

## Types of Dementia, Causes, Risk, Treatment and Support

Understanding the various types of dementia, their causes, associated risks, and available treatments is crucial for providing effective care and support. Each type of dementia presents unique challenges, necessitating a personalised approach to treatment and management.

Dementia Types <sup>1</sup>	Key Symptoms <sup>2</sup>	No. of Deaths (2023) <sup>3</sup>	Prevalence (2023) <sup>4</sup>	Causes <sup>5</sup>	Risk <sup>6</sup>	Therapy and Support <sup>7</sup>
<b>1 Alzheimer's Disease:</b> The most common cause of dementia, characterised by progressive memory loss, confusion, and cognitive decline.	<ul style="list-style-type: none"> <li>• Memory loss: Especially recent memories.</li> <li>• Difficulty with planning and performing familiar tasks.</li> <li>• Confusion about time and place.</li> <li>• Changes in mood and personality.</li> </ul>	17,800	246,660 to 287,770	Primarily caused by the buildup of amyloid plaques and tau tangles in the brain.	Age, family history, genetics, and lifestyle factors such as poor diet and lack of exercise.	<b>Therapies:</b> Cognitive and behavioural therapies to support memory and daily functioning. <b>Supportive care:</b> Assistance with daily activities, creating a safe environment, and providing emotional support.
<b>2 Vascular Dementia:</b> Caused by problems with the blood supply to the brain, often due to strokes or other vascular conditions.	<ul style="list-style-type: none"> <li>• Impaired judgment and decision-making.</li> <li>• Difficulty with motor skills and balance.</li> <li>• Sudden or stepwise progression of symptoms.</li> </ul>	3,000	82,220	Caused by conditions that block or reduce blood flow to the brain, such as strokes.	High blood pressure, diabetes, smoking, and heart disease.	<b>Therapies:</b> Physical and occupational therapy to improve mobility and daily functioning. <b>Lifestyle changes:</b> Adopting a heart-healthy diet, regular exercise, and quitting smoking.
<b>3 Lewy Body Dementia:</b> Associated with abnormal deposits of a protein called alpha-synuclein in the brain, leading to symptoms such as visual hallucinations, sleep disturbances, and Parkinson's-like symptoms.	<ul style="list-style-type: none"> <li>• Visual hallucinations.</li> <li>• Movement disorders: Like Parkinson's disease.</li> <li>• Fluctuations in attention and alertness.</li> </ul>	1,000	20,555 to 41,110	Caused by abnormal deposits of alpha-synuclein protein in the brain.	Age, genetics, and possibly a history of Parkinson's disease.	<b>Therapies:</b> Physical, occupational, and speech therapy to address motor and communication issues. <b>Supportive care:</b> Providing a structured environment and managing sleep disturbances.

1 [Different types of dementia](#). Dementia Australia, February 2025

2 [Dementia - Symptoms and causes](#). Mayo Clinic

3 [Dementia in Australia, Data > Data tables: S3. Mortality Data XLSX](#). Australian Institute of Health and Welfare, September 2024; [Provisional Mortality Statistics, Jan - Sep 2024](#). Australian Bureau of Statistics, December 2024

4 [Dementia in Australia, Data > Data tables: S2. Prevalence Data XLSX](#). Australian Institute of Health and Welfare, 2024

5 [Dementia - Symptoms and causes](#). Mayo Clinic

6 [Dementia - Symptoms and causes](#). Mayo Clinic

7 [Types of dementia](#). Alzheimer's Society; [Different types of dementia](#). Dementia Australia, February 2025

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<p><b>4 Frontotemporal Dementia:</b></p> <p>Involves the degeneration of nerve cells in the frontal and temporal lobes of the brain, affecting personality, behaviour, and language.</p>	<ul style="list-style-type: none"> <li>Changes in personality and behaviour.</li> <li>Language difficulties: Problems with speaking or understanding.</li> <li>Movement disorders: Less common but can occur.</li> </ul>	500	8,222 to 20,555	Caused by the degeneration of nerve cells in the frontal and temporal lobes of the brain.	Genetics and family history.	<p><b>Medications:</b> Antidepressants and antipsychotics to manage behavioural symptoms.</p> <p><b>Therapies:</b> Speech and language therapy to help with communication difficulties.</p> <p><b>Supportive care:</b> Providing emotional support and creating a safe environment.</p>
<p><b>5 Mixed Dementia:</b></p> <p>Mixed dementia occurs when a person has brain changes from multiple types of dementia, commonly Alzheimer's disease and vascular dementia. This combination can result in a wider array of symptoms and a more pronounced effect on cognitive abilities.</p>	<ul style="list-style-type: none"> <li>Combination of symptoms: Overlapping symptoms of Alzheimer's and vascular dementia.</li> </ul>	Not reported but are included in the overall dementia death statistics.	Specific prevalence rates are not always reported separately.		Dependent on dementia type identified.	
<p><b>6 Alcohol-Related Dementia:</b></p> <p>A type of dementia caused by long-term, excessive alcohol consumption, leading to brain damage and cognitive impairment.</p>	<ul style="list-style-type: none"> <li>Severe memory problems: Especially short-term memory.</li> <li>Confabulation: Making up stories to fill memory gaps.</li> <li>Coordination problems.</li> </ul>	Not reported but are included in the overall dementia death statistics.	Specific prevalence rates are not always reported separately.	Chronic alcohol abuse resulting in neurological damage.	Long-term heavy drinking, poor nutrition, and vitamin deficiencies (especially thiamine).	<p><b>Therapies:</b> Cognitive rehabilitation, physical therapy.</p> <p><b>Supportive care:</b> Abstinence from alcohol, nutritional support, and counselling.</p>
<p><b>7 Parkinson's Disease Dementia:</b></p> <p>A decline in thinking and reasoning skills that develops in some people with Parkinson's disease, typically years after the initial diagnosis.</p>	<ul style="list-style-type: none"> <li>Movement symptoms: Tremors, stiffness, and slow movement.</li> <li>Cognitive decline: Similar to Alzheimer's but occurs later in the disease progression.</li> </ul>	Not reported but are included in the overall dementia death statistics.	Specific prevalence rates are not always reported separately.	The progression of Parkinson's disease, which affects brain areas responsible for cognitive functions.	Age, duration of Parkinson's disease, and severity of motor symptoms.	<p><b>Therapies:</b> Physical therapy, occupational therapy.</p> <p><b>Supportive care:</b> Cognitive training, supportive care for daily activities.</p>

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<p><b>8 Korsakoff Syndrome:</b></p> <p>A chronic memory disorder caused by severe deficiency of thiamine (vitamin B1), often associated with alcohol misuse.</p>	<ul style="list-style-type: none"> <li>Severe memory problems: Especially short-term memory loss.</li> <li>Confabulation: Making up stories to fill memory gaps.</li> <li>Coordination problems: Difficulty with movement and balance.</li> <li>Hallucinations: Seeing or hearing things that aren't there.</li> </ul>	<p>Not reported but are included in the overall dementia death statistics.</p>	<p>Specific prevalence rates are not always reported separately.</p>	<p>Severe thiamine deficiency, often due to chronic alcohol abuse or malnutrition.</p>	<p>Chronic alcohol use, malnutrition, and conditions that affect nutrient absorption.</p>	<p><b>Therapies:</b> Cognitive rehabilitation.</p> <p><b>Supportive care:</b> Abstinence from alcohol, nutritional support, and counselling.</p>
<p><b>9 Creutzfeldt-Jakob Disease:</b></p> <p>A rare, degenerative brain disorder caused by abnormal prion proteins, leading to rapid mental deterioration.</p>	<ul style="list-style-type: none"> <li>Rapid progression: Symptoms worsen quickly.</li> <li>Severe mental deterioration: Memory loss, personality changes, and hallucinations.</li> </ul>	<p>Not reported but are included in the overall dementia death statistics.</p>	<p>Specific prevalence rates are not always reported separately.</p>	<p>Abnormal prion proteins that cause brain cell death.</p>	<p>Age (typically affects older adults), genetic mutations, and exposure to contaminated tissue.</p>	<p><b>Therapies:</b> None specific; focus is on symptom management.</p> <p><b>Supportive care:</b> Palliative care to improve quality of life.</p>
<p><b>10 Normal Pressure Hydrocephalus:</b></p> <p>A condition characterised by the buildup of cerebrospinal fluid in the brain's ventricles, causing symptoms similar to dementia.</p>	<ul style="list-style-type: none"> <li>Gait disturbances: Difficulty walking.</li> <li>Urinary incontinence.</li> <li>Cognitive impairment: Memory loss and difficulty thinking.</li> </ul>	<p>Not reported but are included in the overall dementia death statistics.</p>	<p>Specific prevalence rates are not always reported separately.</p>	<p>Blockage of cerebrospinal fluid flow, often due to head injury, bleeding, infection, brain tumor, or unknown reasons.</p>	<p>Increasing age (most common in people over 65).</p>	<p><b>Therapies:</b> Physical therapy to improve mobility.</p> <p><b>Supportive care:</b> Surgical implantation of a shunt to drain excess fluid.</p>
<p><b>11 Posterior Cortical Atrophy:</b></p> <p>A rare, progressive neurodegenerative disorder affecting the posterior part of the brain, leading to visual and spatial processing difficulties.</p>	<ul style="list-style-type: none"> <li>Visual processing problems: Difficulty with spatial awareness and visual tasks.</li> <li>Reading difficulties.</li> <li>Coordination issues.</li> </ul>	<p>Not reported but are included in the overall dementia death statistics.</p>	<p>Specific prevalence rates are not always reported separately.</p>	<p>Often associated with atypical Alzheimer's disease, but can also be due to other neurological conditions like Lewy body dementia.</p>	<p>Like those for Alzheimer's disease, though specific risk factors for PCA are still being studied.</p>	<p><b>Therapies:</b> Occupational therapy, vision therapy.</p> <p><b>Supportive care:</b> Supportive care for daily activities and cognitive training.</p>