6th International Conference on Addiction Therapy

Framework for Neuropsychiatric Disorders in patients with Parkinson’s disease, Alzheimer’s disease, Stroke and Parkinson's disease and tuberous sclerosis complex.

Dr. Han Kui**,** Department of Neurology and Psychology, Peking University, Beijing, China,

Anatomical discoveries led to the conceptions of the ventral striatal-pallidal system and the expanded amygdala thanks to histotechnological developments in the late years ago. These two macro-anatomical systems, including the Meynert's basal nucleus, are the main determinants of the new basal forebrain anatomy. The existence of parallel cortical-striatal-pallidal-thalamic-cortical circuits was first demonstrated by the concept of the ventral striatal-pallidal system, which led to the theory of segregated hippocampal recursive circuits as an abstract framework for the study of neuropsychiatric disorders. The elongated amygdala, the basal nucleus of Meynert, and the microvascular band system, on the other hand, cannot be comprehended without considering the extended amygdala, the basal nucleus of Meynert, and the septal-diagonal band system. All of these mechanisms are there to help you. Parkinson's disease patients experience a variety of neuropsychiatric symptoms in addition to the disease's motor manifestations. Earlier investigations on psychopathology in Parkinson's disease, on the other side, have concentrated on one or a few psychiatric disorders, such as depression, psychosis, and cognitive impairment. Little is known about the number of neuropsychiatric syndromes that might emerge in patients who are being evaluated for a diversity of cognitive and emotional problems at the same time. Furthermore, almost all previous research relied on convenience numbers of individuals who had been referred to a clinic for their motor complaints. Alzheimer's disease and similar dementias are defined by neuropsychiatric symptoms (NPS). Previously assumed to appear only in people with advanced cancer, these symptoms are now known to present often in individuals with early-stage cancer and in prodromal stages, such as minor cognitive impairment. Despite decades of study, no treatment options for alzheimers NPS have been discovered, but those that are currently in use represent significant risks to those who take them. In recent years the Alzheimer's Association hosted a Research Roundtable to evaluate what is known about NPS in Alzheimer's disease, explore classification and underlying neuropathogenesis and vulnerabilities, and create recommendations for novel approaches to personalised therapies. Depression, anxiety, insomnia, and apathy are the most prevalent neuropsychiatric results of stroke, each occurring in at least on an average majority of the patients and having considerable overlap in prevalence and symptoms. Emotional lability, behavioral issues, schizophrenia, and mania are less frequent but equally distressing symptoms that can be difficult to deal with. These disorders have no known aetiology, and there is no obvious link to the site of a brain lesion. Even for depression, that is the most studied disorder, there are substantial disparities in details regarding how to address these disorders. Further research is required to determine the aetiology of these illnesses, as well as measures to prevent and treat them. Neuropsychiatric symptoms are prevalent in Parkinson's disease, even in its initial stages, and have significant implications for quality of life and whole being. They are also correlated with greater caregivers and the chance of nursing home admission. A wide spectrum of neuropsychiatric symptoms has been observed in addition to cognitive impairment. A Sadness, anxiety, apathy, tiredness, and psychotic symptoms are reviewed in this article, as well as the epidemiology, clinical course, diagnosis, and management of some of the most frequent neuropsychiatric symptoms in Parkinson's disease. Depression, anxiety, apathy, fatigue, and psychotic symptoms. Although there is a huge amount of information about the occurrence and progression of these symptoms, scientific data for how to address them is minimal at best. As a result, systematic studies on the pharmacological and non-pharmacological management of these symptoms are

6th International Conference on Addiction Therapy

desperately required. Tuberous sclerosis is a multisystem hereditary illness that affects nearly every organ in the body. Over activation of the mammalian target of rapamycin protein complex is caused by mutations in the TSC1 or TSC2 genes, which disrupt the TSC1–TSC2 intracellular protein complex. Tuberous sclerosis-associated neuropsychiatric disorders are multi layered disorders that affect the rest of the people with the disease but they are rarely diagnosed or treated.

Importance of Research:

The screening and treatment of patients with psychiatric diseases or symptoms associated with brain abnormalities is known as neuropsychiatry. Patients who approach with psychiatric symptoms in the context of general medical illnesses such as traumatic brain injury, autoimmune disorders, striatal abnormalities, and developmental problems are often treated by neuropsychiatrists. The ventral striatalpallidal system and extended amygdala, two main components of the new anatomy of the basal forebrain, were used to guide the studies of a range of special emotional capabilities and adaptive behaviours ranging from fear-anxiety and addiction reward to the sexual behaviour and appetitive behaviour, along with studies of brain development and comparative neuroanatomy. The fact that they, including the basal nucleus of Meynert and the precommissural septum, serve as output channels for activities originating in the greater limbic lobe, the various parts of which are by far the most important cortical regions implicated in emotional and motivational functions of the brain, is the most important reason for neuropsychiatrists to be concerned with these two macro-anatomical systems. The significance of psychotic illnesses in Parkinson's disease, which were found in the majority of patients In addition to the disease's and the physical manifestations, clinicians should focus on emotional and cognitive abnormalities.

Image



Biography:

Dr. Han Kui is an illustrator, author and a narrator for his writings. He is much interested into the learning’s of Brain, Mental health, Neuro reactions and several other kinds of diseases. Dr. Han brought up in a small city in china and later for his studies in childhood he moved to Beijing, China for his higher education. He is well known for his writings and he travelled many countries for giving lectures, speeches and attended many conferences related to Drug Abuse and Addiction, Mental health and Psychiatry. Author has received many awards and rewards in the field of recovery of patients in the field of addiction and mental health. He is much interested in curing the mental illness and disorders. He entered rehab several times for treatment. He has created remarkable strategies for the addiction and drug usage methods and for treatments. He received many prize money awards and mementoes for his writings.

Institute Information:

Peking University (abbreviated as PKU in Chinese) is a Chinese university. Beijing University, sometimes known as Beida, is a significant research university in Beijing, China. It is a member of the C9 League of Chinese institutions and the Double First Class University Plan.. The university's romanized name 'Peking' preserves the previous transliteration of 'Beijing' that has been supplanted in most other situations as a successor to the older Guozijian Imperial College. Peking University has always been regarded as one of China's top academic schools, and as of 2021, it is ranked 16th internationally and first in Asia-Pacific and emerging nations by Times Higher Education. Peking University has played an important role "at the centre of key intellectual movements" in China throughout its history. After the collapse of the Qing dynasty and the Xinhai Revolution, the university lost its position as a royal institution, and from the early 1920s, it became a focal point for China's developing progressive and republican forces. Faculty and students played crucial roles in the New Culture Movement, May Fourth Movement demonstrations, and other significant cultural

and sociopolitical events, to the point that the university's history is intertwined with that of contemporary China.

Institute Photograph:



References:

1. Heimer L. A new anatomical framework for neuropsychiatric disorders and drug abuse. American Journal of Psychiatry. 2003 Oct 1;160(10):1726-39.
2. Aarsland D, Larsen JP, Lim NG, Janvin C, Karlsen K, Tandberg E, Cummings JL. Range of neuropsychiatric disturbances in patients with Parkinson's disease. Journal of Neurology, Neurosurgery & Psychiatry. 1999 Oct 1;67(4):492-6.
3. Lyketsos CG, Carrillo MC, Ryan JM, Khachaturian AS, Trzepacz P, Amatniek J, Cedarbaum J, Brashear R, Miller DS. Neuropsychiatric symptoms in Alzheimer's disease. Alzheimer's & Dementia. 2011 Sep 1;7(5):532-9.
4. Hackett ML, Köhler S, T O'Brien J, Mead GE. Neuropsychiatric outcomes of stroke. The Lancet Neurology. 2014 May 1;13(5):525-34.
5. Curatolo P, Moavero R, de Vries PJ. Neurological and neuropsychiatric aspects of tuberous sclerosis complex. The Lancet Neurology. 2015 Jul 1;14(7):733-45.
6. Aarsland D, Marsh L, Schrag A. Neuropsychiatric symptoms in Parkinson's disease. Movement disorders: official journal of the Movement Disorder Society. 2009 Nov 15;24(15):2175-86.
7. Trimble MR. Neuropsychiatry. Current Opinion in Neurology. 1988 Jul 1; 1(4):504-8.
8. Schiffer RB, Rao SM, Fogel BS, editors. Neuropsychiatry. Lippincott Williams & Wilkins; 2003.
9. Hirsch AR. Nostalgia: A neuropsychiatric understanding. ACR North American Advances. 1992.
10. Diaz-Olavarrieta C, Cummings JL, Velazquez J, Garcia de al Cadena C. Neuropsychiatric manifestations of multiple sclerosis. The Journal of neuropsychiatry and clinical neurosciences. 1999 Feb;11(1):51-7.
11. Livingston G, Johnston K, Katona C, Paton J, Lyketsos CG, Old Age Task Force of the World Federation of Biological Psychiatry. Systematic review of psychological approaches to the management of neuropsychiatric symptoms of dementia. American Journal of Psychiatry. 2005 Nov 1;162(11):1996-2021.
12. Rao V, Lyketsos C. Neuropsychiatric sequelae of traumatic brain injury. Psychosomatics. 2000 Mar 1;41(2):95-103.
13. Heilman KM, Valenstein EE. Clinical neuropsychology. Oxford University Press; 2003.Craig D, Mirakhur A, Hart DJ, McIlroy SP, Passmore AP. A cross-sectional study of neuropsychiatric symptoms in 435 patients with Alzheimer's disease. The American journal of geriatric psychiatry. 2005 Jun 1;13(6):460-8.
14. Aarsland D, Brønnick K, Ehrt U, De Deyn PP, Tekin S, Emre M, Cummings JL. Neuropsychiatric symptoms in patients with Parkinson's disease and dementia: frequency, profile and associated care giver stress. Journal of Neurology, Neurosurgery & Psychiatry. 2007 Jan 1;78(1):36-42.
15. Marsh L. Neuropsychiatric aspects of Parkinson's disease. Psychosomatics. 2000 Jan 1;41(1):15-23.