

Unique effects of apathy and depression signs on cognition and function in amnest...

[Health & Medicine](#), [Nursing](#)



Article Review: Unique effects of apathy and depression signs on cognition and function in amnesic mild cognitive impairment Course name

Institution of affiliation

Instructor's name

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Introduction

Within mental health nursing, understanding the transition from normal aging to Mild Cognitive Impairment is delicate given that symptoms only emerge gradually. Numerous indicators accompany this transition stage with the most common being loss of cognitive abilities. Normally, aging involves signs like slower recalling of information, additional effort to learn and store new information, difficulties multi-tasking and increased susceptibility to distraction. However, mild cognitive impairment (MCI) demonstrates noticeable symptoms to the affected individual and his family especially when accompanied by significant memory loss. According to Zahodne & Tremont (2013), apathy and depression are distinct signs in amnesic MCI and for different patients the two are associated with specific executive functions. For mental health nurses, the distinction of apathy and depression relative to the presented differential frontal lobes neuropathology patterns and the affected functions are crucial in planning and delivery appropriate care.

Article Summary

Zahodne & Tremont (2013), present the current diagnostic criteria as indicating that about 43% and 20% patients meet apathy and major depression criteria correspondingly with and without baseline dementia.

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Through a multiple regression framework, apathy and depression linked to specific cognitive abilities and functional status as presented in a sample of 90 elderly persons (with mean age 75.8 years) highly vulnerable to Dementia following amnesic MCI. For all participants, clinical assessments presented unbiased memory impairment and exclusion criteria of comorbid neurological illnesses, brain trauma history, and medical problems like cancer, and severe psychiatric disturbance (Zahodne & Tremont, 2013). The independent variables were apathy, depression, education, and age, while the dependent variables were unprocessed scores on individual tests. The result linked depression to inferior executive functioning and was independent of age, apathy, and education. Conversely, apathy presented intricacies in Instrumental Activities of Daily Living or IADL and did not link to age, depression, or education. These findings proved that apathy and depression distinctively associate with varying elements of executive functioning in amnesic MCI. For a mental health nurse, this information fundamentally contributes to the formulation of interventions aimed at fostering health, assessing dysfunction, and helping patients in regaining their coping abilities (Daniel, et al., 2014). Further, the nurse will understand the best coping strategies to include in self-care activities, and in the monitoring and administration of psychological treatment regimens.

Article critique

The research used a sufficiently large sample that leaves room for generalization. Additionally, the sample comprised of identifying elderly patients with amnesic MCI comprehensively assessed by clinicians with a memory disorders centre (Zahodne & Tremont, 2013). Further, the

assessment instruments' selection focused on negligible common characteristics in the content, which coupled with multiple regressions, provided improved ability to distinguish between apathy and depression influences.

However, the study does not utilize neurodegeneration biomarkers in the assertion that amnesic MCI presents underlying AD. Additionally, the study depended on patient reports from caregivers hence limited to indicators of psychopathology. The study sample, however presents more females and is 99% Caucasians requiring additional research using other ethnic groups.

In the future, studies of apathy and depression in cognitively impaired patients should use biomarkers to distinguish focus on amnesic MCI could result to Dementia and not some other cognitive impairment resulting from other factors.

Conclusion

The article uniquely distinguishes apathy from depression in patients with amnesic MCI and this contributes significantly in the distinction of transition into normal aging and the progression towards dementia. Using apathy, mental health nurses can confidently identify progression towards dementia through identification of decreased performance of instrumental activities of daily living during preclinical dementia (Daniel, et al., 2014). The article also offers guidelines along which caregivers should focus on when assisting cognitively impaired patients with memory from a large sample clinically classified as having amnesic MCI.

Works Cited

Daniel, H., Joseph, W., James, L., Kaycee, S., Dana, C., Rabeena, A., . . .

<https://assignbuster.com/unique-effects-of-apaty-and-depression-signs-on-cognition-and-function-in-amnesic-mild-cognitive-impairment/>

Edward, G. (2014). Variables Associated with High Caregiver Stress in Patients with Mild Cognitive Impairment or Alzheimers Disease: Implications for Providers in a Co-Located Memory Assessment Clinic. *Journal of Mental Health Counseling*, 36(2), 145-159.

Zahodne, L. B., & Tremont, G. (2013). Unique Effects of Apathy and Depression Signs on Cognition and Function in Amnestic Mild Cognitive Impairment. *International Journal of Geriatric Psychiatry*, 28, 50-56.