

Complete Information on Binswanger's disease

Binswanger's disease (BD), also called subcortical vascular dementia. Binswanger's disease is a rare form of dementia characterized by cerebrovascular lesions in the deep white-matter of the brain, loss of memory and cognition, and mood changes. Binswanger's disease is one of the neurological syndromes associated with hypertension. It is uncommon, but obviously devastating. The histologic findings are diffuse, irregular loss of axons and myelin accompanied by widespread gliosis. Small infarcts may be seen in the frontal lobes. The pathologic mechanism may be damage caused by severe atherosclerosis.

Other symptoms involved forgetfulness, changes in speech, an unsteady gait, clumsiness or frequent falls, changes in personality or mood (most likely in the form of apathy, irritability, and depression), and urinary symptoms that aren't caused by urological disease. There is no specific course of treatment for BD. Treatment is symptomatic. Although drugs used to treat high blood pressure, depression, arrhythmia and low blood pressure are used to treat the condition's symptoms. Antidepressant medications such as the serotonin-specific reuptake inhibitors (SSRI) sertraline or citalopram.

Atypical antipsychotic drugs, such as risperidone and olanzapine, can be useful in distinctive with agitation and disruptive behavior. Recent drug trials with the drug memantine have shown improved cognition and stabilization of global functioning and behavior. The successful management of hypertension and diabetes can slow the progression of atherosclerosis, and subsequently slow the progress of BD. BD is a progressive disease; there is no cure. Changes may be sudden or gradual and then progress in a stepwise manner. BD can often coexist with Alzheimer's disease. Behaviors that slow the progression of high blood pressure, diabetes.

About the Author

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