Letter by Rodríguez-García and Rodríguez-García
Regarding Article, “Vascular Contributions to Cognitive Impairment and Dementia: A Statement for Healthcare Professionals From the American Heart Association/American Stroke Association”

To the Editor:

Recently Gorelick et al published an interesting overview of the evidence on vascular contributions to cognitive impairment and dementia.1 This statement provides some outstanding aspects for practical classification of vascular cognitive impairment (VCI). First, the recent published advances in dementia and mild cognitive impairment definitions were summarized.2,3 Second, the guideline proposes a different perspective for some terms used for classifying certainty of VCI diagnosis (eg, probable for the most “pure” forms of vascular dementia and possible when the certainty of the diagnosis is diminished or exist a “mixed” process).4 However, in contrast with some classical criteria, the definitive level is currently not specified.

Third, the following criteria description (Table 2) should be interpreted with caution: (1) For possible VCI, there is no clear relationship (temporal, severity, or cognitive pattern) between the vascular disease (eg, silent infarcts, subcortical small-vessel disease) and the cognitive impairment.5 However, no definitions are expressed for temporal, severity, and cognitive pattern relationship. Is temporal relation related to the 3-month post-stroke cutoff? Is severity defined according classical criteria published? Is cognitive pattern a relationship criterion considered without cerebral localization diagnosis? Which singular or specific cognitive pattern can be applied for the heterogeneous forms of vascular dementia? (2) For possible VCI, there is cognitive impairment and imaging evidence of cerebrovascular disease, but information is insufficient for the diagnosis of vascular dementia (eg, clinical symptoms suggest the presence of vascular disease, but no CT/MRI studies are available).1 Then, is imaging evidence of cerebrovascular disease (CT/MRI) available? (3) Possible VCI is stated when severity of aphasia precludes proper cognitive assessment. However, patients with documented evidence of normal cognitive function (eg, annual cognitive evaluations) before the clinical event that caused aphasia could be classified as having probable vascular dementia.1 What are the foundations for the previously diagnosis of cognitive impairment if aphasia precludes proper assessment? Which precise criteria about aphasia are obviated if the word could be used? (4) There is no history of gradually progressive cognitive deficits before or after the stroke that suggests the presence of a nonvascular neurodegenerative disorder for probable VCI. However, some types of undoubtedly vascular dementia could start and develop in an insidious fashion without any clinically apparent stroke. Is it appropriate to consider a possible VCI when cerebral autosomal-dominant arteriopathy with subcortical infarcts and leukoencephalopathy is diagnosed by progressive cognitive changes, typical findings on MRI, and mutations in the Notch 3 gene?

In conclusion, until now, several groups of criteria have been proposed to decrease subjectivity and disagreement in the diagnosis of VCI. Unfortunately, none of these diagnostic criteria have satisfactorily consistency with regard to the onset, evolution, cognitive profiles, imaging evidence, and pathological markers. There is a need for agreement on criteria for the diagnosis of VCI as well as subtypes that would take into consideration the diverse mechanisms of the cerebrovascular disease.6 These criteria would be flexible enough to be used by healthcare providers as well as specialized investigators.

Disclosures

None.

Pedro Luis Rodríguez-García, MD
Neurology Service
E. Guevara Hospital
Las Tunas, Cuba

Damaris Rodríguez-García, MD
Radiology Service
L. Iníguez Hospital
Holguín, Cuba

Letter by Rodríguez-García and Rodríguez-García Regarding Article, "Vascular Contributions to Cognitive Impairment and Dementia: A Statement for Healthcare Professionals From the American Heart Association/American Stroke Association"

Pedro Luis Rodríguez-García and Damaris Rodríguez-García

*Stroke*. 2011;42:e584; originally published online September 22, 2011; doi: 10.1161/STROKEAHA.111.634279

*Stroke* is published by the American Heart Association, 7272 Greenville Avenue, Dallas, TX 75231
Copyright © 2011 American Heart Association, Inc. All rights reserved.
Print ISSN: 0039-2499. Online ISSN: 1524-4628

The online version of this article, along with updated information and services, is located on the World Wide Web at:

http://stroke.ahajournals.org/content/42/11/e584

An erratum has been published regarding this article. Please see the attached page for:
/content/43/1/e16.full.pdf

Permissions: Requests for permissions to reproduce figures, tables, or portions of articles originally published in *Stroke* can be obtained via RightsLink, a service of the Copyright Clearance Center, not the Editorial Office. Once the online version of the published article for which permission is being requested is located, click Request Permissions in the middle column of the Web page under Services. Further information about this process is available in the Permissions and Rights Question and Answer document.

Reprints: Information about reprints can be found online at:
http://www.lww.com/reprints

Subscriptions: Information about subscribing to *Stroke* is online at:
http://stroke.ahajournals.org//subscriptions/
The article entitled, “Letter by Rodríguez and Rodríguez Regarding Article, ‘Vascular Contributions to Cognitive Impairment and Dementia: A Statement for Healthcare Professionals From the American Heart Association/American Stroke Association’” by Rodríguez and Rodríguez, which appeared in the journal (Stroke. 2011;42:e584) included the below errors. These errors have been corrected in the online version of this article.

The authors’ names should appear as Pedro Luis Rodríguez-García and Damaris Rodríguez-García. Therefore, the title of the article is now: Letter by Rodríguez-García and Rodríguez-García Regarding Article, “Vascular Contributions to Cognitive Impairment and Dementia: A Statement for Healthcare Professionals From the American Heart Association/American Stroke Association.”