

7 days of Psychology

Clinical Neuropsychology



What is Clinical Neuropsychology?

Clinical neuropsychology is a specialty of psychology that focuses on the relationship between brain-and-behaviour.

Clinical neuropsychology is primarily concerned with how changes in your brain affect your thinking (e.g., memory).



What does a Clinical Neuropsychologist do?

Clinical neuropsychologists conduct interviews and administer tasks in order to assess thinking skills, such as memory, learning, attention, language, problem-solving, and decision-making.

They then use this information to assist with diagnosis of neurological injury and treatment recommendations.

Neuropsychologists play a key role in DEMENTIA management through:

- Providing early diagnosis and identification of the type of dementia to inform treatment plans.
- Differentiating between dementia and other conditions that may look like dementia (such as issues with mood or other medical conditions).
- Monitoring the progression of dementia.
- Providing compensatory strategies to help manage impairment and improve quality of life.

What is DEMENTIA?

Dementia is an umbrella term for a decline in brain function, including thinking skills, that interferes with a person's day-to-day function.

The term is used to refer collectively to progressive diseases of the brain, of which there are **many types**.

The most common causes of dementia are **Alzheimer's Disease** and **Vascular Dementia**.

You can also experience mild changes in thinking ability that do not greatly affect your day-to-day function and this would be termed a "**Mild Cognitive Impairment**" (MCI) or "Vascular Cognitive Impairment" (VCI).

Mild Cognitive Impairment is NOT dementia. It can progress to dementia or remain stable.

There is currently no cure for dementia or MCI, though medications can sometimes delay progression. Clinical Neuropsychologists can often provide cognitive strategies to help manage impairment and improve quality of life.



Key Australian Statistics¹:

- Dementia is most common after the age of 65, but can occur in people in their 50s, 40s, and sometimes even younger.
- There are more than 413,106 Australians living with dementia.
- Dementia is the second leading cause of death of Australian, 5.4% of all deaths in males and 10.6% of deaths in females each year.
- More Australians in our aging population are being diagnosed with Dementia every year

1. The National Centre for Social and Economic Modelling NATSEM (2016) *Economic Cost of Dementia in Australia 2016-2056*

Find out more about DEMENTIA at the [Dementia Australia website](#)

National Dementia Helpline 1800 100 500

Neuropsychological symptoms of DEMENTIA

VS.

	Normal Aging	Dementia
Memory & Learning	Not being able to remember details of a conversation or event from a year ago.	Not being able to recall details of recent events or conversations.
	Not remembering the name of an acquaintance.	Not recognising/knowing the names of family members.
	Forgetting things/events occasionally OR only remembering parts of experiences.	Forgetting things/ events frequently OR forgetting whole experiences.
	Occasionally become lost and/or get the date slightly wrong.	Become lost easily and/or several times have been unsure of where you are or the date.
Attention, Alertness & Speed	Can't always concentrate 100%.	You can rarely ever concentrate.
	Stable pattern of alertness over the course of the day/week. You occasionally take a nap.	You experience large shifts in your alertness over the course of the day/week You are often sleepy.
	Little slower completing tasks, like others your age.	Notably slower to complete tasks. Others have noticed.
Language & Visual Abilities	Occasionally have difficulty finding words or naming objects.	Frequent pauses and substitutions when finding words or naming objects.
	Usually able to follow written/spoken directions.	Gradually unable to follow written/spoken directions.
	No, or only minor, changes in spelling, reading, writing, and maths abilities.	Notable changes in spelling, reading, writing, or maths abilities.
	Typically understand words and recognise objects.	Sudden lapses in understanding simple words or recognising objects.
	No, or minor changes, in your drawing ability.	Significant difficulty drawing simple shapes (e.g., a clock, a cube)
Day-to-Day & Executive Function	You might occasionally say or do something without much thought (i.e., disinhibition).	You frequently say or do things without much thought and others have noticed or commented.
	The same, or a little, less organised than you have always been.	Much more disorganised (e.g., difficulty planning, messier or misplacing items) than before.
	Difficulty making complex decisions OR coming up with solutions to day-to-day problems.	Difficulty making even simple decisions or with simple problem solving.
	Usually able to care for oneself.	Gradually unable to care for oneself.
	You are worried about your memory or thinking but your relatives are not.	Your relatives are worried about your memory or thinking, you may not be aware of any problems.
OTHER non-specific signs	You sometimes feel irritable or have a low mood.	You often feel irritable or have a low mood.
	Unchanged sense of smell.	Loss of sense of smell.
	No big changes in appetite, with occasional cravings for certain foods.	Feel hungry a lot less or more than usual OR excessively craving sweet foods.
	Sleep is normal, though you may need a little less/more with occasional night-time	Poor sleep, frequent waking OR tossing

Non-Modifiable	Modifiable
<p>Older Age Sex (♂ & ♀) History of stroke Family history and genetics</p>	<p>Stress Inactive brain Poor heart health and obesity High blood pressure & cholesterol Ill-managed blood sugar Alcohol, Smoking, & Drug use</p>

Healthy Brain Aging

Healthy Brain Aging is a lot to do with managing your modifiable risk factors.



Manage Vascular Risks

Have regular GP check-ups to manage:

Blood pressure

Cholesterol

Blood sugar levels

Body weight

& Quit smoking

[Visit the MAYO clinic website to find out more about vascular risk factors](#)



Exercise Regularly

Exercise regularly at moderate intensity for 30 minutes, most days of the week & combine with a healthy diet.

e.g. aerobic, strength building, balance, & flexibility.

[See the World Health Organisation's guidelines on Exercise for older adults](#)



Keep your Brain Active

Increase resilience against the effects of dementia (i.e. your cognitive reserve) by doing at least an hour of brain-stimulating activities a few times a week.

[Explore Healthy Brain ideas at Dementia Australia](#)

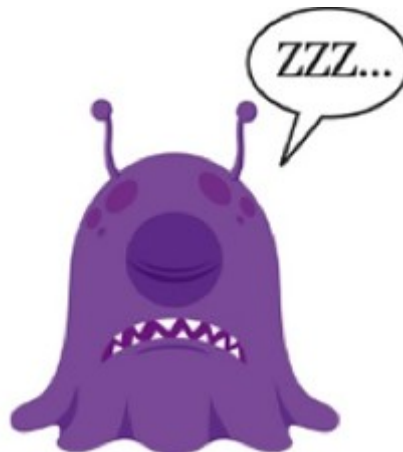


Manage Stress & Mood

Boost your mood by scheduling pleasant activities into your week. Also get plenty of exercise & sunlight.

Monitor your mood and contact your doctor if you feel down / worthless / demotivated / less enjoyment in activities or socialising / or that life is not worth living.

Find Quick Relaxation Techniques over at the Black Dog Institute



Optimise Sleep

Get up at the same time everyday and expose yourself to bright light and activity. Limit naps to 30 minutes & don't nap in the evening.

Keep lights dim at night and avoid stimulating activities or bright lights (e.g. T.V).

Here is a Guide to Good Sleep for Older Adults



Moderate Alcohol

Drink in moderation.

For MEN and WOMEN:

≤ 2 standard drinks on any day reduces risk of alcohol-related disease or injury over a lifetime.

≤ 4 standard drinks on a single occasion reduces the risk of alcohol-related injury arising from that occasion.

Further Reading:

- [Coping with memory loss, for carers](#) [Alzheimer's Society, UK]
- Baumgart, M., Snyder, H. M., Carrillo, M. C., Fazio, S., Kim, H., & Johns, H. (2015). [Summary of the evidence on modifiable risk factors for cognitive decline and dementia: a population-based perspective](#). *Alzheimer's & Dementia*, 11(6), 718-726.

Interested in studying clinical neuropsychology?

[Click here](#) to investigate study pathways in psychology, including pathways to becoming a Clinical Neuropsychologist.

[Australian Psychology Society College of Clinical Neuropsychology](#)

Celebrating Psychology Week 2017

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