Explore new challenges in alzheimer's disease and dementia : A psychological study.

Bajrangi Yadav*

Department of Psychology, Kamla Nehru Institute, Sultanpur, India

Abstract

Alzheimer's is disease of the brain that causes problems with memory thinking and behaviour. It is not a normal part of aging. Alzheimer's gets worse over time. Although symptoms can very widely, the first problem many people notice is forgetfulness severe enough to affect their ability to function at home or at work or to enjoy hobbies. The disease may cause a person to become confused, get lost in familiar places things or have trouble with language. It can be easy to explain away usual behaviour, as part of normal aging, especially for someone who seems physical healthy. An concerns about memory loss should be discussed with a doctors.

Keywords: Alzheimer's disease dementia, Behavioural-psychological changes.

Accepted on 13 August, 2021

Introduction

Alzheimer's accounts for go to 80 percent of all dementia causes. That includesof those age 65 and older and one-thired of those 85 and older. The disease also impacts more than 15 million family members and other cognitive abilities serious, enough to interface with daily life [1].

Description

The changes that take place in the brain begin at the microscopic level long before the first signs of memory loss. The brain has 100 billion nerve cells (neurons). Each nerve cell connects to many others to form communication networks. In addition to nerve cells, the brain includes cells specialized to support and nourish other cells. Groups of nerve cells have special jobs. Some are involved in thinking, learning and memory. Others help us see hear smell and tell our muscles when to move. Brain cells operate like tiny factories [2]. They receive supplies, generate energy, construct equipment and get rid of waste. Cells also process and store information and communicate with other cells. Keeping everything running requires coordination as well as large amounts of fuel and oxygen. Scientists believe Alzheimer's disease prevents parts of a cell's factory from running well. They are not sure where the trouble starts. But just like a real factory, backups and breakdowns in one system cause problems in other areas. As damage spreads, cells lose their ability to do their jobs and, eventually, die.

Causes and risk factors

While scientists know that Alzheimer's disease involves the failure of nerve cells, it's still unknown why this happens. However, they have identified certain risk factors that increase the likelihood of developing Alzheimer's [3].

Age

The greatest known risk factor for Alzheimer's is increasing age. Most individuals with the disease are 65 and older. One in nine people in this age group and nearly one-third of people age 85 and older have Alzheimer's.

Family history

Another risk factor is family history. Research has shown that those who have a parent, brother or sister with Alzheimer's are more likely to develop the disease than individuals who do not. The risk increases if more than one family member has the illness.

Familial alzheimer's and genetics

Two categories of genes influence whether a person develops a disease: risk genes and deterministic genes. Risk genes increase the likelihood of developing a disease but do not guarantee it will happen. Deterministic genes directly cause a disease, guaranteeing that anyone who inherits one will develop a disorder [4]. Researchers have found several genes that increase the risk of Alzheimer's. APOE-e4 is the first risk gene identified and remains the one with strongest impact. Other common forms of the APOE gene are APOE-e2 and APOE-e3. Everyone inherits a copy of some form of APOE from each parent. Those who inherit one copy of APOE-e4 have an increased risk of developing Alzheimer's; those who inherit two copies have an even higher risk, but not a certainty.

The doctor will interview the person being tested and others close to him or her to gather information about current and past mental and physical illnesses. It is helpful to bring a list of all the medications the person is taking. The doctor will also obtain a history of key medical conditions affecting other family members, especially whether they may have or had Alzheimer's disease or other dementias [5].

Conclusion

The doctor is looking for signs of small or large strokes, Parkinson's disease, brain tumors, fluid accumulation on the brain, and other illnesses that may impair memory or thinking. The neurological exam may also include a brain imaging study. The most common types are magnetic resonance imaging (MRI) or computed tomography (CT). MRIs and CTs can reveal tumors, evidence of small or large strokes, damage from severe head trauma or a buildup of fluid. Researchers are studying other imaging techniques so they can better diagnose and track the progress of Alzheimer's.

References

1. Marion DW, Penrod LE, Kelsey SF, et al. Treatment of traumatic brain injury with moderate hypothermia. N Engl J Med. 1997;336:540-46.
2. Kushner D. Mild traumatic brain injury: toward understanding manifestations and treatment. Arch Intern Med. 1998;158:1617-24.
3. Marklund N, Bakshi A, Castelbuono DJ, et al. Evaluation of pharmacological treatment strategies in traumatic brain injury. Curr Pharm Des. 2006;12:1645-80.
4. Bagiella E, Novack TA, Ansel B, et al. Measuring outcome in traumatic brain injury treatment trials: Recommendations from the traumatic brain injury clinical trials network. J Head Trauma Rehabil. 2010;25:375.
5. Zafonte RD, Bagiella E, Ansel BM, et al. Effect of citicoline on functional and cognitive status among patients with traumatic brain injury: Citicoline Brain Injury Treatment Trial (COBRIT). Jama. 2012;308:1993-2000.

*Correspondence to

Dr. Bajrangi Yadav

Department of Psychology

Kamla Nehru Institute

Sultanpur

India

E-mail: bajrani24@gmail.com