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Anxiety and cognitive decline: What precedes what in this intricate model?

Gary Sinoff

University of Haifa, Israel

Anxiety as a separate disorder was reintroduced into the DSM manuals in 1980 but is now widely recognized as probably the most common mood disorder in the elderly, with a prevalence ranging between 10% to 20%, greater than for depression. The elderly may not meet the full requirements for an anxiety disorder, yet they still experience enough symptoms which can disrupt their daily lives. During the last years, the interaction between neuropsychiatric syndromes and cognition has been widely researched in view of the fact that these symptoms have been reported to accompany memory loss especially in the initial stages of cognitive decline. In fact, anxiety/depression have been reported to not only be a reaction to cognitive decline, but also possible predictors of future cognitive decline. The debate is intensified by studies showing that anxiety and not only cognitive decline have shown an increase in A β in the amygdala as well as in the hippocampus. Since cognitive decline now has become a major burden to society, if one could delay the decline by initiating treatment as early as possible, the savings, for both the individual and society, would be significant. Some studies have shown that anxiety is more prevalent in early mild cognitive impairment and subjective cognitive impairment, and may have a predictive value for the future cognitive decline, but the predictive value in the late mild cognitive impairment is still debatable. Anxiety is inter-related and inseparable with loss of memory and has sometimes been shown to be a predictor for the future cognitive decline, shown in studies published by some years ago. Theoretically, this may be explained by Braak and Braak's staging with changes initially in the entorhinal cortex, spreading to the hippocampus and amygdala and finally to the cortex. This lecture will relate to anxiety in the elderly, its high prevalence, the problems in its detection and especially its interaction with cognitive decline.

Biography

Gary Sinoff is a geriatrician with expertise in psychogeriatrics. He is Clinical Assistant Professor in the Faculty of Medicine, Technion- Israel's Institute of Technology and senior lecturer in the Department of Gerontology, Faculty of Social Welfare and Health Studies, University of Haifa. His research and teaching are in the areas of geriatric assessment, cognitive impairment, anxiety, depression, research ethics, and death anxiety. He has published, and presented his research both locally and internationally. He is involved in educating students of gerontology, physicians, nursing students, occupational therapists and administrative directors of long-term care institutes. The impact of his work has been recognized both locally and internationally.

gsinoff@gmail.com

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