



Brain Stimulation: Chapter 48. Dementia (Handbook of Clinical Neurology)

Nardone Raffaele, Golaszewski Stefan, Trinka Eugen

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Transcranial magnetic stimulation (TMS) has been used extensively to characterize motor system pathophysiology in Alzheimer's disease (AD) and other forms of dementia, as well to monitor the effects of certain pharmacological agents. Among the studies focusing on motor cortical excitability measures, the most consistent finding is a significant reduction of short-latency afferent inhibition (SAI) in AD and other forms of dementia in which the cholinergic system is affected, such as dementia with Lewy bodies. SAI evaluation may thus provide a reliable biomarker of cortical cholinergic dysfunction in dementias. Moreover, most TMS studies have demonstrated cortical hyperexcitability and asymptomatic motor cortex functional reorganization in the early stages of the disease. Integrated approaches utilizing TMS together with high-density EEG have indicated impaired cortical plasticity and functional connectivity across different neural networks in AD. Paired associative stimulation-induced plasticity has also been found to be abnormal in patients with AD. The development of novel noninvasive methods of brain stimulation, in particular repetitive TMS (rTMS) and transcranial direct current stimulation (tDCS), has increased the interest in neuromodulatory techniques as potential therapeutic tools for cognitive rehabilitation in AD. Preliminary studies have revealed that rTMS and tDCS can induce beneficial effects on specific cognitive functions in AD. Future studies are warranted to replicate and extend the initial findings.



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