

DYSFUNCTIONALITY OF THE SENSE OF SPATIAL ORIENTATION IN THE ALZHEIMER'S PROCESS IS IN THE BASE OF THE FREQUENT INCONTINENCE

Hypothesis / aims of study

It has been reported an association of the psychological and psychosocial factors in the development of alzheimer dementia. At a psychological level, it is to emphasize their introvert personality, difficulty to overcome difficulties and a social and familial isolation tendency. Psychosocially, in relation to weak social and family selective bonds, occupation of secondary role, weak involvement with abstract dimensions (local/international news, politics, art, etc.), personal identity construction relying on whom they emotionally depend on, or a part of themselves (talent/skill), and whose disappearance or death plus difficulty to overcome such situation, intensifies the isolation and causes a repetitive attention fixation on the desire of dying. In this progressive process of blocking of the sensory recognitions through a repetitive and intense attention fixation in the desire to die that it takes place in the Alzheimer's dementia that cause the well known abnormal behaviors, at time when it affects the sense of spatial orientation, it causes the patient an incapacity of identifying where she must go before the biological need of expulsion, and for that reason, although she tries to be standing, she becomes paralyzed and she obviously ends up being exhausted. Normally, this is taken as a sign of sphincter's control loss (1), but we suppose that this is not what it is. The proof is that when a person with dementia of this type is rehabilitated, she immediately recovers her capacity to go to the bathroom by herself.

Study design, materials and methods

Once the story of life and the facts that have given rise to the process of dementia have been recovered, the diagnose was given on the basis of the criteria of the "National Institute of Neurological and Communicative Disorders and Stroke/Alzheimer's Disease and Related Disorders Association (NINCDS-ADRDA Criteria)" revised (1), Minimental State Examination (MMSE) test and also with the evaluation of the workability of the system of identification components of the nine channels (Protocol B, Alzheimer Behavioral and Sensorial Identification Test, ABSIT) (2) in the nine channels (vision, taste, smell, auditory, touch, equilibrium, spatial orientation, body perception and familiarity sense), the occurrence of critical personal events that gave rise to the problem and the absence of biochemical indicators in lab tests, which could suppose a hormone alteration in the endocrine system of the sympathetic-parasympathetic, hypocretins (orexins) attentional or sexual system, or on metabolism. Protocols were designed to: a) Confirm the condition of an alzheimer dementia; b) Improve the attention and self-esteem; c) Produce an autobiographical pluri-sensory stimulation; and d) to rehabilitate them into a new and extolling daily life.

Results

This report includes 38 cases brought to us through consultations done by the family of the patients until August of 2007, and which monitoring was completed by the beginning of 2008. From those cases 21 (55.2%), -16 of which were women, turned out to be real cases of Alzheimer dementia. Seventeen (44.7%, 13 of which were women) were healthy people between the ages of 52 and 85 who only had an attention deficit disorder or temporary absorption into thought affecting her attention or ready to be repeated in the shape of sad thoughts (depression), and due to that, said patients had been diagnosed as suffering Alzheimer disorder according to what was set forth in their medical reports. Four of them (3 women) showed a behavior known as "rebellion of the 70's" or "seventy-agers", who lived a whole life of compulsory or chosen subjugation, and any of those circumstances lead her to free herself from it by showing abnormal behaviors (aggressiveness, repetitive irony, sarcasm, mocking, lies, fantasy, braking old rules, etc). Three of those cases (1 woman), where hallucination problems or problems of disappointments clearly associated with a subjective or an objective fear of dying (before going through surgery, accidents), or psychiatric problems such as temporary hysterias, temporary crisis of depression, etc.

The cases of Alzheimer brought to us (21; 76% women, mean MMSE 12,5) had between 2 and 10 and a half years of being diagnosed or treated, and all, except for one of them were recovered immediately or through the following 4 months after having completed the protocols. The patients are considered as recovered when the sensory recognition impairment, the lack of attention, or the abnormal behavior disappears, and are tested with the above mentioned GDS, ADL, ABSIT, and a MMSE score >25, with $p < 0.0017$

Interpretation of results

The definite difference among dementia cases, and the fake positive ones is on the sensory recognition. Alzheimer Behavioral and Sensorial Identification Test establishes that this aspect seems as central and definitive, since we have not found any false Alzheimer patient who had any impairment of sensory recognition.

The preliminary information allow us to presume that all the sensory systems' channels through which the person starts losing the capacity of recognizing things increases in the extent that the process develops, that the channels that are affected earlier are the vision, the spatial sense in women, and the smell, and that some channels, that due to personal circumstances, were very used during the life of the patient are the most recent ones in relation to the loss of the recognition capacity.

Concluding message

The most remarkable recoveries have been the ones involving those individuals that apparently suffered an impairment to control their sphincter, and that once recovered their sense of spatial orientation, they started to go again to the bathroom by themselves. No signals of residual brain damage after recovery can be detected, and it can be said that the notion of reality had been denied or hidden, but not dissolved. We did not identify the point where the dementia process becomes irreversible.

References

1. J Am Geriatr Soc. 2007 May;55(5):800-1.
2. Lancet Neurol. 2007;6(8):734-46.
3. Rev Neurol 2007, 44(4):198-202.

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