

Final Study Guide

Chapter 11, Cognitive and Life-Span Disorders

Cognitive Disorders

- Arise in old age
- Result from medical conditions
- Alzheimer's, Substance intoxication disorder or Withdrawal
- Memory deficits, language disturbances, perceptual disturbances, impairment in planning and organizing, failure to recognize or identify objects

Dementia- Cognitive deficits which occurs later in life

- Memory Loss
- Aphasia-deterioration of language, forgetting names of things
- Echolalia – repeat what is heard
- Palitania- repeating sounds or words over, and over
- Apraxia- impairment to execute actions, “waving goodbye”
- Agnosia- Failure to recognize objects or people
- Executive Functioning- planning, initiating, monitoring, stop complex behavior
- Decline in judgments, change in function and personality-Major NeuroCognitive Disorder- significant decline in cognitive functioning, make people unable to be independent or it is difficult

Types

Alzheimer

- Memory loss and apathy, irritability, dysphoria, violence, hallucination, delusion
- After 65 and die within 8-10 years from physical decline
- Brain- Filaments within nerve cells twisted and tangle
- **Neurofibrillary tangles**- made of protein, make it hard for nutrients and other supplies to move through cells
- **Plaques**- Deposits of protein (beta-amyloid) that accumulates in spaces btw cells of cerebral cortex and hippocampus, amygdala
- A lot of cell death in cortex causing shrinking and enlargement of ventricles of brain, loss of dendrites

Causes

- Viral infections, immune system dysfunction, exposure to toxic levels of aluminum, deficiencies of vitamins foliate and head traumas
- 24-49 percent heritable, genes and beta-amyloid proteins,
- Apolipoprotein E gene transport of cholesterol through, reduced cortex and hippocampus

- Chromosom 21-less common, middle aged type

Vascular Dementia

- Symptoms or evidence of cerebrovascular disease
- PET, MRI scans show blood supply is blocked to brain causing tissue damage, and hemorrhaging will cause stroke
- Caused by high blood pressure and accumulation of fat in arteries
- Parkinsons and HIV and huntintons disease can cause dementia
- Pick's disease and Creutzfeld-Jacob Disease

Impact of Gender and Culture on Dementia

- More women then men, Women have more language loss
- More African Americans
- More lower Educated people

Drugs

- Cholinesterase inhibitors- help prevent break down of neurotransmitters
- Memantine- Neurotransmitters alutale regulator

Delirium

- Distortion, recent memory loss, clouding of consciousness, Difficulty focusing, sustaining or shifting attention
- Arise suddenly in hours/days
- Rarely last longer then 1 month
- Fluctuate over course of day, worse at night
- **Sundowning**- worse at night
- Often agitated or frightened
- Have disrupted sleep-wake cycles
- Experience incoherent speech, delusions and Hallucinations
- Signals serious medical condition, once treated can get better; is reversible
- Most common psychiatric syndrome in hospitals, 10-20% of elderly after surgery
- Males are at greater risk, African Americans at greater risk

Treatment

- Illness treated first, stop certain medication
- May use antipsychotics
- Nurse care to continually watch patient
- Use family to calm and keep patient happy

Amnesia _

- Major Neurocognitive or minor disorder
- Known organic or biological causes
- Common to remember events from distance, not recent past
- Don't realize the memory lapses
- Keep environment familiar
- **Korsakoff's syndrome**-Damage to thalamus chronic alcohol use, relay station for other parts of brain

Mental Disorders Later in Life

Anxiety

- 15% of people over 65, most common
- Worry about loved ones and health
- PTSD and acute stress disorder are common

Treatment

- Most talk to regular physicians that wrongly prescribe antianxiety drugs when for older people antidepressants work best
- Cognitive Behavior Therapy

Depression

- 1 in 5 , 12-20%
- Common for older people living in acute care or chronic care settings
- Gender gap narrows with age
- Bipolar is rare, unipolar common
- 85% of suicides caused by depression for people over 65
- Illness's reduce quality of life
- Half were already depressed when young
- More likely to complain of somatic problems than psychological '
- **Depletion Syndrome** loss of interest in activities, hopelessness
- Lead to impairment in functioning
- Depression and Dementia Co-Occur, difficulty with free recall memory
- Caregiving is a risk factor
- **Complicated Grief** -several months after loved ones death, feel profound guilt, thoughts that one would be better off dead, inactivity, persistent impairment in functioning, hallucinations beyond hearing voices of loved on

Treatment

- Antidepressants, tricyclic anti., SSRI, ECT, Behavioral ther increases pleasant activity

Substance Abuse

- Alcohol and prescription misuse
- Older people metabolize slower