risk factors such as hypertension, hypercholesterolemia, and diabetes mellitus become more widespread. CNS infections, HIV (and associated opportunistic infections), syphilis, cysticercosis, and tuberculosis, likewise represent major contributors to dementia in the developing world. Systemic infection with SARS-CoV-2 may, in some individuals, have lasting effects on cognition due to involvement of brain microvasculature or to immunologically mediated white matter injury (acute disseminated encephalomyelitis [ADEM]) **(Chap. 444)**. Some individuals complain of lasting fatigue, changes in mood, and cognitive difficulties, but the long-term prognosis for SARS-CoV-2-related cognitive impairment remains unknown. Isolated populations have also contributed to our understanding of neurodegenerative dementia. Kuru, the cannibalism-associated rapidly progressive dementia seen in tribal New Guinea, played a role in the discovery of human prion disease. Amyotrophic lateral sclerosis-parkinsonism-dementia complex of Guam (or, Lytico-bodig disease) is a poly-proteinopathy, often with tau, TDP-43, and alpha-synuclein aggregation. The root cause of the disease remains uncertain, but its incidence has declined sharply over the past 60 years.

TREATMENT

Dementia

The major goals of dementia management are to treat reversible causes and provide comfort and support to the patient and caregivers. Treatment of underlying causes includes thyroid replacement for hypothyroidism; vitamin therapy for thiamine or B_{12} deficiency or for elevated serum homocysteine; antimicrobials for opportunistic infections or antiretrovirals for HIV; ventricular shunting for NPH; or surgical, radiation, and/or chemotherapeutic treatment for CNS neoplasms. Removal of cognition-impairing drugs or medications is essential when appropriate. If the patient's cognitive complaints stem from a psychiatric disorder, vigorous treatment of the condition should be tried to eliminate the cognitive complaint or to confirm that it persists despite adequate resolution of the mood or anxiety symptoms. Patients with degenerative diseases may also be depressed or anxious, and those aspects of