

YU - MEDICINE

PASSION ACADEMIC TEAM

# Clinical Psychology

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Sheet# 15  
Neurocognitive Disorders

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KINDLY REPORT IT TO  
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# Neurocognitive Disorders

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Those disorders all have causative factors that are not always uncovered until carrying out the postmortem examination.

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Dementia patients have no problem in their consciousness or intellectual functioning. No problem developmentally either because the disorder happens during older age. It is just a decline in the level of functioning.

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Diagnosis is Dementia, Alzheimer's. Due to age and it being the most common type. Note the symptoms.

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- Patients with down syndrome develop Alzheimer's + even pre senile dementia.
- apoE2 is protective while apoE4 is a risk factor.

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Hippocampus is very important for memory.

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- Patients get lost, so they need labelled rooms, directions and notes placed around their living areas to make sure they find their way around.
- Antipsychotics are associated with increased mortality in elderly demented patients. They can lead to strokes. For this reason, antipsychotics are only given if the patient appears to be aggressive towards themselves or others, deluded, paranoid or scared.

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- Because some of the disorders (like Lewy Body Dementia) are associated with REM sleep behavior disorder, moving during the REM sleep stage (while dreaming) can be a warning sign for the neurodegenerative disorders. (Especially if the person is old).
- Neurofibrillary tangles are found more in Alzheimer's.
- Patients suffering from Lewy Body Dementia have psychotic symptoms, but even very small doses of the new/second generation antipsychotics will cause adverse side effects due sensitivity. The diagnosis for the disease is a postmortem biopsy.

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Delirium needs an organic cause for it to happen. It is common in those who had just underwent hip or open-heart surgeries.

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Try to avoid Benzodiazepines for delirium (or old ages) because they can create more confusion. Haloperidol is a better drug for psychosis.