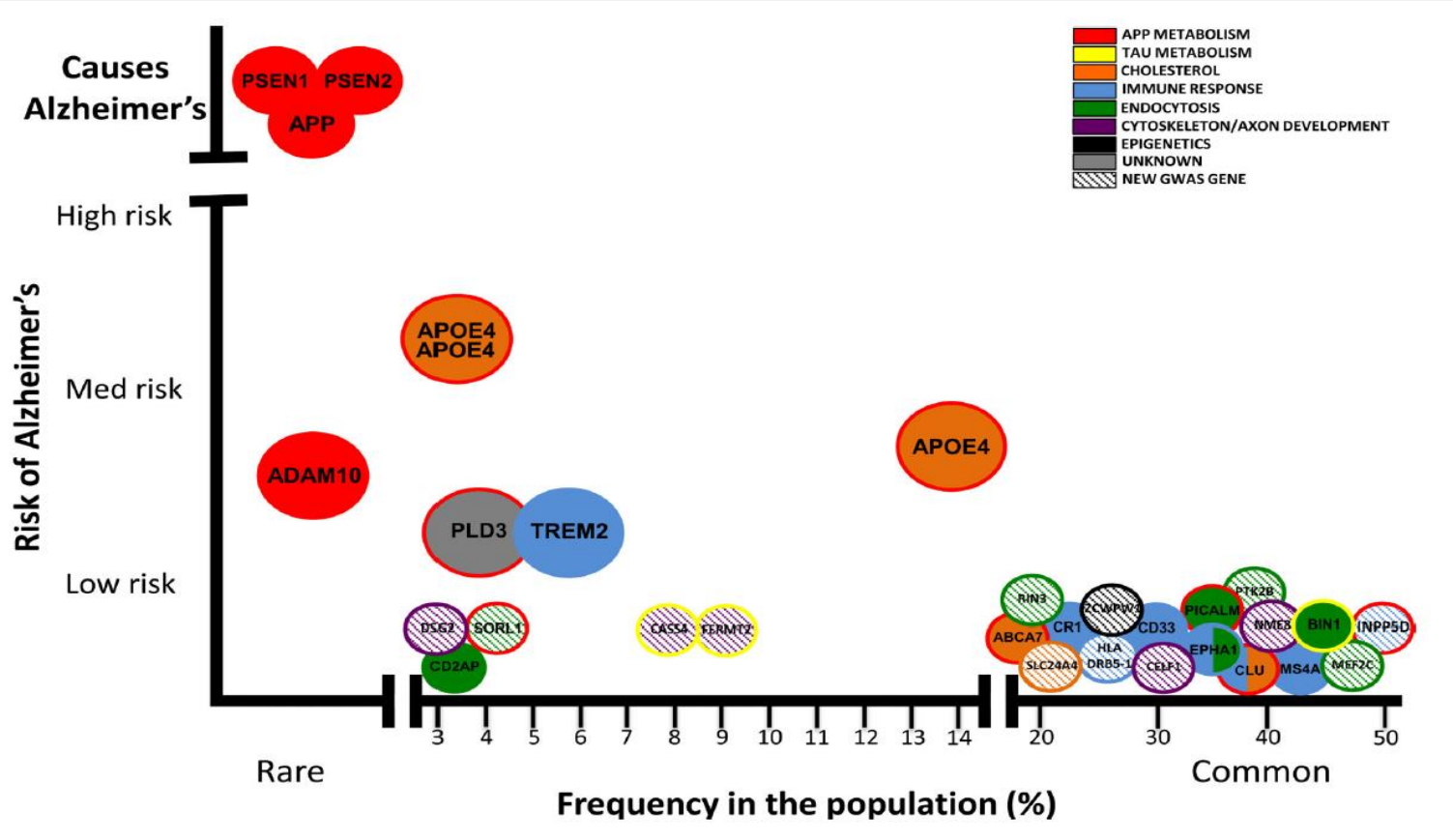
TAU PET PATTERNS MIRROR CLINICAL AND NEUROANATOMICAL VARIABILITY IN ALZHEIMER'S DISEASE



18F-AV1451 uptake in individuals with distinct phenotypes of Alzheimer's disease

BRAIN 2016: 139; 1551 – 1567

阿茲海默症相關基因



Biol Psychiatry.
2015 Jan 1;77(1):43-51.

年輕型阿茲海默症基因檢測

- 基因檢測
  - ***PS1, APP, PS2 etc***

@早發性阿茲海默症患者的確診

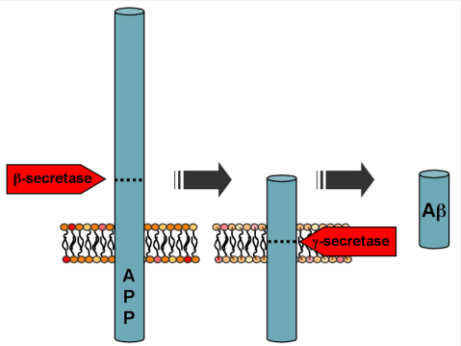
@ 失智症家族病史之家屬的預測與及早治療

* 兩代家人中至少有三位發病

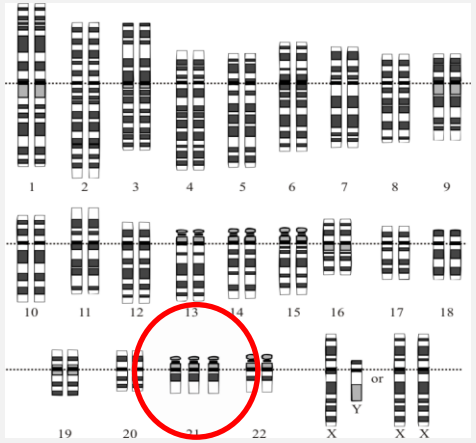
* 未成年不宜

唐氏症（DOWN’S SYNDROME）

- Trisomy 21 (21-三體症候群)
  - 多項身體與智能障礙
  - 成年後也會出現典型失智症狀
  - 常見個性變化或行為症狀而非記憶問題

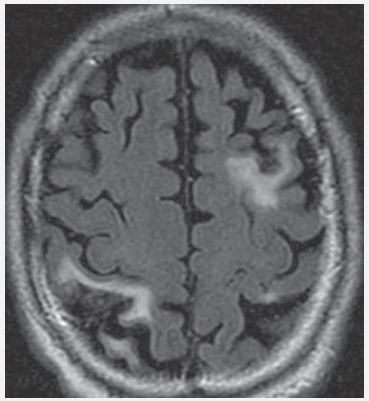


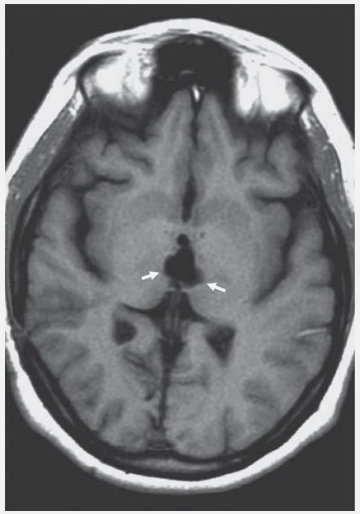
- 腦部病理變化類似阿茲海默症患者
  - *APP*基因位於第21對染色體上
  - *APP*基因與異常類澱粉蛋白的生成有關
  - 也可以用乙醯膽鹼胺抑制劑控制病情



血管性失智症

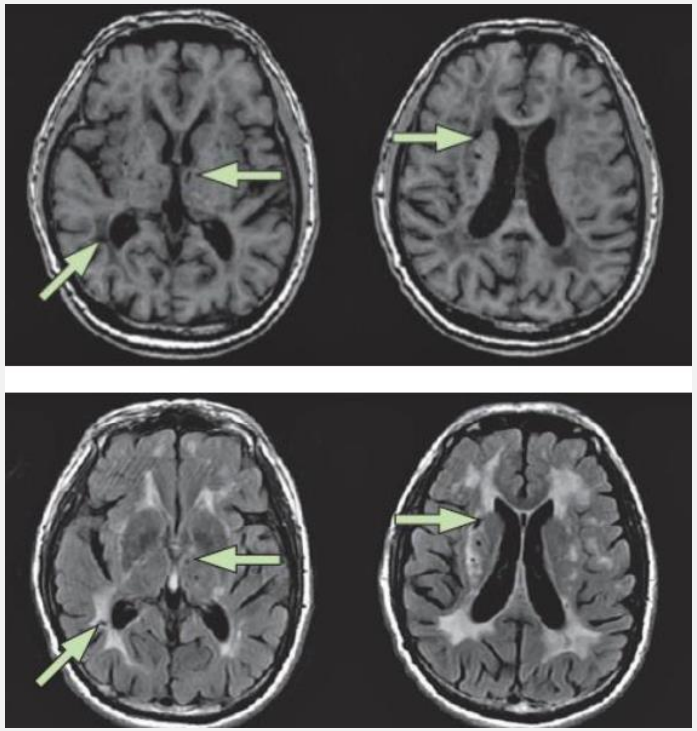
- 早發性腦中風: 45歲之前
- 病因:
  - 梗塞 (包含缺氧性病變)
  - 出血
- 臨床症狀依其發生位置而有所不同:
  - 大範圍
  - 多次累積
  - 重要位置
- 也有遺傳性案例





顯性遺傳性腦動脈病變合併皮質下梗塞與腦白質病變
CEREBRAL AUTOSOMAL DOMINANT ARTERIOPATHY WITH SUBCORTICAL INFARCTS AND LEUCOENCEPHALOPATHY (CADASIL)

- 平均發病年齡：45歲
- 一般病程：10~40年
- 臨床症狀
  - 年輕時合併先兆的偏頭痛
  - 多發性皮質下梗塞
  - 精神情緒症狀
  - 冷漠
  - 知能減退



變異基因：第19對染色體上的NOTCH3基因

D. Herve´ et.al. Journal of Geriatric Psychiatry and Neurology 23(4) 269-276
H. Chabriat et.al. Lancet Neurol 2009; 8: 643 – 53

額顳葉失智症
(FRONTOTEMPORAL LOBAR DEGENERATION, FTLD)

- 退化性失智症
- 平均好發年齡：50歲之後
- 初始症狀:
  - 個性改變、失禁性或負面性行為
  - 語言表達不能或理解困難
- 臨床上常合併發生
  運動神經元疾病或巴金森症
- 多有家族病史 (~50%)

- 臨床亞型：
  - 漸發性失語症（Primary progressive aphasia）
    - 語意性失智症（Semantic dementia）
    - 非流暢型 (Non-fluent,PPA)
  - 額葉行為症狀亞型 (Frontal variant)

額顳葉失智症:腦部影像

A) 額葉行為症狀亞型 – 兩側額葉萎縮
B) 語意性失智症 – 主要兩側顳葉萎縮 (從外側)
C) 非流暢型失語症 – 主要左側顳葉萎縮

Journal of Alzheimer’s Disease 21 (2010) 349 – 360

額顳葉失智症:流行病學分析

各國盛行率

發病年齡

存活時間

語意性失智症

	Age (years)	Prevalence
Patients with early-onset dementia	<65	3–26%
US general population	45–64	15–22 per 100 000
UK general population	45–64	3–26 per 100 000
Italy general population	45–64	22 per 100 000
Japan, UK, and Netherlands	30–64	1–16 per 100 000
Most common FTD variant		
USA and Europe	..	BV-FTD (50–70%)
Asia	..	SV-PPA or BV-FTD
Age at onset		
<45 years	..	10%
45–64 years	..	60%
>64 years	..	30%
Survival time		
From symptom onset	..	6–11 years
From clinical diagnosis		
FTD-MND	..	2 years
BV-FTD	..	3–4 years
NFV-PPA	..	5 years
SV-PPA	..	5+ years

行為症狀亞型

Jee Bang, Salvatore Spina*, Bruce L Miller*
Lancet 2015; 386: 1672 – 82

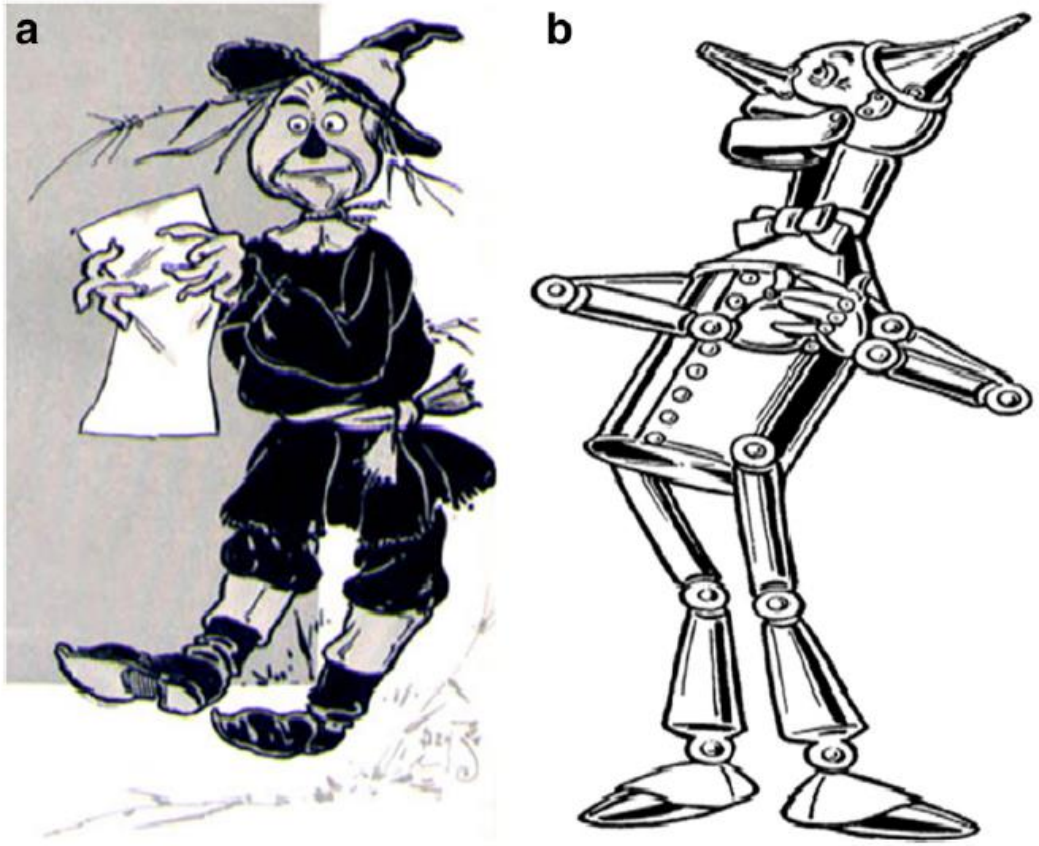
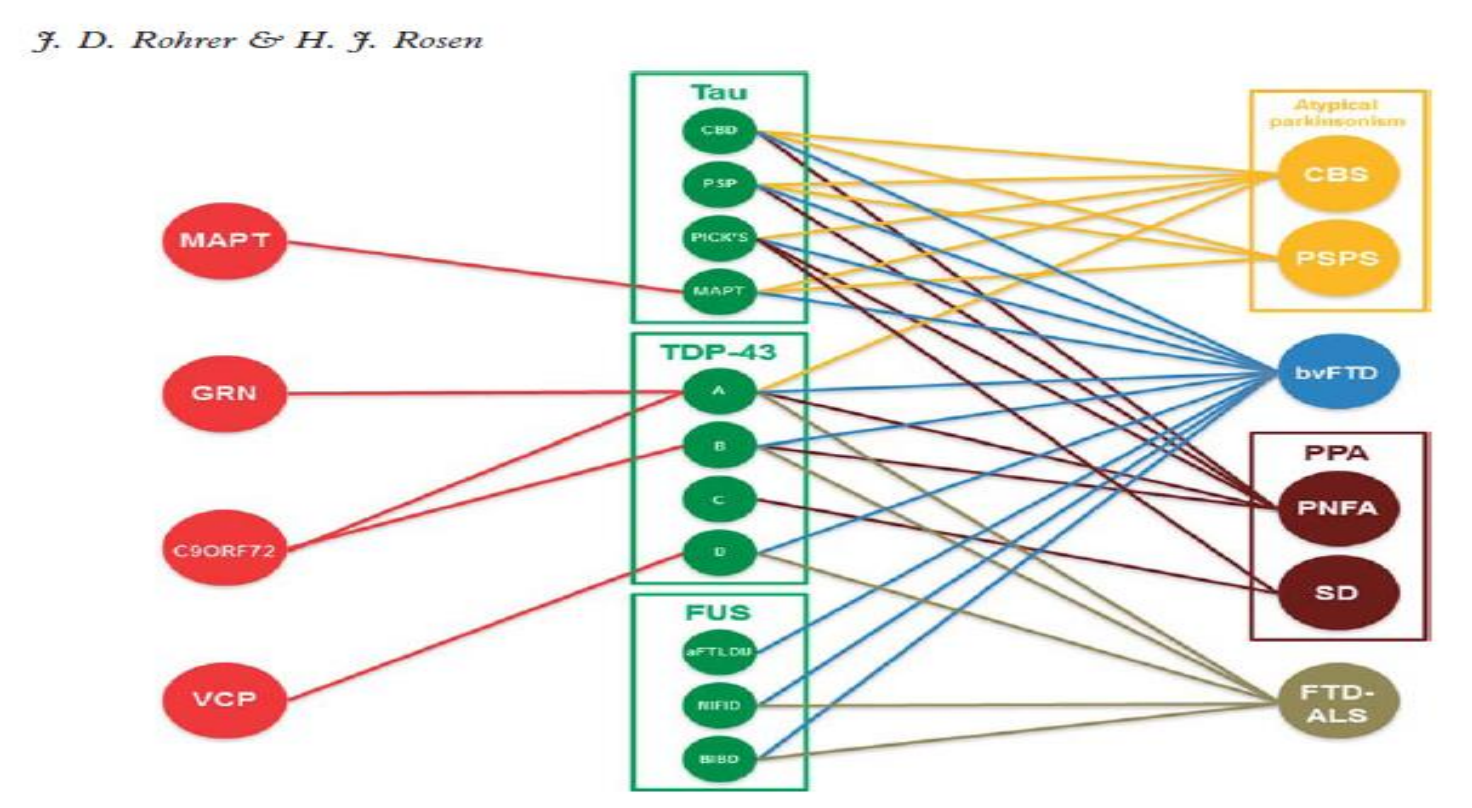


Fig. 2 fvAD and bvFTD in the Wizard of Oz. **a** fvAD Scarecrow was searching for a brain because he had none, and without a brain he had no memory or object knowledge. While his phonemic fluency was preserved, fvAD Scarecrow had difficulty with semantics and was irritable and paranoid, believing the crows were gearing to bothering and stealing from him. Furthermore, fvAD Scarecrow was very tremulous (myoclonus). The wind could suddenly jolt him (stimulus-sensitive myoclonus). **b** bvFTD Tin Man had no heart, so his behavior and emotions were affected from the outset. The "heartless" bvFTD Tin Man lacked empathy and was very ritualistic, only going out to chop wood. His rituals included hyperphagia, making him heavier than the straw-filled fvAD Scarecrow. Furthermore, bvFTD Tin Man was insufficiently lubricated, making him appear parkinsonian. This particular bvFTD Tin Man was missing progranulin, rendering his frontotemporal region asymmetric, as judged by a crooked hat. Both images are from 1900; US Copyright law on public domain

Sawyer RP. et.al.
J Clin Mov Disord.
2017 Mar 2;4:2

額顳葉失智症群 (SPECTRUM)

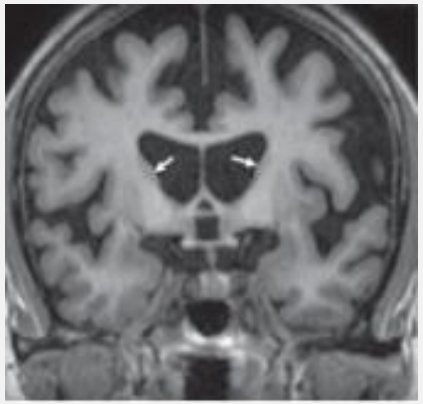


International Review of Psychiatry, April 2013; 25(2): 221 – 229

基因型　　病理型　　臨床表現型

亨廷頓氏症
(HUNTINGTON'S DISEASE)

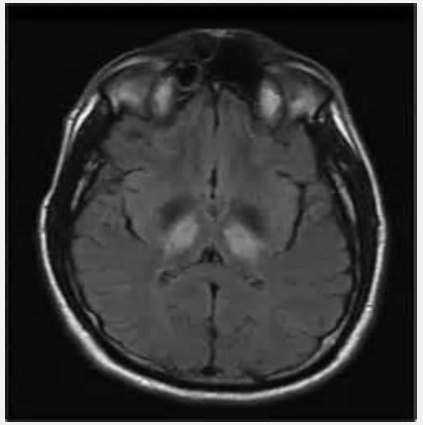
- 舞蹈症（chorea）
- 青壯年發病
- 自體顯性遺傳
  - 第四條體染色體變異
  - Polyglutamine syndrome
- 輕度智能減退並常有精神症狀
- 治療方式
  - 以抗精神藥物控制舞蹈症與精神症狀
  - Nitoman（學名：Tetrabenazine，TBZ）



C. Quach et al. Diagnostic and Interventional Imaging (2013)

威爾森氏症 (WILSON'S DISEASE)

角膜異常 (Kayser-Fleischer rings)

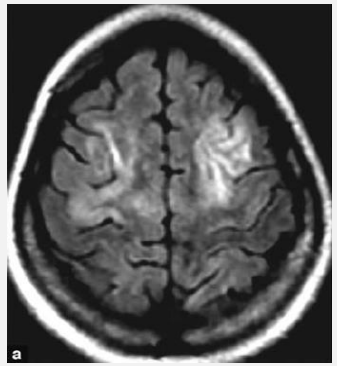


- 自體隱性遺傳性疾病
- 基因缺陷導致身體對銅的代謝異常， 使得過多的銅堆積在不同的器官如在肝、腎、腦、眼睛，導致組織的毒性與破壞。
- 發生率:1/50,000; 通常在20-40歲發病
- 臨床常見症狀:
  - 肝硬化
  - 精神智能症狀
  - 巴金森症狀或其他不自主動作
- 血液中運送銅分子的藍胞漿素（cerulopasmin）濃度下降

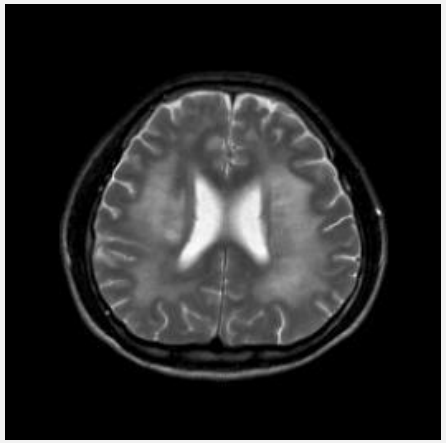
粒線體疾病

- MELAS 症候群（全名為粒線體異常引發之肌 肉病變、腦病變、乳酸中毒、中風症候群，mitochondrial myopathy, encephalopathy, lactic acidosis, strokes syndrome）
- 是一群遺傳性粒線體異常的疾病，已被發現為粒 線體DNA或RNA的點突變（point mutation）所造成。
- MELAS症候群的臨床表現為中風、或類似中風的症狀發作、噁心嘔吐、腦病變(encephalopathy）、癲癇、身材矮小、肌肉無力、神經傳導性聽力喪失、肌病變（myopathy）。

（臨床醫學 2011; 68: 243-6）



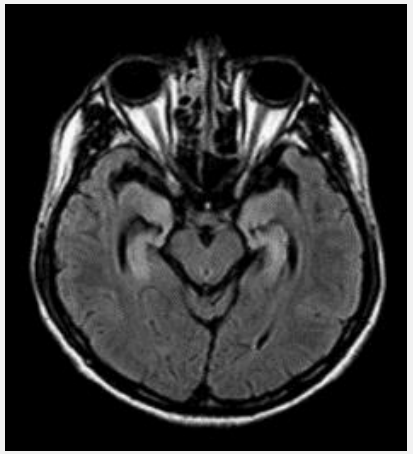
感染性失智症



愛滋病毒腦症

* 反應遲緩
* 執行力下降
* 行動困難

* 雞尾酒療法可改善



皰疹腦炎

* 好發於青年及老人
- 最初持續頭痛及發燒
- 意識混淆
- 認知障礙(常常是記憶功能)且有人格異常

神經性梅毒

* 通常在初次感染4-25年後發生

- 無症狀神經性梅毒

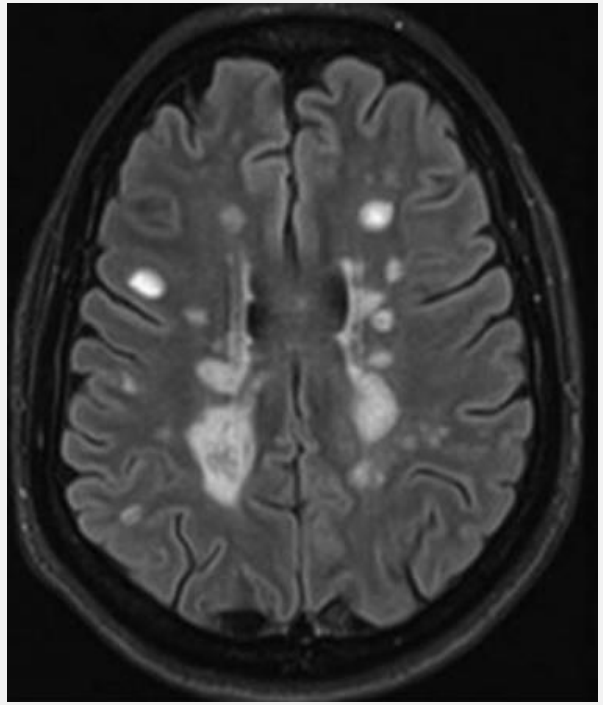
- 腦膜血管性梅毒
  - 臨床表現多變化

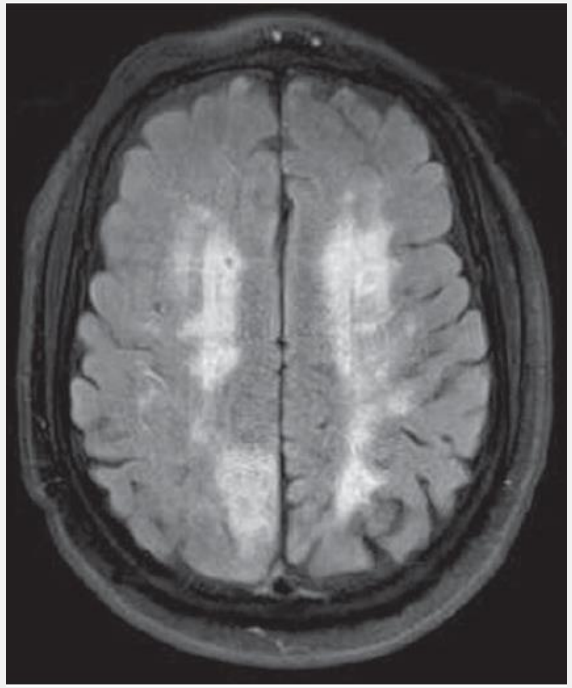
- 腦實質性梅毒
  - 精神錯亂
  - 脊髓痨

抗生素治療!

中樞神經系統發炎疾病

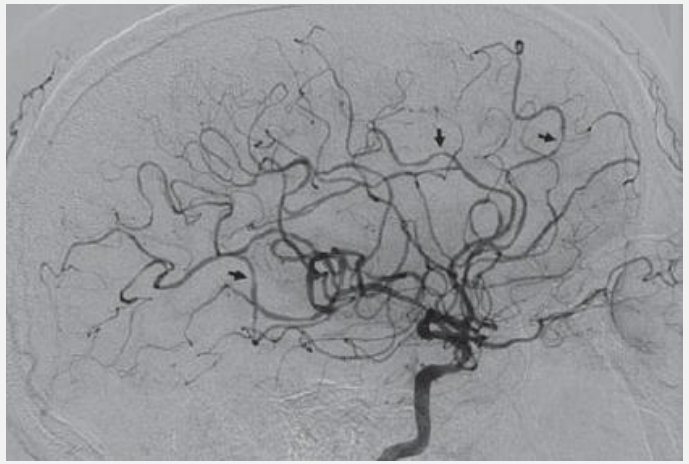
多發性 硬化症
Multiple sclerosis





治療: 免疫控制

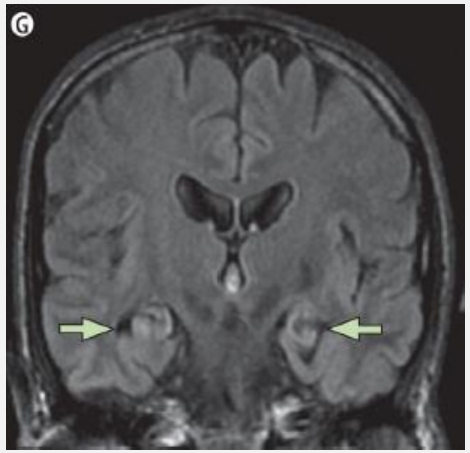
原發性中樞神經血管炎
Primary central nervous system angiitis



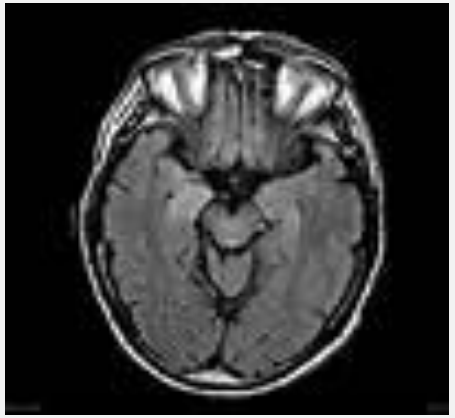
我發瘋的那段日子

邊緣葉腦炎
(LIMBIC ENCEPHALITIS)

- 臨床症狀
  - 亞急性(subacute)
  - 精神行為症狀
  - 記憶或其他心智功能損壞症
  - 癲癇

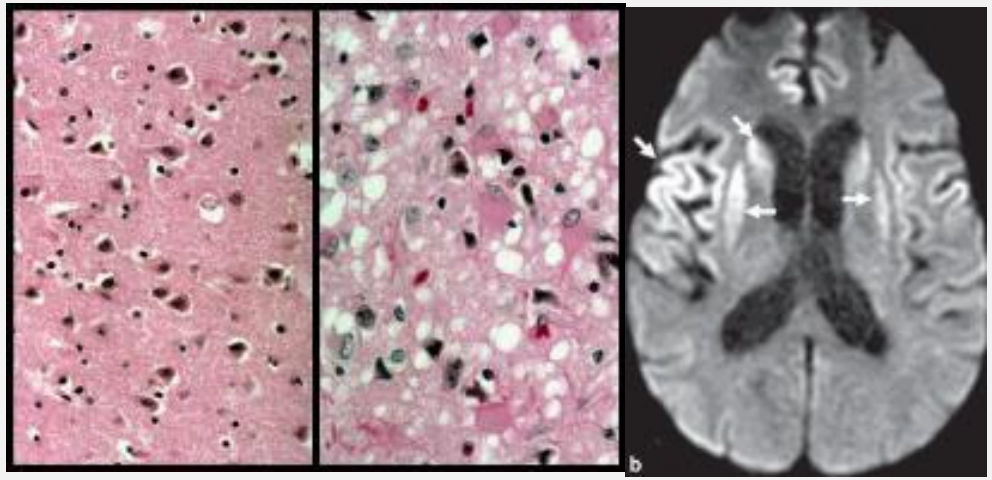


- 病因
  - 副腫瘤性邊緣系統腦炎 (Paraneoplastic)
    - 肺癌, 淋巴癌, 胸腺癌等
  - 橋本氏腦炎(Hashimoto encephalitis)
    - 甲狀腺相關抗體
  - NMDA受體腦炎

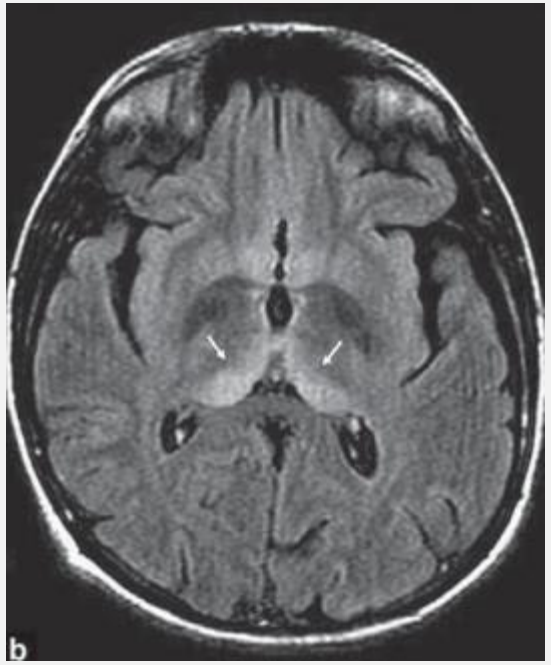


庫-賈二氏症
(CREUTZFELDT-JAKOB DISEASE)

- 亞急性海綿狀腦病變
- 由一種可感染的變性蛋白質(Prion)所引起
- 此病原體會導致腦部組織迅速被大量破壞形成空洞引發腦海綿狀病變
- 病發初期，以記憶力衰退、行為異常及步態不穩 等類似痴呆症狀
- 四肢與軀幹會有劇烈抽動
- 病人多於發病後
- 約1年內臥床無法行動



新類型庫賈氏病(NV-CJD）

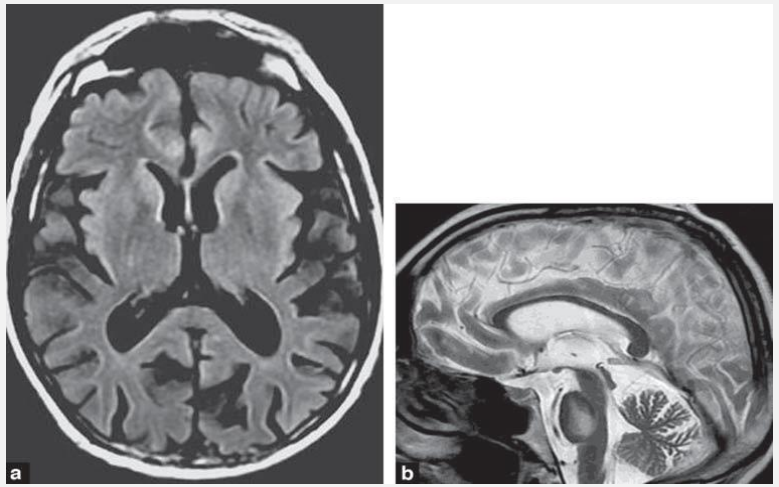


後視丘有高密度影像

	nv-CJD	CJD
罹病年齡	12~52歲，平均28歲	63歲以上
病程	平均13個月	6個月
腦波圖	腦波未有週期性棘波	腦波顯示典型的週期性棘波
腦組織	大腦、小腦皮質細胞周圍堆積大量之變性蛋白質沉積物	無蛋白質沉積現象

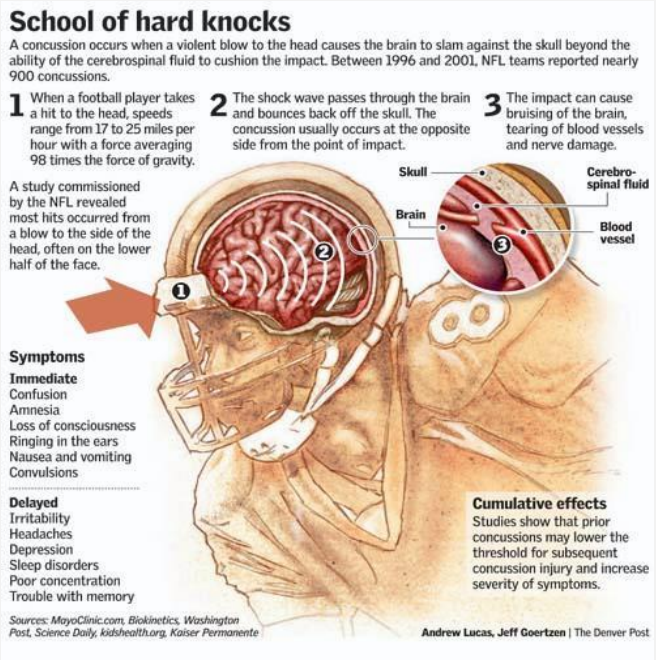
酒精性失智症

- 多重病因
  - 酒精毒性
  - 營養不良 (Vitamin缺乏)
  - 頭部外傷
  - 肝臟疾病
  - 低血糖
- 執行功能減退
- 妄言 (confabulation)
- 顫抖、走路不穩



腦傷
(TRAUMATIC BRAIN INJURY; TBI)

- 急性腦傷
- 慢性腦傷
  - **拳擊家失智症（Dementia pugilistica）**
    - 20%
    - 通常症狀會在12到16年以後出現
    - 表現為記憶力、語言、性格問題、
    - 振顫以及肢體協調等問題。



網路摘圖

- 老人過去病史有中或重度腦傷病史，得到阿茲海默症的機會為2.3及4.5倍 (ADI 報告)。

當醫師告訴您的家人得了早發性失智症---

早發性失智症: 治療與照護

早發性失智症的治療預後

- 病因而異

- 退化性病因
  - 治療效果大多較不好
  - 其惡化速度快於晚發性同類疾病

年輕型失智症的臨床照護

		EOD (n = 144)	LOD (n = 1,939)	p
	Residence, n (%)[b]			
自家照顧	Own home	108 (84.4)	1,144 (63.3)	0.001
	Home of family member/other	11 (8.6)	495 (27.4)	
	Nursing home	9 (7.0)	169 (9.3)	
醫療照護	Health care referral service, n (%)			
	Primary care	79 (54.9)	1,396 (72.0)	0.001
	Others	65 (45.1)	540 (28.0)	
智能表現	MMSE score, mean (SD)	20.7 (4.9)	17.4 (6.0)	0.001
	BDRS cognition score, mean (SD)	2.7 (1.3)	3.7 (1.7)	0.001
生活功能	BDRS ADL score, mean (SD)	0.7 (1.7)	1.3 (2.0)	0.001
精神症狀	BDRS behavior score, mean (SD)	3.7 (1.8)	3.0 (1.9)	0.001
	CDR score, n (%)[c]			
	1	115 (83.9)	1,141 (60.3)	0.001
	2	14 (10.2)	534 (28.2)	
	3	8 (5.8)	217 (11.5)	

CHARACTERISTICS OF INSTITUTIONALIZED YOUNG ONSET DEMENTIA PATIENTS – THE BEYOND STUDY

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- Mean age of the residents with YOD: 60 years
- Men: 53% men.
- Eetiologic diagnoses: large variety
- Dementia severity:
  - Very mild to mild: 18%
  - Moderate: 25%,
  - Severe or very severe: 58% of the participants.
- NPS prevalence: 90% (one or more) clinically relevant NPS.

A.J.M.J. Mulders et.alInt Psychogeriatr. 2014 Dec;26(12):1973-81

PREVALENCE AND CORRELATES OF PSYCHOTROPIC DRUG USE IN COMMUNITY-DWELLING PEOPLE WITH YOUNG-ONSET DEMENTIA: THE NEEDYD-STUDY

- Psychotropic drug : 52%
  - 1 kind: 36.2%
  - 2 kinds: 12.2%

  - Antidepressants: 36.2%
  - Antipsychotic drugs: 17.3%
  - Anti-dementia drugs: 51.5%

Raymond T.C.M. Koopmans et.al
Int Psychogeriatr. 2014 Dec;26(12):1983-9

JAMDA 14 (2013) 248–253

ELSEVIER

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journal homepage: www.jamda.com

Original Study

Predictors of the Time to Institutionalization in Young- Versus Late-Onset Dementia: Results From the Needs in Young Onset Dementia (NeedYD) Study

Christian Bakker MSc [a,b,*], Marjolein E. de Vugt PhD [c], Deliane van Vliet MSc [c], Frans R.J. Verhey MD, PhD [c], Yolande A. Pijnenburg MD, PhD [d], Myrra J.F.J. Vernooij-Dassen PhD [b,e,f], Raymond T.C.M. Koopmans MD, PhD [b]

- The time from symptom onset to institutionalization was nearly 9 years for patients with YOD compared with approximately 4 years for patients with LOD.

- In the YOD group, apathy significantly predicted time of institutionalization.

- The caregiver’ s competence in caring for the person with dementia significantly predicted institutionalization in both groups

THE IMPACT OF YOUNG ONSET DEMENTIA ON INFORMAL CAREGIVERS COMPARED WITH LATE ONSET DEMENTIA: RESULTS FROM THE NEEDYD STUDY

- Caregivers in both groups experienced high levels of physical and psychological complaints, mild depressive symptoms, lower health-related quality of life (HRQoL), and decreased feelings of competence.

- The severity and the course of most measures were similar in both groups, although HRQoL on both the physical and the mental domain was lower for the YOD caregivers.

TABLE 2. Pairwise Comparisons of the Main Outcomes Between the YOD and LOD Caregivers

	YOD mean (SD)	LOD Mean (SD)	p	df
RAND-36				
Mental	38.9 (0.37)	42.1 (0.60)	<0.001	319
Physical	40.9 (0.68)	47.2 (0.86)	<0.001	424
MADRS	9.5 (0.71)	9.3 (0.78)	0.788	338
SCL-90	133.7 (2.48)	140.3 (3.80)	0.145	305
SSCQ	21.9 (0.83)	21.8 (0.81)	0.835	391

Notes: LOD: late onset dementia; MADRS: Montgomery Asberg Depression Rating Scale; SCL-90: Symptom Checklist 90; SD: standard deviation; SSCQ: Short Sense of Competence Questionnaire; YOD: young onset dementia.

Am J Geriatr Psychiatry. 2016 Jun;24(6):467-74

照顧者分析: THE NEEDYD STUDY

病患

	YOD (N = 220)	LOD (N = 108)	Test Value	p
Age in years, mean (SD)	61.6 (5.3)	80.2 (6.5)	U = 289.5	<0.001
Disease duration in years, mean (SD)	7.0 (3.8)	3.4 (2.5)	U = 4,479.0	<0.001
Female, N (%)	100 (45.5)	65 (60.2)	$\chi^2_{(1)} = 6.3$	0.012
Caregiver				
Age in years, mean (SD)	59.02 (9.3)	64.3 (12.4)	U = 9213.5	0.001
Female, N (%)	131 (59.5)	71 (65.7)	$\chi^2_{(1)} = 1.2$	0.278
Contact intensity, mean (SD)	127.9 (39.6)	90.9 (70.9)	U = 10,172.0	0.079
Same household, N (%)	200 (90.9)	59 (54.6)	$\chi^2_{(1)} = 76.5$	<0.001
Relationship			$\chi^2_{(2)} = 72.7$	<0.001
partner	201 (91.4)	54 (50)		
child	14 (6.3)	46 (42.6)		
other	5 (2.3)	8 (7.4)		

Am J Geriatr Psychiatry. 2015 Jul 17

HIGH CAREGIVER BURDEN IN YOD: WHAT FACTORS NEED ATTENTION?

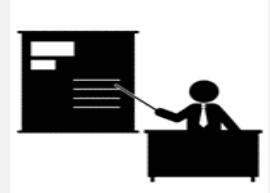
- Caregivers of YOD subjects reported significantly higher levels of burden compared to caregivers of LOD subjects (ZBI: 17.3 versus 13.94; $p = 0.015$).

- YOD subjects with a high caregiver burden had significantly higher neuropsychiatric inventory scores.

- Risk factors for high caregiver burden in YOD included family history of dementia and behavioral symptoms including disinhibited behavior, delusions, and apathy

J Alzheimers Dis. 2018;61(2):537-543

年輕型失智症的照護負擔



- 年輕型失智症患者的家屬照護負擔比晚發者來的大
- 大多數的年輕型失智症患者的照護家屬(66%) 接受到不好或很差的情感支援
- 年輕型失智症患者的照護家屬其高度壓力是來自漫長的照護期間與缺乏官方和非官方的支援
- 另外可能的壓力來源在於許多家屬還年輕尚未準備好擔任照護者的角色.

P. Werner et al. International Psychogeriatrics (2009), 21:4, 631 – 636

年輕型失智症的照護負擔

- 在年輕型失智症患者的照護家屬研究中，多達60%報告有焦慮之情緒，特別是女性.
- 憂鬱症狀在年輕型失智症患者的照護家屬也非常普遍，尤其是患者配偶.
- 年輕型失智症所造成的壓力還包括經濟基礎崩散、高度汙名化(stigmatization)及婚姻生活的負面影響等

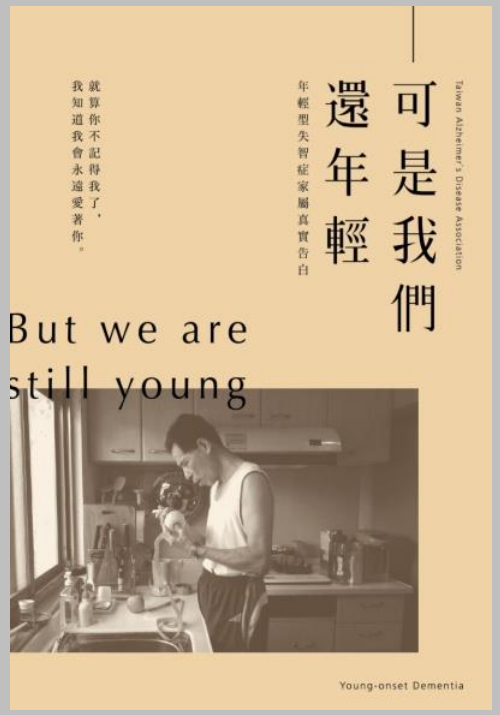
P. Werner et al. International Psychogeriatrics (2009), 21:4, 631 – 636

年輕型失智症的服務工作

- 相對於晚發性患者而言，年輕型失智症的服務工作相對嚴重不足
- 這也反映大眾對於年輕型失智症的認識不足
- 最重要是老年照護不能直接套用於年輕型失智 症的患者

P. Werner et al. International Psychogeriatrics (2009), 21:4, 631 – 636

感謝聆聽


Taiwan Alzheimer's Disease Association
可是我們
還年輕
年輕型失智症家屬真實告白
就算你不記得我了，
我知道我會永遠愛著你。
But we are
still young
Young-onset Dementia