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EC NEUROLOGY
Mini Review

Reasons for Cognitive Rehabilitation and Approach to Cognitive Disorders in My Experience

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Abstract

OMS Says "Stroke (CVA) is the most frequent neurological disease, with an average worldwide incidence of 200 cases per 100,000 inhabitants each year, and a prevalence of 600 cases per 100,000 inhabitants. According to its pathological nature, it is divided into: ischemic and hemorrhagic. It represents a significant social and health problem since it is a direct and acutely disabling disease at any age, and the most determining factors of the results, both in mortality and in function, are the severity and evolution of neurological damage".

Female patient forty four years old who suffered a stroke and she did an interdisciplinary treatment.

Keywords: *Cognitive rehabilitation; Function Cognitive; Attention; Approach; Cognitive Case*

Introduction

I could explain about cognitive rehabilitation with a word When; When do we need cognitive rehabilitation? Anytime of our life we could go to a neuropsychology to do cognitive rehabilitation, and the reasons can be different, for example a stroke, subarachnoid hemorrhage, etc. And there must be injury in some area of the brain and the cognitive function (attention, concentration, memory, understanding, language), should be compromised. By the way, it should be differentiated of cognitive stimulation. The difference is based on that there is no brain injury. So, a person suffering depression can go to cognitive stimulation`s session or anxiety.

There are some approaches working about rehabilitation. At this moment, I`ll submit a patient`s case about rehabilitation cognitive. Female patient named Cecilia, is forty four years old, smoking story, arterial hypertension. She is a medical Doctor.

The clinic history resumed by the doctor says: "She went into the hospital for HSA (Fisher IV HYH V) secondary to previous communicating aneurysm. Endovascular treatment with coils. It intervenes with HTE (decompressive craniectomy), vasospasm (chemical angioplasty), Hydrocephalus (ventricle-peritoneal shunt valve placement), convulsive status (in treatment with diphenylhydantoin, valproic acid and levetiracetam). Prolonged MRA tracheostomy. Multiple infectious intercurrences".

From the area of neuropsychology, the patient didn`t want talk with the professionals and a lot of hours she slept. She was very negative and resistant to treatment. This behavior is caused by temporal frontal brain injury. This means that Cecilia presented severe attention`s deficit and working memory. Further, she suffered a hemineglígence as an attention disorder which can`t see visual field on the left side, because the injury was on right side of brain. The Neurocognitive Tests informs this results.

Addenbroke`s cognitive examination reviewed

A-CER

Evaluated Cognitive Functions	Gross Score
Orientation	7/10
Memory	10/26
Praxis (Incomplete reading of letters)	4/8
Final Score	37/100

This results means that the patient has got a severe cognitive deficit in her attention, concentration and due severe deficit about executive functions.

The cognitive rehabilitation is carried out based on the clinical model Solhberg and Mateer [1]. This model works different types of attention and the idea is start to work with simple attention and concentration. Then this continues for the others types attention as selective attention, alternating attention, divided attention and then executive function.

The rehabilitation is based about the patient should solve different exercises. For example cancellation exercises, calculations, exercise with multiple choices, etc.

The frequency was five days a week. And different tests were solved by de patient every five months to observe the evolution about the cognitive function. The treatment was interdisciplinary with kinesiology, speech therapy, occupational therapy and it lasted two years.

Treatment for the hemi-negligence and increased concentration time were very important because Cecilia Couldn`t read a book or perhaps watch a film or hold a conversation because she couldn`t remember the dialogue. And if the person have got a good attention the same will have got a good memory.

It was also important to work on the presence of confabulations that caused temporary disorientation. The patient and her family are trained in managing the agenda, because the disorientation causes distress in those who live them.

The last neuropsychological evaluation says that de patient has achieved expected results for her age and studies achieved.

This last neuropsychological profile is shown below. The measurements are represented from Z score.

Memory	Score	Measure	DS	-3	-2	-1,5	-1	-0,5	0	0,5	1	1,5	2	3
Inmediate Memory (TAVR A1)	11	7	2										X	
Memory Learning (TAVR A5)	13	11	2								X			
Long Term Memory (TAVR A7)	11	7	2										X	
Attention														
Trail MakingTest A	59”	35	16,7			X								
Direct and inverse Digits	15	10	3									X		
Stroop Test - Words	44	50	10					X						
Stroop Test Colour	40	50	10				X							
Stroop Test PW (resistance to distractibility)	40	50	10				X							
SDMT	32	39,07	14,4					X						
Executive and Control Functions														
Trail Making Test B	180”	72	28,5	X										
Stroop Test WC	44	50	10					X						
Vicospatiality														
Clock Test	10/10 points													
Language														
FAS Phonological fluence	17	14,8	2,6							X				
FAS Semantic Fluence	20	18,7	3							X				

Conclusion

Actually, Cecilia hasn´t got cognitive deficit. And she can play her role as a doctor in her town. There are some important items to do cognitive rehabilitation from the patient:

- To have the presence of family and they should have got an active role in the treatment. The professional should talk with them and explain about the evolution or rehabilitation´s limit. Case`s Cecilia, her family all time travelled to Buenos Aires to accompany the treatment.
- The patient should know advantages and disadvantages about the cognitive rehabilitation for each case.

The professional must consider the case by case and think about the personality of the patient because the cognitive aspect and affective conjugate and complement each other [2].

Bibliography

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