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Chiari malformation in older adults

Depression is a medical disease. It affects your mental and physical health. Anyone can have depression, including older adults. In addition to standard depression symptoms, older adults can: Have delusions or hallucinations. Has memory problems or confusion. Depression is common in adults over the age of 65. However, it is not a normal part of getting older. Older adults can be depressed for many reasons. Possible causes of depression include: Age. Pension. Health conditions, such as cancer, heart disease, Parkinson's disease, or thyroid disorders. Loss of loved ones. Lack of freedom or ability. Move to a family home or care center. Some older adults who are depressed may have dementia, such as Alzheimer's disease. It can be difficult to tell the difference between these symptoms and changes that occur naturally during aging. Also, older adults can not tell their doctor or caregiver how they feel. This means that many people do not get help. It's important to know it's not your fault. Depression is nothing to be embarrassed about. It is not a personal weakness, but a medical disease that can be treated. When a patient is diagnosed with depression, I am trained to provide care ranging from prescribing antidepressants to helping find other resources. Read more by Dr. Michael Bevins Currently, the American Academy of Family Physicians (AAFP) recommends that adults be screened for depression. If you take care of an older adult, pay attention to their behavior. If you notice changes or symptoms of depression, contact your doctor. Diagnosis and treatment of your loved one's depression is important. It can help reduce the risk of mental decline, other diseases and suicide. Contact the National Suicide Prevention Lifeline if you think your loved one has suicidal thoughts. Call 911 if they attempt suicide. When to see the doctor Feeling sad at times is normal. But if these feelings persist and keep you away from your usual activities, you may be depressed. Your doctor may take an exam and refer you to a specialist. This may include a counsellor, therapist, psychologist or psychiatrist. You can talk to them about what and how you feel. A combination of counseling and medicine can help treat depression in most older adults. Tell your doctor about all the prescriptions you take. A drug can cause depression. How do I know if I am or one of your loved ones is depressed? What can I do to prevent depression? What types of medicine help to treat depression in older adults? What are the side effects? Can you recommend a support group for an older adult who is depressed? Copyright © American Academy of Family Physicians This information provides a general overview and may not apply to everyone. Talk to your family doctor to find out if this information applies to you and for more information on this topic. What is Chiari malformation? Chiari malformation (CM) is a structural abnormality the relationship between the skull skull Brain. This means that the skull is small or malformed, causing it to press on the brain at the base of the skull. It can cause brain tissue to extend into the spinal canal. CM affects the part of your brain called the cerebellum. It is located behind the brain stem, where the spinal cord meets the brain. When the cerebellum pushes into the spinal canal, it can block the brain's signals to your body. It can also cause fluid to build up in the brain or spinal cord. This pressure and build-up of fluid can cause a number of neurological symptoms. Symptoms usually involve balance, coordination, vision and speech. CM is named after Austrian pathologist Hans Chiari, who described and categorized the abnormalities in the 1890s. It is also known as Arnold-Chiari deformity, hindbrain herniation, and tonsillar ectopia. Read on to learn more about this condition, from the types and causes of prospects and prevention. If CM develops during the fetal stages, it is known as primary or congenital CM. Several factors can lead to primary CM: Genetic mutations can cause the fetus to develop abnormally. Lack of proper vitamins and nutrients during pregnancy, such as folic acid, can affect fetal development. Infection or high fever during pregnancy can affect fetal development. Exposure to dangerous chemicals, illegal substances or alcohol during pregnancy can affect fetal development. Sometimes CM can occur in adulthood as a result of an accident or infection in which the spinal fluid is drained out. This is called secondary CM. Share on PinterestType 1: Type 1 is the most common type of CM. It involves the lower part of the cerebellum for the cerebellum for tonsils, but not the brain stem. CM type 1 develops when the skull and brain are still growing. Symptoms may not appear until adolescence or adult years. Doctors usually find this condition by accident during diagnostic tests. Type 2: Also known as classic CM, type 2 involves both cerebellum and brain stem tissue. In some cases, the nerve tissue that connects the cerebellum together can be partially or completely missing. It is often accompanied by a birth defect called myelomeningocele. This condition occurs when the spine and spinal canal do not close normally at birth. Type 3: Type 3 is a much rarer, but more severe deformity. Brain tissue extends into the spinal cord, and in some cases, parts of the brain can protrude. It can involve severe neurological defects and can have life-threatening complications. It is often accompanied by hydrocephalus, an accumulation of fluid in the brain. Type 4: Type 4 involves an incomplete or undeveloped cerebellum. It is usually fatal in childhood. Type 0: Type 0 is controversial for some clinicians because it has minimal or no physical changes in cerebellar tonsils. It can still cause headaches. In general, the more brain tissue that pushes into the spine, the more severe the symptoms. For example, someone with type 1 may not have any symptoms, while some type 3 may have serious serious People with CM may have a variety of symptoms, depending on the type, build-up of fluid, and pressure on tissues or nerves. Since CM affects the cerebellum, symptoms usually involve balance, coordination, vision, and speech. The most common symptom is a headache on the back of the head. It is often brought on by activities such as exercise, strenuous, bending over, and more. Other symptoms include: dizziness neck pain numbness or tingling in the hands and feet trophic pharynx in the upper body that causes loss of pain or temperature sensation in upper body balance problems or difficulty walking Less frequent symptoms include general weakness, ringing in the ears, curvature of the spine, slower heartbeat and abnormal breathing. Symptoms in infants Symptoms in infants of all types of CM may include: difficulty swallowing irritability when eating ex-eccletic drooling or vomiting irregular breathing problems stiff neck development delay trouble to get weight loss of strength in the arms If type 2 is accompanied by excess fluid in the brain, additional signs and symptoms may include: an enlarged head vomiting seizures irritability development Some times symptoms may develop rapidly, emergency treatment requires emergency treatment. CM occurs in all population groups, with about 1 case in every 1000 births. It can run in families, but more research is needed to determine this. The National Institute of Neurological Disorders and Stroke (NINDS) reports that more women than men are likely to have CM. NINDS also notes that type 2 malformations are more prevalent in people of Celtic descent. People with CM often have other diseases, including hereditary neurological and bone abnormalities. Other related conditions that may increase the risk of CM include: myelomeningocele: a type of spina bifida, or birth defect in which the spinal canal and spine do not close until the child is born hydrocephalus: accumulation of excess fluid in your brain, often present with CM type 2 syringomyelia: a hole or cyst of the spinal column, called a syrinx tethered conduction syndrome: a neurological disorder caused when the spinal cord attaches to the bones of the spine. This may cause damage to the lower body. The risk is higher in people with myelomeningocele. Spinal curvature: a common condition, especially with children with type 1 CM CM, is often diagnosed in the uterus during ultrasound tests or at birth. If you do not have any symptoms, your doctor may find it accidentally when you are tested for something else. The type of CM present depends on: medical history history symptom clinical evaluation of tests physical exams During a physical exam, your doctor will consider features that may be affected by CM, including: balance cognition memory motor skills reflex sensation Your doctor may also order photo scans to help with the diagnosis. These may include X-rays, MRI scanning and CT scans. The images will help your doctor look for abnormalities in the bone structure, brain tissue, organs and nerves. Treatment type, severity and symptoms. Your doctor may prescribe medications to relieve pain, if CM does not interfere with your daily life. For cases where symptoms interfere or there is damage to the nervous system, your doctor will recommend surgery. The type of surgery and number of surgeries you need depends on your condition. For adults: Surgeons will create more space by removing part of the skull. This relieves the pressure on the spinal column. They will cover your brain with one or the tissue from another part of your body. The surgeon can use electric current to shrink the cerebellar tonsils. It may also be necessary to remove a small part of the spinal column to create more space. For infants and children: Infants and children with spina bifida must be operated to reposition the spinal cord and close the opening in the back. If they have hydrocephalus, the surgeon will install a tube to drain excess fluid to relieve pressure. In some cases, they can make a small hole to improve fluid flow. Surgery is effective in relieving symptoms in children. Surgery can help alleviate symptoms, but the evidence from research is somewhat mixed on how effective treatment is. Certain symptoms tend to be more likely to improve after surgery than others. In the long term, people who have surgery to treat CM will need frequent monitoring and retesting to check for changes in symptoms and function. The outcome for each case is different. More than one operation may be required. Each vision depends on your: age type of CM overall health existing conditions corresponding to treatment Type 1: Chiari type 1 is not considered fatal. One study looked at 29 people with CM type 1 and found that 96 percent reported improvement six months after surgery. One person reported no change. All participants still felt residual symptoms after surgery. The most common symptoms felt after treatment included pain and loss of sensation. CM surgery can not reverse existing nerve damage, but treatment helps prevent further damage. CM and syringomyelia: A 2009 study followed up 157 cases of CM-related syringomyelia. It found a 90 percent chance of long-term improvement or stabilization. Each outcome depends on the person. Talk to your doctor about your condition, operational risk and other concerns. It can help define success, which can range from improving symptoms to eliminating symptoms. Pregnant women can avoid any of the possible causes of CM by getting the right nutrients, especially folic acid, and avoiding exposure to dangerous substances, illegal substances and alcohol. Alcohol.

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