

COGNITIVE AND LANGUAGE DEFICITS IN VASCULAR DEMENTIA*Slavica Vasilijević¹, Mile Vuković², Lana Jerkić³*¹Health Center Novi Beograd, Belgrade, Serbia²University of Belgrade, Faculty of Special Education and Rehabilitation, Belgrade, Serbia³University of Belgrade, Faculty of Special Education and Rehabilitation, Ph.D. student, Belgrade, Serbia

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Vascular dementias (VaD) represent a progressive decline in cognitive functions to the extent that it interferes with daily activities performance. Although it is a relatively common form of dementia that occurs in frequency right after Alzheimer's disease (AD) there are far fewer studies that focus on studying cognitive and behavioral changes compared to AD. The clinical picture and course of the disease differ between different types.

Due to the heterogeneity of the manifestation of cognitive deficits in VaD, in the literature, these deficits are mostly reported through case studies, mainly in persons with subcortical lesions. Disorders are manifested on the cognitive, motor, behavioral, and functional levels. Vascular dementias are clinically manifested by disorders of language, memory, reasoning, and executive functions. However, visuospatial deficits, attention and praxis deficits, reasoning disturbances, and other disorders can also be manifested. When a stroke occurs at the level of large blood vessels, disorders of language and visuospatial abilities, aphasia, apraxia, memory disorders, and amnesia are mostly manifested. Stroke at the level of small blood vessels manifests disorders of executive functions, attention, planning, more pronounced neuropsychiatric symptoms and other disorders.

The pathophysiology of the symptoms of cognitive impairment in VaD is still not sufficiently known. There is an opinion that the appearance of language disorders in the form of aphasia also contributes to and complicates the assessment of memory and other cognitive functions. Essential parts of the diagnosis of VaD are neurological and neuropsychological assessment, while treatment is based on drug therapy, psychosocial support, and speech-language therapy.

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