Chronic Encephalopathy Syndrome (CES).

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Accepted March 05, 2021

Commentary

Chronic Traumatic Encephalopathy (CTE) is a severe and progressive brain illness caused by repeated Traumatic Brain Injuries (TBIs), such as concussions and strikes to the head. It has also been linked to the onset of dementia. According to studies, those who suffer a TBI in their early to mid-forties are two to four times more likely to acquire dementia later in life [1]. Chronic Traumatic Encephalopathy (CTE) is a degenerative brain illness caused by repeated head strikes. Behavioural issues, mood issues, and cognitive issues are all possible encephalopathy signs. Dementia is a common effect of the disease as it progresses. It's unclear whether the danger of suicide has changed.

CTE symptoms, which develop in four stages, usually appear eight to 10 years after a person has repeatedly had moderate traumatic brain injuries. Confusion, disorientation, dizziness, and headaches are common first-stage symptoms. Memory loss, social instability, impulsive conduct, and poor judgement are all symptoms of the second stage [2]. Progressive dementia, mobility difficulties, hypomania, speech impairments, sensory processing dysfunction, tremors, vertigo, deafness, sadness, and suicidality are all symptoms of the third and fourth stages. Dysarthria, dysphagia, cognitive issues such as forgetfulness and visual abnormalities such as ptosis are some of the other symptoms. There is no specific treatment for the condition. CTE rates have been reported to be around 30% in those who have had numerous head injuries, but population rates are unknown [3]. Brain damage caused by repeated head injuries was first studied in the 1920s, when the disorder was known as dementia pugilistic, or "punch drunk syndrome".

CTE can't be diagnosed in people who are still alive. During an autopsy, a clear diagnosis may be made. Despite the fact that some researchers correlate certain indications and symptoms with CTE, there is no definitive test that can verify its existence in a living individual. Other neurological disorders, such as Alzheimer's, have symptoms that are quite similar to this one. Helmets and mouth-guards have been suggested as possible preventative measures; while neither has extensive evidence to back it up, both have been found to lessen direct head damage [4]. Although there is no substantial evidence that wearing a helmet reduces the risk of concussions, there is evidence that wearing a helmet lessens impact forces. There is presently no cure for CTE, and people can't know whether they have it because it can't be tested for until an autopsy is performed. As with other types of dementia, treatment is supportive. Those suffering from CTE symptoms may obtain both drug and non-medication therapy. CTE symptoms do not appear immediately after a head injury, but doctors believe they may appear years or decades later after recurrent head trauma [5]. CTE symptoms are thought to manifest in two ways, according to experts. The first kind of CTE, which affects people in their late twenties and early thirties, can lead to mental health and behavioural problems such as depression, anxiety, impulsivity, and violence. The second type of CTE is likely to manifest symptoms around the age of 60. Memory and thinking impairments, which are likely to progress to dementia, are among these indications and symptoms.

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