If you need a large print, audio, braille, easy read, age-friendly or translated copy of this document, please contact us on 020 3448 4763. We will try our best to meet your needs.
Introduction
This leaflet has been written by members of 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 further questions about cerebral amyloid angiopathy (CAA), please contact a member of the team who will be happy to answer them for you.

What is CAA?
CAA is caused by build-up of a protein called amyloid beta 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 about 8% of healthy people aged 75-84 have CAA, but this increased to about 12% of those over the age of 85 might be affected.

CAA is a common cause of stroke due to brain haemorrhage in older people.

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 or numbness in the hand, arm or face. We do not fully understand why people develop different clinical symptoms.
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 (where a similar amyloid protein builds up in the brain) although they are related: while 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 easier non-invasive ways to diagnose CAA, including MRI brain scans with special sequences to look for micro bleeds and other bleeding in the brain. A lot of research is looking into the most accurate way to detect CAA on brain scans.

Can you treat CAA?
Research is going on around the world into improving the diagnosis and treatment of CAA. However, at the moment we do not have a specific treatment to remove the amyloid protein. We routinely collect data from people who attend clinic to help with our research.
We can reduce the risk of recurrent brain haemorrhage in CAA by controlling 'risk factors'. Keeping blood pressure very well controlled (usually under 130/80mmHg) 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