A Literature Review

On

Psychology

Submitted To:

Submitted By:

Date:

Psychology Literature Review

Introduction:

According to reports, by the year 2020, approximately 5.8 million people are victims of Alzheimer’s disease. It is a disease that includes and affects the parts of the brain that control a person’s response, memory, and language. Moreover, it is a type of dementia and is the most common dementia disease. It is a progressive disease that gradually worsens as time passes. It starts with mild symptoms such as general forgetfulness which gradually turns into serious short-term memory and memory loss, and their dependency on others starts increasing. As slowly the disease starts increasing, many significant changes can be seen in the personality and behavior of the patient. Alzheimer’s disease affects all types of memory in a person but the one we are specifically discussing in this report is verbal memory and how it affects verbal memory. It is necessary to discuss the effects of the disease on the verbal memory of a person as verbal memory is a key part of a person’s brain and personality and it plays an extremely vital role in building the personality of a person. It is a dangerous disease and can have a significant impact on a person's capacity to carry out daily tasks.

Alzheimer’s is a neurological disease that takes a person’s ability to perform normal activities away. 60 to 80 % of dementia cases are taken up by this disease. It is necessary to differentiate between normal aging health issues and symptoms caused by the disease.

Body:

Also, this disease has different symptoms in its different stages. In the mild or first stage of Alzheimer’s, patients may find it difficult to remember recent activities. They would find it hard to attain and learn new knowledge and would have to be reminded of things over and over again. It would be difficult for the disease patients to perform complex tasks and do make certain judgments of sounds. People with mild Alzheimer’s tend to forget basic and habitual things such as remembering their way around even in the routes that they use daily. Mild Alzheimer’s causes people to find it challenging to use proper words to describe something and to place their thoughts in the appropriate places and manners. In moderate Alzheimer’s, the conditions and symptoms of the patients worsen. People with moderate Alzheimer’s suffer an even larger memory loss and completely forget even personal details such as their phone number or address. Moderate Alzheimer’s patients show signs of extreme confusion and poor judgment. The patients start getting confused and lose track of random information such as the day of the week, or the month of the year. These patients tend to even confuse members of their own families.

Patients who suffer from this disease tend to have unnecessary suspicions about their family members, friends, and spouses which are not true at all. They tend to have absurd doubts and misconceptions about their spouses having affairs with other people and their family members lying to them or secretly stealing from them. Patients are most likely to feel irritated and aggressive when suffering from moderate symptoms. Lastly, these symptoms and conditions worsen even further, and this worsening of the conditions turns moderate Alzheimer’s into severe Alzheimer’s. In severe conditions, the patient’s health completely deteriorates, and the person completely loses the ability to indulge in a conversation and to speak appropriate words inappropriate situations. As the health of the patient starts declining, her or his dependence on other people increase, and their independence of doing thing by themselves start decreasing rapidly. These people who suffer from severe symptoms need assistance from other people in everything they do, they require help in daily their daily activities as well such as taking a bath, brushing their teeth, eating, using the bathroom, and other everyday actions. Thus, a person who suffers from severe or extreme Alzheimer’s has an overall health decay.

It is a disease that is most likely to occur with growing old age. The changes that this disease does to a person’s brain start happening way before a person shows any symptoms of the illness. Scientific evidence has proven that healthy activities and diets that prevent diseases such as heart illnesses and cancer can also prevent subjective cognitive decline which is one of the first symptoms of this disease. Experts are researching whether there are certain diets, environmental aspects, or any type of education that might trigger or cause this disease. Researchers also have the belief that the disease could be genetic and could be caused by inheritance. Although there is no specific cure for this, it can be treated by slowing or delaying any occurring symptoms of Alzheimer’s. It can also be partially treated by taking care of a person’s brain and mental health. Managing the symptoms that happen to the personality and behavior of a person can also be a possible treatment for Alzheimer’s disease.

One of the most affected parts of a person by this Alzheimer’s disease is the verbal memory of a person. The verbal memory of a person is the psychological concept of communicating words with the verbally presented information. In verbal memory, it is required to respond with a list of words stored in our memory either spontaneously or with a little pause. Responding spontaneously is referred to as immediate recall and the paused response is considered as delayed recall. Verbal memory helps a person to communicate with another person. Verbal memory helps us to grasp, acknowledge and remember the words and language we hear in our lives. These words that were memorized help us to form our answers when we are talking and communicating with another person. Verbal memory is an exceedingly important aspect of our brain. Out of all other types of memories. Verbal memory is the most necessary one and the effect of Alzheimer’s on the memory results in really negative effects on the health of the person.

The verbal memory of the person who is affected by the disease becomes weak and the person is not able to form sentences to respond to a certain question asked to him or her by anybody. The person is not able to comprehend the question asked and cannot put their thoughts in place to find words and answer the questions. As the Alzheimer’s patients are not able to respond by speaking and saying sentences, they become unresponsive and stop responding to anything. The patients are most likely to be confused in conversations due to their lack of understanding of the questions. The abilities of memory are assessed concerning performance on multiple procedures of comprehension of language and verbal fluency. The changes between the verbal memory of the person that is suffering from it and a normal aging person can be compared to see or analyze the effects of Alzheimer’s affects a person’s verbal memory.

An example can be explained by taking a group of three different aged people. First, we take an adult person with normal memory, an old person with normal memory, and an old person with Alzheimer’s. There will be some verbal memory tests that would take place for all three of these individuals. The results of the tests show that the forgetful rate and the immediate and late responses were decreasing by order. It also shows that actual responses also decrease person by person. This experiment shows us that different people of different ages are affected in various ways by aging and the person bearing the disease contributed most to the low rate of verbal memory.

People tend to lose the ability to convey any dialogues during the last stage of the disease which is extremely severe and known as dementia. However, the patient is unable to form full sentences or use sensible words for the purpose of communication. The patient is in dire need of assistance from others such as their friends, family members, and assigned nurses.

The time that a patient could hold memory regarding transient verbal memory, is generally around 15-30 seconds. Any interferences and postpones will upset this, causing the likely loss of data.

In the last phases of Alzheimer's illness, friends and family might lose the capacity to frame rational considerations and discourse. People as often as possible recurrent expressions they hear from others. At the point when discourse happens, it is as a rule indiscernible or outlandish. People sing chatter or say words inconsequential to the circumstance and discussion.

Double coding or utilizing pictures or getting out whatever you read to support will help. Scattering examining (instead of packing) is significant for understudies with more fragile memory. Likewise, depending on their more grounded abilities.

The verbal memory of a person is affected at the last severe stage of Alzheimer’s by that time it is probably too late to perform any kind of treatment on the patient and when the verbal memory of a person is affected, it is confirmed that the person now can no longer be treated. From now on, the person or patient would require constant help and personal care. As a defect in the verbal memory of the patient, he or she won’t be able to comprehend and would always be in deep confusion which will refrain the patient from doing any sort of activity.

A per who suffers from severe Alzheimer’s cannot be left alone for even a single second as there is no guarantee of what the person might do to him/herself or others. Patients suffering from Alzheimer’s whose verbal memory has been affected by the disease either keep repeating a certain sentence again and again as those words are the only words that they remember or they keep mumbling in a certain way trying to form a word that they are not able to say because of their disease.

Conclusion:

To sum it all up, Alzheimer's disease not only affects the patient but also disrupts the lives of their family as it becomes difficult or almost impossible for the patients to convey their messages or continue a conversation. Due to this, the families and the people around the patients also suffer because they are unable to comprehend or understand the actions of the patients. however, multiple steps can be taken to reduce the symptoms of Alzheimer's, as well as the verbal memory, because it cannot be completely cured. As there is no current cure for Alzheimer's, there are highly effective medications that can be taken by the patients to decrease the symptoms and effects of the disease. In addition to this, immunotherapy, which is brain lesions associated with Alzheimer's, can be conducted with the patients for the improvement of their health. also, verbal memory can be made better by certain different actions such as repeating things aloud in front of the patient or giving them a small poem or a lesson to memorize over and over again may help in the improvement of the verbal memory of the patient.

References

Bush, A. I. (2003). The metallobiology of Alzheimer's disease. Trends in neurosciences, 26(4), 207-214.

Wenk, G. L. (2003). Neuropathologic changes in Alzheimer's disease. Journal of Clinical Psychiatry, 64, 7-10.

Goedert, M., & Spillantini, M. G. (2006). A century of Alzheimer's disease. science, 314(5800), 777-781.

Khachaturian, Z. S. (1985). Diagnosis of Alzheimer's disease. Archives of neurology, 42(11), 1097-1105.

Younkin, S. G. (1998). The role of Aβ42 in Alzheimer's disease. Journal of Physiology-Paris, 92(3-4), 289-292.

Citron, M. (2010). Alzheimer's disease: strategies for disease modification. Nature reviews Drug discovery, 9(5), 387-398.

KNOW, W. D. W. (1986). What Is Alzheimer’s Disease?.

Mattson, M. P. (2004). Pathways towards and away from Alzheimer's disease. Nature, 430(7000), 631-639.

Mayeux, R., & Sano, M. (1999). Treatment of Alzheimer's disease. New England Journal of Medicine, 341(22), 1670-1679.

DeTure, M. A., & Dickson, D. W. (2019). The neuropathological diagnosis of Alzheimer’s disease. Molecular neurodegeneration, 14(1), 1-18.

Katzman, R., & Saitoh, T. (1991). Advances in Alzheimer's disease. The FASEB journal, 5(3), 278-286.

Citron, M. (2004). Strategies for disease modification in Alzheimer's disease. Nature Reviews Neuroscience, 5(9), 677-685.

Citron, M. (2004). Strategies for disease modification in Alzheimer's disease. Nature Reviews Neuroscience, 5(9), 677-685.

Nussbaum, R. L., & Ellis, C. E. (2003). Alzheimer's disease and Parkinson's disease. *New england journal of medicine*, *348*(14), 1356-1364.

Förstl, H., & Kurz, A. (1999). Clinical features of Alzheimer’s disease. *European archives of psychiatry and clinical neuroscience*, *249*(6), 288-290.

Akiyama, H., Barger, S., Barnum, S., Bradt, B., Bauer, J., Cole, G. M., ... & Wyss–Coray, T. (2000). Inflammation and Alzheimer’s disease. *Neurobiology of aging*, *21*(3), 383-421.

Bekris, L. M., Yu, C. E., Bird, T. D., & Tsuang, D. (2011). The Genetics of Alzheimer’s Disease and Parkinson’s Disease. *Neurochemical Mechanisms in Disease*, 695-755.