

Screening for Cognitive Impairment in Older Adults: An Evidence Update for the U.S. Preventive Services Task Force: Evidence Synthesis Number 107



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Reviews

Totally among the best publication I actually have actually go through. It can be filled with wisdom and knowledge Once you begin to read the book, it is extremely difficult to leave it before concluding.

(Glen Ernsler)

SCREENING FOR COGNITIVE IMPAIRMENT IN OLDER ADULTS: AN EVIDENCE UPDATE FOR THE U.S. PREVENTIVE SERVICES TASK FORCE: EVIDENCE SYNTHESIS NUMBER 107



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CreateSpace Independent Publishing Platform. Paperback. Book Condition: New. This item is printed on demand. Paperback. 412 pages. Dimensions: 11.0in. x 8.5in. x 0.9in. Dementia is an acquired condition that is characterized by a decline in at least two cognitive domains (e. g. , loss of memory, attention, language, or visuospatial or executive functioning) that is severe enough to affect social or occupational functioning. Patients with dementia may also exhibit behavioral and psychological symptoms. The proposed Diagnostic and Statistical Manual, version 5 (DSM-V) subsumes dementia under a new syndrome, major neurocognitive disorder. Patients with major neurocognitive disorder experience a significant cognitive decline that is significant enough to interfere with independence in instrumental activities of daily living (IADLs), but this decline cannot be wholly due to delirium or another mental disorder, such as schizophrenia. Based on its etiology, dementia can be classified as degenerative, vascular, or other. The major dementia syndromes in older adults include: Alzheimers disease, vascular dementia, frontotemporal dementia, dementia with Lewy bodies, Parkinsons disease with dementia, and dementia of mixed etiology. In these dementia syndromes, abnormal deposits that accumulate in the brain are believed to contribute to deterioration of brain function and dementia. The exact etiological mechanisms for many types of dementia, however, have not been clearly defined. Mild Cognitive Impairment (MCI) is distinguished from dementia in that cognitive impairment is not severe enough to interfere with independence in daily life. Researchers describe this condition using various terminology that includes differences in diagnostic criteria and underlying constructs, such as MCI, cognitive impairment no dementia, age-related cognitive decline, mild neurocognitive disorder, and mild cognitive disorder. The International Working Group on Mild Cognitive Impairment established the current, and perhaps most commonly used, criteria for MCI as: cognitive decline as evidenced by self and/or informant and/or clinician report and impairment on objective cognitive...



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