

Types of Dementia at a Glance Cheatsheet

Purpose of This Cheatsheet

This cheatsheet is for when the diagnosis doesn't explain what you're seeing. The doctor said Alzheimer's, or maybe just "dementia," and now your person is seeing things that aren't there, saying things they never would have said, or doing fine on Tuesday and lost on Wednesday. Here's how the four most common types start, how each one tends to move, and the symptoms that usually come with each, so a new behavior doesn't blindside you.

First, know this: your person won't follow the textbook. Many people have more than one type at the same time, and everyone moves at their own pace. Use this as a map, not a promise.

The 4 Most Common Types, Side by Side

Type	Often noticed first	How it tends to move
Alzheimer's Disease Slow and steady	Forgetting recent conversations, asking the same questions, misplacing things, and losing words or names.	A gradual decline over years. On average, people live 4 to 8 years after diagnosis, and some live 20. It's the most common type.
Vascular Dementia Step by step	Trouble planning, following steps or making decisions, and slower thinking. It sometimes shows up right after a stroke.	It can stay steady for a while, then drop suddenly after a new stroke or mini stroke, then level off again.
Lewy Body Dementia Up and down	Big swings in alertness, seeing things that aren't there, stiffness, shuffling or falls, and acting out dreams in their sleep.	Sharp one day and very confused the next. Movement problems and falls usually grow over time. Memory may hold up early.
Frontotemporal Dementia (FTD) Behavior or language first	Personality changes, losing their filter, poor judgment, or trouble finding and understanding words. It often starts in the 40s to 60s.	Behavior or speech changes lead the way while memory often stays strong early, which is why it's so often mistaken for depression or a midlife crisis.

What about mixed dementia? Having more than one type at once, most often Alzheimer's and vascular together, is very common in older adults. If your person's symptoms seem to fit two rows, that may be why.

Types of Dementia at a Glance Cheatsheet

Alzheimer's Disease

The pattern: **slow and steady**. Short term memory goes first, and the past often stays clearer than today.

Asking the same question again and again.

What to do: Answer it like it's the first time, using fewer words each time. Then write the answer where they'll see it, like a whiteboard by the door.

Losing things and saying someone took them.

What to do: Don't argue about whether anyone stole it. Say "Let's look together," learn their favorite hiding spots, and keep spares of the things that go missing most.

Living in an earlier time.

What to do: If they're looking for their mother or getting ready for a job they left years ago, meet them there. Ask about that time instead of correcting the year.

Take away: *Alzheimer's usually changes slowly, which gives you time to plan for the next stage before you're in it.*

Vascular Dementia

The pattern: **step by step**. Caused by reduced blood flow to the brain, so it often moves in drops instead of a slow slide.

A sudden drop after a stretch of staying the same.

What to do: Call 911 right away for a drooping face, arm weakness, slurred speech or sudden confusion, since it could be a new stroke. Tell the doctor about any sudden change, even if it seems to pass.

Knowing what they want to do, but getting stuck on how.

What to do: Give one step at a time, and wait longer for an answer than feels natural before you jump in.

Depression, apathy, or crying and laughing out of nowhere.

What to do: Bring mood changes up with the doctor. Depression is common with vascular dementia and it's treatable, and crying or laughing that doesn't match the moment can come from stroke damage that has treatment too.

Take away: *Protecting the heart protects the brain. Keeping blood pressure, blood sugar and cholesterol in check may help prevent the next drop.*

Types of Dementia at a Glance Cheatsheet

Lewy Body Dementia

The pattern: **up and down**. Thinking, alertness and movement can all swing from hour to hour or day to day.

Sharp one day, lost the next.

What to do: A good day doesn't mean they're faking the bad ones. Save big talks and outings for their clear times, and track the swings to show the doctor.

Seeing people, children or animals that aren't there.

What to do: If it isn't scaring them, you don't have to fix it. If it is, stay calm, don't argue, and check the lighting, since shadows and reflections can make it worse.

Stiffness, shuffling and falls.

What to do: Clear the walkways, add night lights and ask about physical therapy. Mention dizziness when they stand up, since blood pressure drops are common.

Very important: Many people with Lewy body have severe, even dangerous reactions to antipsychotic medications. Make sure every doctor and hospital knows the diagnosis before giving anything for agitation or hallucinations.

Take away: With Lewy body, a bad day doesn't always mean a new normal. Watch the pattern over weeks, not hours.

Frontotemporal Dementia (FTD)

The pattern: **behavior or language first**. They may remember everything and still not act like themselves.

Saying or doing things they never would have before.

What to do: It's the disease, not how they feel about you. In public, hand out small cards that say "My loved one has dementia. Thank you for your patience."

Poor judgment with money and strangers.

What to do: Protect the finances early. Set alerts or limits on their cards, and see an elder law attorney about power of attorney while they can still sign.

New habits they can't stop, like overeating or craving sweets.

What to do: Change the space instead of the person. Keep sweets out of sight, portion food ahead of time, and redirect instead of arguing.

Take away: If the diagnosis doesn't fit, or speech is going first, ask for a neurologist who knows FTD well.

Types of Dementia at a Glance Cheatsheet

Questions to Bring to the Doctor

Why it's hard: Appointments go fast, and it's easy to walk out with more questions than you walked in with. Bring this page and write the answers right on it.

About the Diagnosis

- ☐ What type of dementia do you think my person has, and how sure are you?
- ☐ Could it be more than one type?
- ☐ What tests helped you decide, and are there any others we should do?
- ☐ Should we see a specialist, like a neurologist or a geriatrician?

About What's Coming

- ☐ What stage do you think they're in right now?
- ☐ What changes should I watch for next with this type?
- ☐ What would a sudden change look like, and when should I call you or go to the ER?

About Medications and Care

- ☐ Are there medications that can help with memory, mood, sleep or hallucinations?
- ☐ Are there any medications they should avoid with this type?
- ☐ Would physical, occupational or speech therapy help?
- ☐ Who can I call with questions between appointments?

Before the appointment: Write down the 3 changes that worry you most, when each one started, and whether it came on slowly or suddenly. If you can, ask to talk with the doctor privately so you can be honest without embarrassing your person.

A Note Before You Go

Nothing on this cheatsheet will match your person 100% of the time. After working with thousands of dementia patients and caregivers, I can tell you no two people move through this the same way, even with the same diagnosis. Use this as a starting point for better questions and fewer surprises, and trust what you know about your person.

Progress over perfection.