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Awe Walks Improve Quality of Life, Attention, Orientation, Mood, & Social Behaviour in Dementia: An Intervention Study

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Research has consistently shown decreased quality of life (QoL) in people with dementia, with predictors of QoL ranging from education to emotional status. This study investigated the impact of Awe Walks as an intervention targeting emotional status for the first time in dementia. Awe—a positive emotion elicited when in the presence of vast things not immediately understood—promotes social connection and fosters well-being by encouraging a “small self”. Participants with dementia between the ages of 60 and 85 took biweekly 15-min outdoor walks for 4 weeks; a total of 53 participants were matched and randomly assigned either to an awe walk group, which oriented them to experience awe during their walks, or to a waitlist control group. Pre- and post-intervention measures of QoL, cognitive functioning, behavioural pathology relevant to daily functioning, and clinical global impression were completed. Compared to degenerative deterioration in controls, individuals who participated in the Awe Walk intervention exhibited greater improvements in QoL, attention, orientation, mood, and social behaviour. These results suggest cultivating awe enhances positive emotions that improve quality of life and diminishes negative emotions that hasten decline. An intervention such as this, cost-effective and simply executed, has important implications for providing quality care to this population served by neuropsychologists..

Biography

Akshata Sheth has her expertise in Neuropsychology and passion in improving the quality of life of the population served by neuropsychologists.

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An Artificial Intelligent Tool for the Screening of Attention Deficit Hyper Disorder

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The primary goal of this research paper is to develop a tool for screening for Attention Deficit Hyper Disorder (ADHD). The “multi-criteria decision-making (MCDM)” method, an extensively used approach for making decisions involving several criteria, has been used to create this screening tool. The amount of knowledge available to a person is vast, ambiguous, and uncertain; fuzzy logic has been used to deal with ambiguity and confusion. Due to the opulence of symptoms that may cause ADHD to know which symptoms affect more and which affect less, a “fuzzy analytic hierarchy process (FAHP)” algorithm has been used with the “If-Then” rule-based approach for determining whether or not an individual has an ADHD. The developed tool uses a hierarchy approach called “Fuzzy Tree” to reduce the huge number of rules. Efforts are being made to develop a less complex tool that can assess a person in a short period and provide accurate results. The validity of the design was verified by the two groups of individuals consisting of the ADHD group (N = 25) and the Typically Developed (TD) group (N = 25). It was confirmed that the method created efficiently differentiated ADHD participants from TD and has a precision of 99 percent..

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Sleep Disorders In Elderly

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The sleep is triphasic, Sleep latency, Synchronized Eye movement phase(SEM) and finally the Rapid eye movement phase(REM). The sleep latency lasts for twenty to thirty minutes, followed by the NREM and REM phases each lasting for one hour to ninety minutes alternatively, whole night. The whole sleep cycle of seven to nine hours is guided by neurohormonal mechanism. This is also age related, varying from infancy to elderly.

In the elderly, the sleep architecture per se is altered in a natural way, the sleep latency gets prolonged, REM is much less in comparison to that of adults. There can be several Apneas-Central and Obstructive apneas, with intermittent hypopneas. Furthermore, the sleep phenomena is modified by other comorbid conditions like Diabetes Mellitus, COPD, Hypertension, Breathing Disorders of Sleep, ailments of the heart and other organ specific problems. Ultimately, the disorders may lead to cognitive dysfunctions leading or coexisting with Dementia, Alzheimer's' disease and other forms of neurodegenerative diseases. These are some or other way related to Amyloid degeneration and blockage of neural synapses. The remedy consists of change of lifestyle, useful contribution to self and the society, abandoning smoking and alcohol, aerobic exercises or Yoga, treatment of the age related problems, periodical health checkup and finally few specific medicaments for halting the degenerative procedure

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