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Affective and behavioral alterations in major neurocognitive disorders of vascular type

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The major neurocognitive disorders of vascular type are the second cause of dementias in Latin American countries. This is due to the cultural influences that permeate life in our countries: Stress, the amount of work hours, sedentary lifestyle, and poor diet, generally unbalanced and rich in salts, fats and fried foods. Diseases of high prevalence in our environment such as diabetes and hypertension contribute to the high rate of cerebrovascular events that manifest acutely or chronically to attack the brain in areas essential for the development of social cognition, and also the constructions affective. In this way, we can observe in this type of patient's apathy, poor affective performance in terms of expression of emotions, alterations in chronobiological rhythms (with symptomatic manifestations such as insomnia and changes in mood) and also slowing down in decision-making at the expense of the decrease in the action of the superior cerebral functions, and also pictures of disinhibition characteristic of frontotemporal dementias. In this lecture, we propose to present in a detailed manner the aforementioned clinical expressions that have their origin in vascular alterations in the brain, and that decrease the time and quality of life of the affected people.

Dementia to raise from 13 to 35 percent in Africa if nothing is done today

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Dementia is an umbrella term describing problems people with various brain disorders that affect their ability to conduct activities of daily living independently. With the number of people aged 60 and above set to increase by 56 percent from 901 million to 1.4 billion worldwide by 2030, the number of dementia cases is also set to increase more in Africa, if the policy makers don't set up policies to address the key factors that lead to this disorder. Habits like substance abuse e.g. (alcohol), trauma, depression, nutritional deficiencies (vitamin b-12) and infections like HIV/AIDS are responsible for the rampant dementia in developing countries. By we advocate for 1, Active ageing 2, productive ageing 3, successful ageing 4, healthy ageing, We can have more active ageing groups making them more wealthy which will lead to a happy, healthy, lively and wealthy older adults years to come. It should be noted that the poverty in developing countries makes people more vulnerable to dementia and other terminal illnesses. Our research has shown that in most of the African countries 20 percent of the older adult patients admitted in hospitals, had dementia followed by depression as the most common psychiatric disease affecting that age group.

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