

Cognitive disorders

Psychology



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Number: COGNITIVE DISORDERS Cognition refers to perception, reasoning attention, memory, and problem solving. According to Barlow and Durand, cognitive psychology, as a branch of psychology, involves studying mental processes such as the manner through which people engage their mind in thinking, their perception, remembering (memory), and the process of learning new things.

Cognitive disorders can emerge at any stage in life, although it is mainly evidenced later in life. Disorders in cognition affect the process of learning, the functionality of memory, as well as the consciousness. Cognitive Disorders can be classified into three, delirium and amnesic disorders.

Cognitive disorders are accompanied by symptoms such as mental retardation, Down's syndrome, Dilantin toxicity, amongst other symptoms.

Delirium disorders are often characterized by temporary distortion and confusion. The state of confusion is secondary to certain neurologic or medical disorder. Dementia disorders entail a degenerative condition characterized by extensive cognitive deterioration. The necessary treatment is administered in the form of a medical emergency since the condition's casual disorder may result to fatal when unattended.

The core deficits of delirium cognitive disorder include impairment in cognition, waning and waxing mental status, and altered consciousness. Altered consciousness means that one suffers from reduced awareness regarding the environment within which they live, and they also encounter difficulties in attention maintenance. The associated signs of delirium include delusions, aggression, mood changes, hallucinations, absent or absent memory formation, and wake/sleep problems. On the other hand, amnesic cognitive disorders refer to the memory dysfunctions resulting from drugs, <https://assignbuster.com/cognitive-disorders/>

disease, or toxins.

Mood disorders, anxiety disorders, and psychotic disorders can potentially affect the functionality of one's memory, although the three do not feature in the DSM-IV-TR. Causes of cognitive disorders from a typical disorder to another, with most damages entailing damage of the portions of the memory of the brain.

Dementia is caused by various conditions and diseases such as HIV, parkinson's, alzheimer's disease, lewy body dementia, vascular disease, frontal lobe dementia, head trauma and Huntington's disease. Dementia can either be static, progressive, or remitting. Huntington's disease is accompanied by changes in personality and mood, cognitive decline and choreiform movements.

Frotal Lobe disease is characterized by a decline in executive system and tends to be worse than the impact in memory. Dementias prevalence range from 2.5% to 24.6% of the human population aged above 65. Additionally, the rate of prevalence doubles after every five years beyond 65 years of age.

Additionally, the types of treatments applied to the victims of cognitive disorders tend to depend on the manner of the cognitive disorder caused.

The most usual treatments include medication as well as therapies.

However, regarding some disorders including amnesia, the process of treating victims can potentially suppress the evident symptoms although a cure for amnesia has not yet been reached.

Prevalence of delirium is quite shocking since general statistics indicate that approximately 20% of patients in any general hospital's population suffer from this disorder. Delirium is higher in the elderly population. Additionally,

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delirium is commonly evidenced after undergoing a surgery. Delirium can be described as increased risk amongst victims of dementia or even sensory deficits.

HIV dementia incorporates two disorders; HIV Associated Dementia (HAD), and Mild Cognitive Motor Disturbance (MCMD). MCMD is evidenced within a range of patients, between 25% and 30% of patients having HIV – 1 in the early stage of symptoms. About 33% to 40% of such patients tend to develop certain form of HIV –acquainted impairment in cognition before death. About 15% of HIV patients are evidenced with the full blown dementia disorder. With lack of treatment, dementia can potentially spread risking the patient's life span to an average of six months. However, the rate of progression of dementia tends to vary, with a number of patients sticking just mildly till death, while demented. Cognitive deficits in HAD involve decreased information processing speed, motor disturbance, as well as poor abstraction.

Stephen, in the book Cognition, explains that dementia refers to composite disorders, which are characterized, by generation of deficits of multiple cognitions. Such deficits include the executive functioning that is impaired global intellect attributed with consciousness at a preserved level. The problem solving capacity is also impaired, without omitting the impaired organizational skills, as well as the altered memory. Notably, various dementia forms may share symptoms although they assume varying underlying pathology.

Notably, early personality as well as changes in behavior can be referred to as a disorder. This condition is accompanied by such signs and symptoms as lack of judgment, restlessness, disinhibition, irritability, modulation of

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emotions, and impaired control. In some cases, victims exhibit withdrawal, apathy, and disinterest.

In current thinking, aphasia research has identified the lexicon's specific contributions, as well as grammatical constructions involved in processing of language. The current thinking advocates the use of an alternative approach that features semantic, pragmatic and syntactic factors, which interact at, every processing level. This view is established on the notion language as a system of communication tends to operate in a context that is meaningful, and there is the interaction with more cognitive activities. The interactions are, therefore, key while transmitting meaningful and purposeful information.

According to Nickerson, in Psychology, the probability's ideology indicates a reflection, our knowledge regarding the world are usually incomplete and uncertain. Since our personal knowledge bases regarding individual world's aspects varies, the probabilities assigned to events which can possibly occur, should vary as well. The individual's possibility of events refers to the belief that certain events are bound to happen. Such a belief has a supportive premise emerging from the consistency assumptions and/or physical symmetry.

Adaptive cognition refers to the forms of thinking and behaving beneficial to an individual's well-being and survival. The adaptive cognition perspective accommodates such perspectives as developmental psychology that states that the influence on an individual's ontogenetic experiences affects their current thinking. Evolutionary psychology acknowledges the limitation and capacities of the current brain considering the evolutionary lineage.

Additionally, cultural psychology acknowledges the manner through which
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one's present behavior has an influence of the contextual culture considering its history. Eventually, human ecology acknowledges the existing composite interrelationships the human species and the species' physical, as well as biological compositions.

Work Cited:

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