In this issue, Jokinen et al report the neuropsychological findings among a large group of stroke patients. Within this group, they defined patients suffering from subcortical ischaemic vascular disease (SIVD) on the basis of published criteria of Erkinjuntti et al. This condition is also sometimes referred to as Erkinjuntti’s disease or syndrome.

The findings of Jokinen et al indicate that cognitive performance in the SIVD group was inferior to the other stroke patients in tests measuring executive functions and delayed memory recall. In contrast, in their study, patients with subcortical ischemic vascular dementia syndrome, as also suggested by Tierney et al., performed worse on tests measuring general cognitive function.

Secondly, the presence of concomitant Alzheimer’s disease (AD) always comes to mind and is difficult to refute. Several studies have pointed to a combined effect of medial temporal lobe atrophy as indicative of AD pathology, and white matter changes to cognitive function, particularly to the extent reported in the Jokinen study, may be present in AD. Interestingly, Jokinen et al. did find that after controlling for medial temporal lobe atrophy, the differences disappeared for delayed memory but remained significant for executive functions, suggesting that each of the abnormalities is responsible for a different neuropsychological disturbance.

Thirdly, does this study really prove that SIVD is a separate disease entity as the authors suggest? Apart from the issue of AD pathology, it should also be noted that effect sizes were small and overlapped with the stroke patients. This means that clinically these patients may still be difficult to recognize and distinguish within a stroke population, and in fact only MRI provides a valid marker to identify these patients, for instance, for a drug intervention study.

This study, however, does bring us one step further towards identification and recognition of these patients within a stroke cohort and does strengthen (again) the notion of carefully examining stroke patients for cognitive effects, as such effects are prevalent and can influence prognosis.

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Correspondence to: Professor P Scheltens, Department of Neurology/Alzheimer Center, VU University Medical Center; p.scheltens@vumc.nl

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