A NEW MODEL OF INDIVIDUAL COGNITIVE STIMULATION THERAPY FOR DEMENTIA
A PILOT STUDY IN FIVE CASES

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Available treatments in Alzheimer’s disease (AD) are symptomatic in nature and are only sufficiently to improve the quality of life of AD patients temporarily. A potential strategy for dementia is Cognitive Stimulation Therapy (CST); a Cochrane review suggested consistent mental functions benefit associated with CST, although transient and does not exceed a three months follow-up. Clinically in the course of the cognitive impairment in AD, the ability of the epicritic mind and refined gestures is progressively lost, by contrast emotionalism and primordial patterns of reasoning and argumentation progressively emerge. Could the regression to a stage of hypomanicalizing be braked and/or reversed with a cognitive speech therapy? In favor of the therapeutic effect of speech therapy and parallel increase on brain metabolism several studies of functional neuroimaging were published, where a prometabolism effect of psychotherapy in psychiatric subjects is documented in elderly people after training using basic problem in arithmetic1. A postgraduate thesis on a patient with somatic combination and mild cognitive deficits had documented the regression of widespread neo-cortical hyperfusion along with the full restoration of the state of mental and physical health after a new cognitive treatment2. However in elderly and mildermoderate cognitive impairment CST had not demonstrated full effect and stable results. Ryuta Kawashima demonstrated that learning therapy like speech therapy?

The authors applied a learning therapy like cognitive rehabilitation that PNA involves a wide range of activities to stimulate thinking, reasoning, memory and epicritic hand gestures and detected what might be modifiable targets for psychodynamic interventions. A7 years follow-up post-treatment was carried out (Tab.2, Fig.5, Fig.6).

The global improvement registered at the end of the treatment was confirmed in the cognitive assessment: table 2. All test scores increase from baseline to follow up, in spite of further ageing. Executive functions, episodic memory, short-term memory, working memory, attention, reading ability, writing, arithmetic calculations and praxis look stabilized at 3(1pt) and 7 years(4pts) followup. No bad mood and depression and insomnia. The projective test of Baum and Kopitz shows a better sense of self and of reality that they lives (Fig.7b). The graphic tract was analyzed more then two hundred signs; the dysgraphia in two people disappeared and writing became speedy and fluid (Fig.9b). We recorded recovery of autonomy and independence from the family. The 99mTc-HMV brain SPECT at baseline shows widespread paracorticalareas of low tracer uptake before treatment PNA and strikingly changed after learning therapy; in particular, it looks like all the neuropsychoanlysis has submitted a recovery metabolic congruent with the clinical results in all the subject (Fig.5b/Fig.6b).

CONCLUSIONS
We investigated the beneficial effects of a new model of CST that gather skills of Psychoanalyis and Neuroscience. The results obtained seem very encouraging in that a wide cognitive reserve seems available in demented patients if properly stimulated. Stimulation training efficacy seems related to quality of the material used and length of treatment; a correlation between length of training and prolongation of the benefit seems plausible. Although the present results needs confirmation in a wider sample of patients, they strongly suggest that in these patients, targeted complex cognitive psychological therapies may lead to a long-lasting benefit of cognition and quality of life. In accord with Kawashima reports we confirm that best stimulus for consciousness are the matters with high-level of abstraction linked with the concrete as words and numbers. The results all three and seven year are stable and we can provide sufficient evidence of the effectiveness of multitask cognitive training in elderly with primary and mixed dementia.

REFERENCES