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Where can I get more information?
The Stroke Association
Tel: 0303 3033 100
www.stroke.org

Different Strokes
Tel: 0845 130 7172
www.differentstrokes.org.uk

http://www.angiopathy.org/faq.html

If you need a large print, audio or translated copy of this document, please contact us on 020 3448 4763. We will try our best to meet your needs.

UCLH cannot accept responsibility for information provided by external organisations.
**Introduction**

This leaflet has been written by the Stroke Team at UCLH. It is intended for patients or their family/carers who are referred to our service. It is not intended to replace discussion with your consultant.

If you have any questions about cerebral amyloid angiopathy (CAA), please contact a member of the team, they will be happy to answer them for you.

**What is CAA?**

CAA is a build up of a protein called amyloid within the walls of small blood vessels near the brain surface. Amyloid is produced during brain activity but usually cleared. Clearance becomes less effective as we get older and amyloid builds up in the vessels.

**How common is CAA?**

CAA is surprisingly common; the greatest risk factor is age. Studies suggest 7% of healthy people aged 65-74 have CAA but approximately 70% of those over 85 might be affected. Not everyone with CAA has symptoms however.

**What does CAA cause?**

In most people CAA doesn’t seem to cause any symptoms. However, in some people the amyloid can cause leakage or blockage of small blood vessels. This can lead to brain bleeding, memory decline or seizure-like attacks, for example spreading pins and needles in the arm or face. We do not know why people develop different clinical symptoms in this disease.

Bleeding in the brain is the most common symptom of CAA seen in our clinic. The bleeding can be in the brain substance itself (often called intracerebral haemorrhage, which is a form of stroke) or on the surface of the brain, which often presents with seizure-like attacks.

Some people with CAA develop a decline in their memory and cognitive abilities. This is different to Alzheimer’s disease although they are related. Whilst almost all people with Alzheimer’s disease have CAA the reverse is less common.

Occasionally people can develop an inflammation reaction against the amyloid in the brain. This can cause a rapid decline in memory, seizures and stroke like symptoms. This rare condition often gets better; sometimes steroids or other immune drugs are used.

**How do you diagnose CAA?**

A definite diagnosis of CAA requires brain tissue (biopsy). Thankfully there are now non-invasive ways to diagnose CAA. This involves an MRI brain scan with special sequences to look for microbleeds in the brain—a hallmark of CAA. A lot of research is looking into the most accurate way to detect CAA on brain scans.

**Can you treat CAA?**

A lot of research is going into developing a treatment to clear the blood vessels of amyloid. However, as yet we do not have a specific treatment.

We can reduce the risk of recurrent brain haemorrhage in CAA by controlling ‘risk factors’. Keeping blood pressure very well controlled (e.g. under 130/70mmHg) is the mainstay. We also suggest avoiding any blood thinning medications (Aspirin, Clopidogrel, warfarin or other anticoagulants). For those with memory decline, cholinesterase inhibitors (often used in Alzheimer’s) have shown promise. Seizure like attacks can improve with anti-epileptic drugs.