The word dementia derives from the Latin prefix “de-,” meaning “out of,” plus “mentis,” meaning “mind,” hence “out of one’s mind”—an apt description for the condition. The American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) identifies dementia as a major neurocognitive disorder (see Table 1 for diagnostic criteria) characterized by a significant cognitive decline from a previous level of performance in one or more of six cognitive domains, with substantially impaired cognitive performance preferably documented by standard neuropsychological testing or by another dementia assessment tool. The six domains are listed in Table 2. The cognitive deficits interfere with independent daily activities, do not occur exclusively in the context of delirium, and cannot be better explained by another mental disorder (e.g., major depressive disorder, schizophrenia).

Whereas many major neurocognitive disorders may occur in younger people, the term dementia is customarily applied only to older adults. Dementia is a general, nonspecific term that encompasses several underlying major neurocognitive disorders. Behavioral disturbances, including psychotic symptoms, mood disturbance, agitation, apathy, aggression, combativeness, and “wandering off” (2018 International Classification of Diseases, 10th Revision, Clinical Modification [ICD-10-CM] code Z91.83) may also be present.

In the vast majority of cases, dementia is due to one of five conditions: Alzheimer disease (60% to 80% of cases), Lewy body dementia, frontotemporal dementia, vascular (multi-infarct) dementia, and Parkinson disease. Memory and language dysfunction are almost always present. Alternative causes of major neurocognitive disorders that primarily affect younger people include traumatic brain injury, HIV infection, prion disease, substance use, and Huntington disease. 

**Table 1. Diagnostic criteria for major neurocognitive disorders***

1. Significant cognitive decline from a previous level of performance
2. One or more cognitive domains affected
3. Impaired cognitive performance preferably measured by neuropsychological testing or by another assessment tool
4. Interference with independent daily activities
5. Not exclusively related to delirium
6. Not better explained by another mental disorder

*All criteria required. Source: Derived from DSM-5.*