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The disease of addiction as a potential cause vascular changes and dementia

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This paper presents a retrospective analysis of addicts treated at the Institute for addiction Zenica Doboj Canton Zenica. Goal of the study was to determine whether the consumption of psychoactive substances has an effect on neuro-cognitive abilities with potential influence on the development of vascular changes in the CNS and consequently the development of dementia. The study included all patients who were hospitalized at the hospital's this medical institution. Criteria for inclusion in the study were clinical and laboratory confirmed dependence on psychoactive substances and the absence of other psychopathologies disorders that could affect neurocognitive abilities. Criteria for exclusion from the study were the presence of mental illness within which occurs neurocognitive impairment. We used available data from medical records and electronic databases for patients who met the criteria for inclusion in study. In study used standard psycho-diagnostical instruments, Luria-Nebraska Test neurocognitive abilities, available neurophysiological (EEG) and neuro-radiologies tests (CT, MRI). Statistical analysis was carried out in a computer program SSPS. Although efforts have been carried out statistical sample was neither age nor sex balance. Results obtained by analyzing the data were inconsistent and mostly it was a transient impairment of neurocognitive abilities. We could not confirm the basic hypothesis that consumption of psychoactive substances leads to vascular changes in the blood courts and brain tissue and consequently can lead to dementia. For confirm or refute this hypothesis will need to be more thorough and better designed studies using functional neuroimaging methods.

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Apathy in neurocognitive disorders: An overlooked conundrum

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The apathy is defined as a syndrome of primary motivational loss, that is, loss of motivation not attributable to emotional distress, intellectual impairment or diminished level of consciousness. Although apathy is one of the commonest presentations of neurocognitive disorders (NCD), researchers have relatively overlooked it. Apathy is not just emotional aspect of a disease process but the neurobiological exploration has revealed that it is linked with the structural and functional changes in the brain parenchyma. Neurocognitive disorders are not immune to it. Apathy is frequently associated with the neurocognitive disorders and ultimately hampers the prompt diagnosis and prognosis. It is a part of the behavioral and psychological symptom associated with the cognitive impairment. It represents a form of executive cognitive dysfunction and is one of the primary syndromes associated with frontal and subcortical pathology. Apathy in NCD appears to have multiple neuro-anatomical correlates that implicate components of frontal sub-cortical networks. Patients with apathy suffer from decreased daily function and specific cognitive deficits and become more reliant on care, which results in increased stress for families/caregivers. Many times it is difficult to distinguish depression from apathy, which is also commonly associated with the cognitive impairment due to shared phenomenology. Insight into these aspects will help the clinicians better manage the patients. This presentation will explore the various dimensions of apathy starting from its neurobiology to its clinical presentation and effective management. This will help the clinicians develop a deeper understanding of apathy associated with the neurocognitive disorders and ultimately help improve overall functioning of patients and alleviate the care giver burden.

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