This month’s issue, a series of case challenges on dementia, gathered by Asher Simon, MD, and Psychiatric Annals board member Katharine Nelson, MD, offers a look at different forms of dementia and their management.

Reading through the articles, I was reminded of a comment made by an expert clinician and research investigator in the dementias, whom I heard give a lecture on the subject. Referring to how it used to be common to address beginning medical school students by saying, “Look at the person to the left of you, then the person to the right: only one of them will be in the graduating class.” Instead, he commented to us now more “established” audience members, “Look at the person to the left of you, then the person to the right. One of them will have a dementia and the other one will be taking care of a person with dementia.”

Pretty scary — especially at my age. The fear of becoming demented and unable to care for oneself is greater than the fear of death for many of us. We want to live a full life for as long as we can, yet we know that one of the risk factors for dementia is age. Positive aging can be beautiful — but dementia can deface this picture drastically. We really need effective treatment and preventive treatment for dementia.

The case reports in this issue raise the importance of diagnostic thinking beyond diagnostic categories. The formula of age plus loss of mental function equals a dementia may be the case much more often than not, but this series presents a more interesting and important picture. That’s the beauty of individual cases.

Take the case written by Lauren S. Liebman, BA, Roya S. Nazarian, BA, and Charles H. Kellner, MD (see page 456). A patient in his 70s with the onset of cognitive function loss, even in the context of a family history of a sister who died of Alzheimer’s disease, who with some depressive symptoms has a dramatic response to electroconvulsive therapy. If the clinical assumption had been Alzheimer’s, and had ended there, the probable outcome for this patient would have been drastically different.

Then there is the case by Patricia J. Dickmann, MD, and Katharine J. Nelson, MD (see page 460). A man in his mid 40s presents with early-onset dementia? But why? — I suspect the answer will surprise you. Most of the patients seen with symptoms of dementia will have Alzheimer’s dementia or vascular dementia; few dramatic treatments to reverse the process are currently available. Mostly, we use what we have, which can be of moderate help, until the next breakthrough in the treatment of dementia.

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The Limits of Categorical Thinking in Clinical Practice

Jan Fawcett, MD