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Chapter 1 : Parkinson's Disease, Manuchair S Ebadi Ronald F Pfeiffer - Shop Online for Books in Australia

1 Depression William J. Burke, Steven P. Wengel, and Daryl Bohac SUMMARY Depression is the most common psychological disturbance that affects people with Parkinson's disease.

James Parkinson, Jennifer G. Goldman and Christopher G. An Historical Review, L. Ratner and Robert G. Chou and Howard I. Hausdorff, Nir Giladi A. Wengel, Daryl Bohac , and William J. Barba , Eric S. Santiago, and Stewart A. Petzinger and Michael W. Robinson and Ali H. Other Transmitters, Yoshikuni Mizuno B. Faherty and Richard J. Lidstone, Raul de la Fuente-Fernandez, and A. Rating Scales, Kathleen M. Zesiewicz, and Robert A. Morgan and Kapil D. Duda and Matthew B. Mandel, Edgardo Rodriguez, M. Angela Cenci, Stuart E. Leff, Fredric Manfredsson, and Carmen S. A Conceptual Model, Mickie D. A Brief Overview, Ruth A. With 78 chapters across 8 primary themes, this massive text contains all the information that any student new to the field requires to develop a thorough understanding of PD. With chapters about everything from epidemiology, to theories of pathogenesis, and back to symptoms and treatment, this book covers the entire range of what we can know about a biological phenomenon, from the molecular, cellular and genetic levels, through to the whole human being and the entire human population. Overall, this book is truly a success. It stands out as the most comprehensive volume available on this disorder. Ask a Question About this Product More Write your question below:

Abstract. Depression is the most common psychological disturbance that affects people with Parkinson's disease (PD). Despite an increasing amount of research devoted to this topic, uncertainty still exists concerning many aspects of depression in PD.

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Chapter 3 : Parkinson's Disease and Nonmotor Dysfunction : Ronald F. Pfeiffer :

Contents: Depression / William J. Burke, Steven P. Wengel, and Daryl Bohac -- Anxiety / Hubert H. Fernandez and Tanya Simuni -- Obsessionality / Marie-Andr © Bruneau -- Dementia / Patricia Kavanagh and Karen Marder -- Psychosis / Eric S. Molho and Stewart A. Factor -- Postsurgical behavioral changes / Laurie M. Rilling, John A. Lucas, and Ryan.

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quick perusal of the amazingly perceptive clinical description that James Parkinson put to paper in reveals that from the beginning, various features not reflective of motor dysfunction were recognized and described as being part of PD. It has only been relatively recently that attention has been refocused on these nonmotor features, and the realization has grown that nonmotor features are frequently present in PD and can be the source of considerable discomfort and disability for affected individuals. In fact, it is not at all infrequent that these nonmotor features play a dominant role in the clinical picture. The growing recognition that nonmotor features are an important component of PD has, in turn, led to the realization that these aspects of the condition have often received insufficient attention in the current medical and lay literature. To this end, a truly outstanding group of experienced researchers and clinicians has been assembled to provide this in-depth review of nonmotor dysfunction in PD, which has been subdivided into five diverse domains. Behavioral abnormalities are problems encountered in the management of PD, particularly in individuals with more advanced disease, which are both distressingly frequent and frequently distressing. They may be intrinsic components of the disease process itself depression and dementia, treatment-induced complications psychosis and postsurgical behavioral changes, or a combination of both anxiety, obsessionality. Whatever their derivation, behavioral abnormalities can seriously impact and impair quality of life for both patients and family members. Autonomic dysfunction is often mistakenly considered to be a feature of multiple system atrophy and not PD. In reality, individuals with PD can, and frequently do, display various features indicative of autonomic dysfunction. Gastrointestinal, urogenital, cardiorespiratory, thermoregulatory, and other aspects of autonomic function may become impaired in PD, not simply as consequences of medication-induced derangements, but as part of the disease process itself. These autonomic features often develop in the later stages of the illness but may also appear early, occasionally even before the classic motor components become evident. As with behavioral and autonomic dysfunction, sleep-related disturbances can be either disease-related or medication-induced and may occur both early and later in the course of PD. Sensory dysfunction is perhaps the least well-known or recognized and also the most purely nonmotor facet of nonmotor dysfunction in PD. Abnormalities of primary sensory function vision and olfaction occur, as do more complex sensory phenomena, as exemplified by the visuo-cognitive deficits and the various pain syndromes and disorders of sensation that may plague the patient with PD. Finally, a section of this volume is devoted to several problems oculomotor dysfunction and fatigue that tread on, or perhaps cross over, the line between motor and nonmotor dysfunction in PD. However, they are included here because they often are not covered extensively in the more traditional discussions of the motor features of PD. It is our hope that this collection of contributions by a truly tremendous contingent of authors will serve to increase awareness of the contributions that nonmotor features may make to the collective clinical picture experienced by the patient with PD. Early recognition of these features will lead, we hope, to more prompt and effective treatment of them, a goal that can be firmly shared and appreciated by both patient and physician alike. Wengel, and Daryl Bohac 2 Anxiety Fernandez and Tanya Simuni 3 Obsessionality Molho and Stewart A. Factor 6 Postsurgical Behavioral Changes Lucas, and Ryan J. Leopold 8 Gastric Dysfunction Korczyn, and Nir Giladi 9 Intestinal Dysfunction Pfeiffer 10 Impaired Sexual Function Goldstein 13 Thermoregulatory Dysfunction LeDoux 14 Respiratory Dysfunction Moro-de-Casillas and David E. Frucht 18 Sleep Apnea Carlucci and Robert A. Rodnitzky 20 Primary Visual and Visuocognitive Deficits Wszolek 22 Pain Syndromes and Disorders of Sensation Despite an increasing amount of research devoted to this topic, uncertainty still exists concerning many aspects of depression in PD. Significant questions remain regarding some very basic issues, including how best to diagnose depression in PD, how frequently depression complicates PD, the risk factors for developing depression, and how to best treat depression. This chapter provides a current perspective on what is known about depression in PD, reviewing its epidemiology, clinical features, neuropsychological features, and treatment. Rather than providing a comprehensive overview, the focus here is on updating the major themes of research in this field. However, doubt still remains with several factors of depression in PD, despite the growing research pertaining to this topic. This chapter provides the present knowledge about

depression in PD, describing its epidemiology, clinical and neuropsychological features, and treatment. Prevalence Even ostensibly simple questions can be difficult to answer concerning the understanding of depression in PD. How frequently depression occurs in persons with PD is a striking example. Depending on the population studied and method used, reported rates of depression have varied enormously. Approximately half of these cases involve patients with major depressive disorder, and the other half involves minor depression or dysthymia. Studies that have reported high rates have generally used specialty populations, in contrast to community-based samples, where lower rates have been found. They found that 7. Rates of MDD were 3. Interestingly, rates were also higher in those with possible PD The authors attribute these figures to a higher rate of dementia in those with possible PD and suggest that the higher rates in the cognitively impaired indicate more widespread cerebral involvement 2. The low rates of depression found by Tandberg et al. Although depressive symptoms in the GHQ occurred in A bimodal distribution has been suggested for the onset of depression in PD 8â€” One peak seems to follow diagnosis and may be related to left hemisphere dysfunction, whereas the second peak occurs late in the course of PD and may be associated with impaired activities of daily living 8. Some evidence also suggests that depression in PD is more common in younger patients 11 , females 12,13 , and in those with more bradykinesia and rigidity as opposed to tremor dominance; 14â€” Diagnostic Difficulties An issue that contributes to the diverse findings in the frequency and severity of depression is the process of diagnosis. DSM-IV criteria 17 can be difficult to apply to patients with PD because only symptoms that are not a result of a general medical condition or direct physiological effect of a substance e.

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Chapter 4 : Table of contents for Parkinson's disease and nonmotor dysfunction

Part I. Behavioral Dysfunction in Parkinson's Disease Depression William J. Burke, Steven P. Wengel, and Daryl Bohac Anxiety Hubert H. Fernandez and Tanya Simuni Obsessionality Marie-Andree.

Manuchair Ebadi and Ronald F. It is an essential reference on the journey toward deciphering its cause and discovering a cure. New directions under investigation reach beyond traditional pharmacological approaches to venture into innovative surgical methods, gene therapy, stem cell therapy, and neurotransplantation. It covers the historical background, neuropathological and neurophysiological characteristics, epidemiological aspects, clinical features, current treatment approaches, and potential therapeutic methods. Novel models are included to simplify more complex concepts. James Parkinson, Jennifer G. Goldman and Christopher G. An Historical Review, L. Ratner and Robert G. Chou and Howard I. Wengel, Daryl Bohac , and William J. Barba , Eric S. Santiago, and Stewart A. Petzinger and Michael W. Robinson and Ali H. Faherty and Richard J. Lidstone, Raul de la Fuente-Fernandez, and A. Rating Scales, Kathleen M. Zesiewicz, and Robert A. Morgan and Kapil D. Duda and Matthew B. Mandel, Edgardo Rodriguez, M. Angela Cenci, Stuart E. Leff, Fredric Manfredsson, and Carmen S. A Conceptual Model, Mickie D. A Brief Overview, Ruth A.

Chapter 5 : LIBRIS - Parkinson's disease and nonmo

William J. Burke, Steven P. Wengel, Daryl Bohac. Daryl Victor, Steven J. Frucht Dementia Dental Dysfunction Depression Dysfunction Dysphagia Excessive.

Chapter 6 : Parkinson's Disease and Nonmotor Dysfunction (Current Clinical Neurology) - [PDF Document

Depression / William J. Burke, Steven P. Wengel, and Daryl Bohac -- Anxiety / Hubert H. Fernandez and Tanya Simuni -- Obsessionality / Marie-Andr e Bruneau -- Dementia / Patricia Kavanagh and Karen Marder -- Psychosis / Eric S. Molho and Stewart A. Factor -- Postsurgical behavioral changes / Laurie M. Rilling, John A. Lucas, and Ryan J. Uitti -- Dysphagia / Norman A. Leopold -- Gastric.

Chapter 7 : Parkinson's Disease and Nonmotor Dysfunction | E-bok | Ellibs E-bokhandel

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Chapter 8 : Parkinson's Disease, edited by Manuchair Ebadi and Ronald F. Pfeiffer

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Chapter 9 : - NLM Catalog Result

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