Major Neurocognitive Disorder is the new diagnostic category introduced in DSM-5. The subspace, the popular term "dementia". Major Neurocognitive Disorder presents with impairment in at least one cognitive domain along with impairment in activities of daily living and instrumental activities of daily living. Almost all cases of dementia develop Behavioral and Psychological Symptoms (BPSD) at some point during the course of illness. BPSD interferes with the independence of the patients and thus causes impairment in quality of life. This further increases cost of treatment, need for hospitalization, and caregiver burden. In this book, we tried to identify and estimate the prevalence of behavioral symptom patterns in the major etiological types of dementia viz. Alzheimer's disease and Vascular Dementia. We also find the correlation among cognitive declining, behavioral symptoms, and independence in the daily living of a time. We hope this book will be useful for busy clinicians and other people working in the area of dementia care.

Shravan Kumar did MBBS and MD in Psychiatry from prestigious Indian university. He is currently working as Senior Resident in a government medical college hospital.

Behavioral Symptoms in Patients with Major Neurocognitive Disorder

Symptom Pattern, Prevalence, Correlates and Its Impact on Independence of Daily Living

Chaired by
Department of Psychiatry
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Efficacy of Gibberish Meditation on Aggression and Stress

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Abstract

Introduction: Gibberish Meditation (GM) is not to control the mind but to silent it’s constant chatter and find peace through stillness. It helps the practitioner to be relaxed and attentive. Aims and Objective: The aim of the present study was to know the effect of GM technique in reduction of aggression and stress symptoms. Material and Method: 100 adolescents who came to Psychiatry OPD of Jawaharlal Nehru Medical College with symptoms of stress and aggression were taken into consideration. Modified Overt Aggression Scale (Kay SR et al,1988) for Aggression and Perceived Stress Scale (Cohen et al. 1988) for stress were used before and after the intervention. Both the groups practiced GM techniques for 6 weeks (twice in a week).

Results: Paired sample t test was used to analyze the impact of GM on aggression and stress. Significant difference was found in reduction of aggression symptoms (t=20.34, df= 39, p=<0.001) and stress symptoms (t=9.14, df= 39, p=<0.001). Conclusion: GM is an effective technique in reducing aggression and stress symptoms.

Keywords: Adolescents, Aggression, Gibberish Meditation, Stress
Delayed Developmental Milestones and Parental Neglect as Predictors of Severe to Mild Intellectual Disability

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Abstract

Intellectual disability or cognitive disability is characterized by significant limitations or deficits in adaptive and behavioral functioning of an individual. It is a lifelong disability that occurs in infancy or early childhood years but it cannot be identified until the child is older than 5 years, when standardized measures of intelligence or the intelligence quotient become reliable and valid. Intellectual disability coexists with many serious physical difficulties. Parenting behavior and associated stress plays a role in the management of children with intellectual disability. Researchers suggest that the lack of awareness and awareness associated with cognitive deficits contribute to the prevalence and the gement of the same. In this context, the present study attempts to determine and understand the factors that facilitate mild-severe intellectual deficits.

The study was conducted on a purposive sample of 50 individuals. The age range was between 8-16 years. The sample was collected from J.N. Medical College, Aligarh were individuals came for IQ assessment.

The Case History method was used to determine and analyze the various developmental milestones that indicate parental neglect. The level of intellectual disability was assessed using various assessment Techniques like: Sanguine Form Board Test (SFBT), Developmental Screening Test (DST), Vineland Social Maturity Scale.

Data was analyzed using Exploratory Method. The Results indicate that the delayed developmental milestones and parental neglect significantly influence and facilitate the prevalence to mild to severe intellectual disability.

Keywords: Developmental Milestones, Parental Neglect, Intellectual Disability

Introduction

Intellectual disability or cognitive disability is characterized by significant limitations or deficits in adaptive and behavioral functioning of an individual. It is a lifelong disability that occurs in infancy or the early childhood years but it is not identified until the child is older than 5 years, when standardized measures of intelligence or the intelligence quotient become reliable and valid. Intellectual disability coexists with many serious physical difficulties. Parenting behavior and associated stress plays a major role in the management of children with intellectual disability. In its most severe form it is a source of great concern to parents as well as economic and social burden on the community. Parenting behavior and associated stress can be due to difficulties in meeting...
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Social Maturity and Associated Behavioral Functioning of Individuals with Severe to Mild Intellectual Disability

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ABSTRACT

Intellectual disability is neurodevelopmental disorder characterized of impaired adaptive and intellectual functioning. Severe to mild intellectual disability refers to significantly sub-average general intelligence, which is 70 or below IQ range on the standardized measures of intelligence. It is also associated with impairments in social and adaptive behavioral function. As a result, these individuals find it difficult to cope with their academic performance. It is usually manifested in the developmental period. In this context, the present study is an attempt to determine and analyze the social maturity and the associated maladaptive behavior of individuals with severe to mild intellectual disability.

The study was conducted on a purposive sample of 50 individuals. The age range was between 18 to 22 years. The sample was collected from J.N. Medical College, Aligarh.

Stanford Binet Test was used to select the purposive sample for the study. Vineland Adaptive Behavior Scale was used to assess the social quotient and detailed clinical history along with other tests were used to assess and analyze the associated behavioral problem of individual with intellectual deficits. The obtained data was analyzed using SPSS. The results revealed a significant relationship between the social quotient and the associated adaptive behavioral problems and individuals with severe to mild intellectual disability.

Keywords: Social Maturity, Behavioral Functioning, Intellectual Disability

INTRODUCTION

Intellectual disability is neurodevelopmental disorder characterized of impaired adaptive and intellectual functioning. Severe to mild intellectual disability refers to significantly sub-average general intelligence, which is 70 or below IQ range on the standardized measures of intelligence at the developmental period. Development of intellectual disability alters on the type and extent of associated disabilities, environmental factors, associated abilities and comorbid psychopathological conditions. Social development means attainment of the capacity to comply with social expectations (Pati et al., 1996). The main progressions: (i) learning to behave in socially appropriate social roles and (ii) maturity of social skills.
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Post-traumatic Stress Disorder in Children

Deoshree Akhouri

The purpose of this chapter is to emphasize the effect of trauma on children and its psychological treatment and rehabilitation. Traumatic accidents suffered by children of 0–6 years of age are referred to as early childhood trauma. About one million children are exposed to psychological stress due to trauma every year, e.g., disasters, life-threatening accidents, amputation, etc. Psychological squeal is caused by permanent physical damage or disability due to serious injuries known as traumatic amputations [1]. Trauma directly affects the child’s as well as family member’s emotional and behavioral well-being. Post-traumatic stress disorder (PTSD) is caused by different types of transient or chronic physical, behavioral, or emotional problems which take place due to psychological trauma in children. Children susceptible to trauma develop psychiatric disorders particularly anxiety and depression.

According to the American Psychiatric Association’s current definition, which was introduced in 1994, post-traumatic stress disorder is a state where an individual should have undergone or observed an incident or collection of incidents which implicated factual or impeded fatality or solemn damage or forebode physical probity of oneself or someone else, involving fright, powerlessness, and consternation [2]. Trauma is a state when someone has come across an uncontrollable, terrifying occurrence that has detached oneself from all sense of handling resourcefulness, security, or love [3].

Sufferings in the form of lacerations, lesion and severe sickness, and encroaching medical subroutine such as operations or medicaments (like burn care) which could be alarming tend to have reaction from ward and their guardians, hence being referred to as pediatric medical traumatic stress [4]. The reaction tends to afflict the body along with the mind. For instance, wards and their guardians might portray apprehensiveness or cranky behavior. They,

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