



Ελληνική Δημοκρατία  
Τεχνολογικό Εκπαιδευτικό  
Ίδρυμα Ηπείρου

# Αγγλική Ορολογία

Ενότητα 10: Η Αγγλική Ορολογία των Διαταραχών  
Επικοινωνίας στην Άνοια.

Μελομένη (Μελίνα) Νησιώτη



Ευρωπαϊκή Ένωση  
Ευρωπαϊκό Κοινωνικό Ταμείο



ΥΠΟΥΡΓΕΙΟ ΠΑΙΔΕΙΑΣ & ΘΡΗΣΚΕΥΜΑΤΩΝ, ΠΟΛΙΤΙΣΜΟΥ & ΑΘΛΗΤΙΣΜΟΥ  
ΕΙΔΙΚΗ ΥΠΗΡΕΣΙΑ ΔΙΑΧΕΙΡΙΣΗΣ

Με τη συγχρηματοδότηση της Ελλάδας και της Ευρωπαϊκής Ένωσης





Τμήμα Λογοθεραπείας

## Αγγλική Ορολογία

Ενότητα 10: Η Αγγλική Ορολογία των Διαταραχών  
Επικοινωνίας στην Άνοια.

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Ευρωπαϊκή Ένωση  
Ευρωπαϊκό Κοινωνικό Ταμείο



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# Σκοποί ενότητας

- Εισαγωγή στο βασικό λεξιλόγιο που αναφέρεται στις διαταραχές της άνοιας.
- Η ανάπτυξή του γίνεται μέσω ασκήσεων ακρόασης (listening), αναγνωστικής κατανόησης επιστημονικών κειμένων (reading comprehension), συγγραφής (writing) και μετάφρασης (translation).



# Περιεχόμενα ενότητας

- Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension)
- Άσκηση Συγγραφή Περίληψης στην Αγγλική Γλώσσα Βασισμένη σε Κείμενο (Writing Abstract)
- Άσκηση Μετάφρασης (Translation)
- Άσκηση Ακρόασης (Listening)



# Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension)



# Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (1 από 93)

- Please underline the terminology you can seek in the text, on the following templates.





# Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (2 από 93)

## Overview

Dementia is a syndrome resulting from acquired brain disease and characterized by progressive deterioration in memory and other cognitive domains (e.g., language, judgment, abstract thinking, and executive functioning). Although the cognitive profiles of individuals diagnosed with dementia vary somewhat by etiology, the degree of deterioration represents a decline from previous levels of functioning and is sufficient to interfere with social and occupational functioning. [\[1\]](#)



# Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (3 από 93)

## Overview

**Dementia** is a **syndrome** resulting from acquired brain disease and characterized by progressive deterioration in memory and other cognitive domains (e.g., **language**, **judgment**, **abstract thinking**, and **executive functioning**). Although the **cognitive profiles** of individuals **diagnosed** with dementia vary somewhat by etiology, the degree of deterioration represents a decline from previous levels of **functioning** and is sufficient to interfere with **social** and **occupational functioning**. [\[1\]](#)



# Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (4 από 93)

- The cognitive decline associated with dementia affects an individual's ability to comprehend and produce linguistic information. Additionally, behavioral problems that develop as a result of the neuropathology (e.g., paranoia, hallucinations, and repetitiousness) may interfere with communication.

[\[1\]](#)



# Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (5 από 93)

- The **cognitive decline** associated with dementia affects an individual's ability to comprehend and produce **linguistic information**. Additionally, behavioral problems that develop as a result of the **neuropathology** (e.g., **paranoia**, **hallucinations**, and **repetitiousness**) may interfere with communication.

[\[1\]](#)



# Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (6 από 93)

The cognitive and behavioral symptoms of dementia are differentiated from those of

- delirium, an acute state of confusion associated with temporary, but reversible, cognitive impairments (Mahendra & Hopper, 2013);
- age-related memory decline;
- other conditions that have inconsistent symptoms or are temporary and/or treatable (Bourgeois & Hickey, 2009), including: [\[1\]](#)



# Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (7 από 93)

The **cognitive** and **behavioral symptoms** of dementia are differentiated from those of

- **delirium**, an **acute state** of **confusion** associated with temporary, but **reversible, cognitive impairments** (Mahendra & Hopper, 2013);
- age-related **memory decline**;
- other **conditions** that have **inconsistent symptoms** or are **temporary** and/or **treatable** (Bourgeois & Hickey, 2009), including: [\[1\]](#)



# Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (8 από 93)

- infections (e.g., urinary tract infection [UTI], meningitis, syphilis),
- toxicity (e.g., drug-induced dementia, toxic metal exposure),
- pseudodementia due to psychiatric disorders (e.g., depression, generalized anxiety disorder, schizophrenia, mania, conversion disorders). [\[1\]](#)



# Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (9 από 93)

- infections (e.g., urinary tract infection [UTI], meningitis, syphilis),
- toxicity (e.g., drug-induced dementia, toxic metal exposure),
- pseudodementia due to psychiatric disorders (e.g., depression, generalized anxiety disorder, schizophrenia, mania, conversion disorders). [\[1\]](#)





# Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (10 από 93)

- In contrast to these conditions, the symptoms associated with dementia continue to progress in severity until death (Bourgeois & Hickey, 2009). Neurodegenerative diseases that result in dementia include:
  - Alzheimer's disease, Lewy body disease, Huntington's disease, Parkinson's disease
  - vascular pathology (e.g., multi-infarct dementia),
  - frontotemporal lobar degeneration (e.g., Pick's disease & primary progressive aphasia), [\[1\]](#)



# Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (11 από 93)

- In contrast to these **conditions**, the **symptoms** associated with dementia continue to progress in severity until death (Bourgeois & Hickey, 2009). **Neurodegenerative diseases** that result in dementia include:
  - **Alzheimer's disease, Lewy body disease, Huntington's disease, Parkinson's disease**
  - **vascular pathology (e.g., multi-infarct dementia),**
  - **frontotemporal lobar degeneration (e.g., Pick's disease & primary progressive aphasia), [\[1\]](#)**



# Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (12 από 93)

Other conditions that result in dementia due to progressive changes in brain function include

- Wernicke-Korsakoff syndrome secondary to chronic alcohol abuse,
- traumatic brain injury (TBI),
- chronic traumatic encephalopathy due to repeated trauma (e.g., dementia pugilistica),
- chemotherapy (Kean & Locke, 2008),
- multiple sclerosis, human immunodeficiency virus (HIV). [\[1\]](#)



# Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (13 από 93)

Other conditions that result in dementia due to progressive changes in brain function include

- **Wernicke-Korsakoff syndrome** secondary to chronic alcohol abuse,
- **traumatic brain injury** (TBI),
- **chronic traumatic encephalopathy** due to repeated trauma (e.g., **dementia pugilistica**),
- **chemotherapy** (Kean & Locke, 2008),
- **multiple sclerosis, human immunodeficiency virus** (HIV). [\[1\]](#)



# Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (14 από 93)

## Primary Versus Secondary Dementia

- Primary dementias are those—like Alzheimer's disease (AD), multi-infarct dementia, and dementia with Lewy bodies—in which the dementia itself is the major sign of an organic brain disease not directly related to any other organic illness. Secondary dementias are those caused by, or closely related to, some other recognizable disease, such as HIV, head injury, multiple sclerosis, or chronic alcohol abuse. [\[1\]](#)



# Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (15 από 93)

## Primary Versus Secondary Dementia

- **Primary dementias** are those—like **Alzheimer's disease** (AD), **multi-infarct dementia**, and dementia with Lewy bodies—in which the dementia itself is the major sign of an **organic brain disease** not directly related to any other organic illness. **Secondary dementias** are those caused by, or **closely related** to, some other recognizable disease, such as **HIV**, **head injury**, **multiple sclerosis**, or **chronic alcohol abuse**. [\[1\]](#)



# Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (16 από 93)

## Mild Cognitive Impairment

There is evidence that neuropathological changes occur well in advance of clinical manifestations of Alzheimer's dementia (Bennett et al., 2006), and subtle cognitive deficits occur up to 9 years prior to the diagnosis (Amieva et al., 2005). [\[1\]](#)



# Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (17 από 93)

## Mild Cognitive Impairment

There is evidence that **neuropathological changes** occur well in advance of **clinical manifestations** of **Alzheimer's dementia** (Bennett et al., 2006), and subtle cognitive deficits occur up to 9 years prior to the **diagnosis** (Amieva et al., 2005). [\[1\]](#)





# Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (18 από 93)

These and similar findings have led to the concept of mild cognitive impairment (MCI), described as a transitional stage between normal aging (i.e., age-associated memory impairment) and dementia (Bourgeois & Hickey, 2009; Qualls, 2005). Individuals diagnosed with MCI are at greater risk of developing dementia; early identification of MCI might enable the use of cognitive interventions to slow the progression of decline (Qualls, 2005). [\[1\]](#)



# Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (19 από 93)

These and similar findings have led to the concept of **mild cognitive impairment** (MCI), described as a transitional stage between normal aging (i.e., **age-associated memory impairment**) and dementia (Bourgeois & Hickey, 2009; Qualls, 2005). Individuals diagnosed with MCI are at greater risk of **developing dementia; early identification** of MCI might enable the use of **cognitive interventions** to slow the progression of decline (Qualls, 2005). [\[1\]](#)



# Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (20 από 93)

- MCI is consistent with the diagnostic category, Mild Neurocognitive Disorder, defined in the Diagnostic and Statistical Manual of Mental Disorders-5th edition (DSM-5; American Psychiatric Association, 2013). The clinical criteria for diagnosing MCI are:
  - subjective complaints or concerns about cognitive changes corroborated by an informant, [\[1\]](#)



# Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (21 από 93)

- MCI is **consistent** with the **diagnostic** category, Mild Neurocognitive Disorder, defined in the Diagnostic and **Statistical Manual of Mental Disorders-5th** edition (DSM-5; American Psychiatric Association, 2013). The clinical criteria for diagnosing MCI are:
  - **subjective complaints** or concerns about **cognitive changes corroborated** by an informant, [\[1\]](#)



# Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (22 από 93)

- impairment in one or more cognitive domains relative to age and educational level (preferably documented by standardized testing),
- essentially normal activities of daily living (although some may require greater effort or use of compensatory strategies),
- absence of dementia—changes are mild with no significant social or occupational impairment.(Albert et al., 2011; American Psychiatric Association [AMA], 2013; Bourgeois & Hickey, 2009; Key-DeLyria, 2013; Mahendra & Hopper, 2013) [\[1\]](#)



# Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (23 από 93)

- impairment in one or more **cognitive domains** relative to age and educational level (preferably documented by **standardized testing**),
- essentially **normal activities** of daily living (although some may require greater effort or use of **compensatory strategies**),
- **absence of dementia—changes** are mild with no significant social or **occupational impairment**.(Albert et al., 2011; American Psychiatric Association [AMA], 2013; Bourgeois & Hickey, 2009; Key-DeLyria, 2013; Mahendra & Hopper, 2013) [\[1\]](#)



# Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (24 από 93)

## Early Onset

- Dementia is typically associated with the elderly population. However, dementia can affect younger individuals. Early-onset dementia (EOD) refers to dementias that occur before the age of 65. [\[1\]](#)



# Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (25 από 93)

## Early Onset

- **Dementia** is typically associated with the elderly population. However, **dementia** can affect younger individuals. **Early-onset dementia (EOD)** refers to dementias that occur before the age of 65. [\[1\]](#)





# Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (26 από 93)

- Differential diagnosis of EOD is complicated by the fact that symptoms may be more variable in younger patients than in the elderly, due to different etiologies (McMurtray, Clark, Christine, & Mendez., 2006; Fadil et al., 2009) and a lack of awareness about the condition, even among health care professionals (Jefferies & Agrawal, 2009). In addition, some causes of EOD are curable, which makes the need for timely and accurate diagnosis even more crucial (Fadil et al., 2009).[\[1\]](#)



# Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (27 από 93)

- **Differential diagnosis** of EOD is complicated by the fact that symptoms may be more variable in younger patients than in the **elderly**, due to different **etiologies** (McMurtray, Clark, Christine, & Mendez., 2006; Fadil et al., 2009) and a lack of awareness about the condition, even among health **care professionals** (Jefferies & Agrawal, 2009). In addition, some causes of EOD are curable, which makes the need for timely and **accurate diagnosis** even more **crucial** (Fadil et al., 2009).[\[1\]](#)



# Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (28 από 93)

- The needs of younger individuals with dementia are different from those of individuals with late-onset dementia. EOD often affects individuals who are working and have dependent families and significant financial responsibilities, and services and supports for these individuals are complex and require input from a multidisciplinary team (Jefferies & Agrawal, 2009). Early diagnosis allows for early treatment, access to appropriate supports, and long-term preparation and planning for the family. [\[1\]](#)



# Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (29 από 93)

- The needs of **younger individuals** with dementia are different from those of individuals with **late-onset dementia**. EOD often affects **individuals** who are working and have dependent families and significant **financial responsibilities**, and services and supports for these individuals are complex and require input from a **multidisciplinary team** (Jefferies & Agrawal, 2009). Early diagnosis allows for **early treatment**, access to appropriate supports, and **long-term preparation** and planning for the family. [\[1\]](#)



# Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (30 από 93)

## Relationship Between Hearing Loss and Dementia

- Approximately one third of Americans between the ages of 65 and 74 and nearly half of those over the age of 75 have hearing loss (National Institute on Deafness and Other Communication Disorders [NIDCD], 2010). Many older adults will have both hearing impairment and cognitive loss, and, together, these losses will affect communication, social participation, and quality of life (Pichora-Fuller, Dupuis, Reed, & Lemke, 2013). [\[1\]](#)



# Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (31 από 93)

## Relationship Between Hearing Loss and Dementia

- Approximately one third of Americans between the ages of 65 and 74 and nearly half of those over the age of 75 have hearing loss (**National Institute on Deafness and Other Communication Disorders** [NIDCD], 2010). Many older adults will have both **hearing impairment** and cognitive loss, and, **together**, these losses will **affect communication, social participation**, and quality of life (Pichora-Fuller, Dupuis, Reed, & Lemke, 2013). [\[1\]](#)



# Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (32 από 93)

- Lin et al. (2013) found that individuals with baseline hearing loss had greater rates of cognitive decline over time than individuals with normal hearing. Further investigation is needed to clarify this relationship and to determine whether or not hearing loss is a risk factor for dementia. [\[1\]](#)



# Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (33 από 93)

- Lin et al. (2013) found that individuals with **baseline hearing loss** had greater rates of **cognitive decline** over time than **individuals** with normal hearing. Further **investigation** is needed to clarify this **relationship** and to **determine** whether or not **hearing loss** is a **risk factor** for dementia. [\[1\]](#)





# Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (34 από 93)

- One hypothesis is that when a hearing loss is present, greater cognitive resources are dedicated to auditory processing, leaving fewer resources for other cognitive processes, like working memory (Peelle, Troiani, Grossman, & Wingfield, 2011). Recent research suggests the possibility of a shared etiological pathway responsible for both hearing loss and dementia (Gallacher et al., 2012). [\[1\]](#)



# Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (35 από 93)

- One **hypothesis** is that when a hearing loss is present, greater **cognitive resources** are dedicated to **auditory processing**, leaving fewer resources for other cognitive processes, like **working memory** (Peelle, Troiani, Grossman, & Wingfield, 2011). Recent research suggests the possibility of a shared **etiological pathway responsible** for both hearing loss and dementia (Gallacher et al., 2012). [\[1\]](#)



# Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (36 από 93)

## Incidence and Prevalence

- Estimates of the prevalence of dementia vary considerably by the age group on which the estimates are based. Prevalence among those age 85 and above, for example, is likely to be considerably higher than estimates based on those age 65 and above. In addition, prevalence data are often categorized more broadly or more narrowly than "dementia." [\[2\]](#)



# Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (37 από 93)

## Incidence and Prevalence

- **Estimates** of the **prevalence** of **dementia** vary considerably by the age group on which the estimates are based. **Prevalence** among those age 85 and above, for example, is likely to be **considerably higher** than **estimates** based on those age 65 and above. In addition, prevalence data are often **categorized** more **broadly** or more **narrowly** than "dementia." [\[2\]](#)



# Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (38 από 93)

- The Centers for Disease Control and Prevention, for example, cites prevalence data for specific causes of dementia, typically Alzheimer's disease, while the National Institutes of Health (NIH) subsumes dementia under the category of Serious Mental Illness. Data on the prevalence of Alzheimer's indicate increasing prevalence. Starting at age 65, the risk of developing the disease doubles every 5 years. By age 85 years and older, between 25% and 50% of people will exhibit signs of Alzheimer's disease. [\[2\]](#)



# Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (39 από 93)

- The **Centers for Disease Control and Prevention**, for example, cites prevalence data for specific causes of dementia, typically **Alzheimer's disease**, while the National Institutes of Health (NIH) subsumes dementia under the category of Serious **Mental Illness**. Data on the prevalence of **Alzheimer's** indicate increasing prevalence. Starting at age 65, the risk of developing the disease doubles every 5 years. By age 85 years and older, between 25% and 50% of people will exhibit signs of **Alzheimer's disease**. [\[2\]](#)



# Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (40 από 93)

- Up to 5.3 million Americans currently have Alzheimer's disease (Hebert, Scherr, Bienias, Bennett, & Evans, 2003). By 2050, the number is expected to more than double due to the aging of the population. Alzheimer's disease is the sixth leading cause of death in the United States and is the fifth leading cause among persons age 65 and older (Heron et al., 2009). [\[2\]](#)



# Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (41 από 93)

- Up to 5.3 million Americans currently have Alzheimer's disease (Hebert, Scherr, Bienias, Bennett, & Evans, 2003). By 2050, the number is **expected** to more than double due to the aging of the population. **Alzheimer's disease** is the sixth **leading cause of death** in the United States and is the fifth leading cause among persons age 65 and older (Heron et al., 2009). [\[2\]](#)





# Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (42 από 93)

- A recent meta-analysis (Prince et al., 2013) found global prevalence of dementia from all causes to be between 5% and 7% of adults age 60+. Two recent studies of dementia prevalence have shown some indication that prevalence may be declining. In one (Matthews et al., 2013), prevalence surveys of adults age 65+ were conducted almost 2 decades apart (1989 and 2008). After controlling for differences in the patient populations, the researchers found that the 2008 cohort had significantly lower prevalence of dementia). [\[2\]](#)



# Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (43 από 93)

- A recent **meta-analysis** (Prince et al., 2013) found global prevalence of dementia from all causes to be between 5% and 7% of adults age 60+. Two **recent studies** of dementia prevalence have shown some **indication** that prevalence may be **declining**. In one (Matthews et al., 2013), prevalence surveys of adults age 65+ were conducted almost 2 decades apart (1989 and 2008). After **controlling** for differences in the patient populations, the researchers found that the 2008 cohort had significantly lower **prevalence** of dementia).[\[2\]](#)



# Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (44 από 93)

## Signs and Symptoms

- The symptoms of dementia can be different depending on the diagnosis and the stage of the disease. Although late-stage signs and symptoms may be similar across etiologies, characteristic early symptoms can vary considerably. [\[3\]](#)



# Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (45 από 93)

## Signs and Symptoms

- The **symptoms** of dementia can be different **depending** on the **diagnosis** and the stage of the disease. Although late-stage signs and **symptoms** may be similar across etiologies, **characteristic** early symptoms can vary **considerably**. [\[3\]](#)



# Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (46 από 93)

- For example, individuals with frontotemporal dementia and Huntington's disease experience behavior changes and depression; those with primary progressive aphasia experience gradual loss of language function but relatively well-preserved memory; and individuals with Binswanger's disease (a type of vascular dementia) experience stroke-related neurological symptoms, including dysarthria and dysphagia (Hegde, 2006). [\[3\]](#)



# Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (47 από 93)

- For example, **individuals** with **frontotemporal dementia** and **Huntington's disease** experience behavior changes and **depression**; those with **primary progressive aphasia** experience gradual loss of language function but relatively well-preserved memory; and individuals with **Binswanger's disease** (a type of **vascular dementia**) experience stroke-related **neurological symptoms**, including **dysarthria** and **dysphagia** (Hegde, 2006). [\[3\]](#)



# Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (48 από 93)

- In general, individuals with dementia experience a gradual loss of memory and other cognitive functions. As the disease progresses, early symptoms intensify, eventually affecting the ability to communicate effectively and function independently. Examples of common signs and symptoms of dementia are listed below. [\[3\]](#)



# Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (49 από 93)

- In general, individuals with dementia experience a **gradual loss of memory** and other **cognitive functions**. As the disease progresses, early symptoms intensify, eventually affecting the ability to **communicate effectively** and **function independently**. Examples of common signs and symptoms of **dementia** are listed below. [\[3\]](#)





# Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (50 από 93)

## Attention

- Common attention deficits include
  - being easily distracted,
  - having difficulty attending, unless input is restricted/simplified,
  - experiencing decreased information-processing speed-thinking/processing takes longer than usual [\[3\]](#)



# Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (51 από 93)

## Attention

- Common attention deficits include
  - being easily distracted,
  - having difficulty attending, unless input is restricted/simplified,
  - experiencing decreased information-processing speed-thinking/processing takes longer than usual [\[3\]](#)



# Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (52 από 93)

## Learning and Memory

- Common learning and memory deficits include
  - episodic memory deficits, including difficulty remembering specific autobiographical events, situations, and experiences;
  - short-term/working memory deficits—rapid forgetting of information recently seen or heard;
  - difficulty acquiring and remembering new information (e.g., appointments or events, new routines). [\[3\]](#)



# Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (53 από 93)

## Learning and Memory

- Common learning and memory deficits include
  - **episodic memory deficits**, including difficulty remembering specific **autobiographical events, situations, and experiences**;
  - **short-term/working** memory deficits—rapid forgetting of information recently seen or heard;
  - **difficulty acquiring and remembering new information** (e.g., appointments or events, new routines). [\[3\]](#)



# Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (54 από 93)

## Reasoning and Executive Functioning

- Common reasoning and executive functioning deficits include
  - difficulty setting goals and planning, including reliance on others to plan activities and/or make decisions;
  - poor judgment and impaired reasoning and problem-solving abilities, such as making decisions without regard to safety.

[\[3\]](#)



# Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (55 από 93)

## Reasoning and Executive Functioning

- Common **reasoning** and **executive functioning** deficits include
  - difficulty **setting goals** and planning, including reliance on others to plan activities and/or make decisions;
  - **poor judgment** and **impaired reasoning** and **problem-solving abilities**, such as **making decisions** without regard to safety.

[3]



# Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (56 από 93)

## Reasoning and Executive Functioning

- Common reasoning and executive functioning deficits include
  - difficulty multi-tasking and handling complex tasks—need to focus on one task at a time;
  - difficulty responding to feedback, self-monitoring, and correcting one's own errors;
  - lack of inhibition and of mental flexibility. [\[3\]](#)



# Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (57 από 93)

## Reasoning and Executive Functioning

- Common reasoning and executive functioning deficits include
  - difficulty **multi-tasking** and **handling complex tasks—need** to focus on one task at a time;
  - difficulty **responding to feedback**, **self-monitoring**, and correcting one's own errors;
  - lack of **inhibition** and **mental flexibility**. [\[3\]](#)





# Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (58 από 93)

## Perceptual Abilities

- Common perceptual deficits include
  - difficulty completing previously familiar activities or navigating in familiar environments;
  - inability to recognize familiar people, common objects, sounds, etc.;
  - inability to find objects in direct view, independent of visual acuity. [\[3\]](#)



# Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (59 από 93)

## Perceptual Abilities

- Common perceptual deficits include
  - difficulty **completing previously familiar activities** or **navigating in familiar environments**;
  - inability to **recognize familiar people, common objects**, sounds, etc.;
  - inability to find objects in **direct view**, independent of **visual acuity**. [\[3\]](#)



# Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (60 από 93)

## Language

- Common language deficits include
  - less concise (empty) discourse with fewer ideas;
  - economy of utterances and stereotypy of speech;
  - repetitious/perseverative language (e.g., asking the same question repeatedly);
  - word-finding difficulties, including long latencies, paraphasias, and word substitutions; [\[3\]](#)



# Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (61 από 93)

## Language

- Common language deficits include
  - less **concise (empty) discourse** with fewer ideas;
  - **economy** of **utterances** and **stereotypy** of speech;
  - **repetitious/perseverative language** (e.g., asking the same question repeatedly);
  - **word-finding difficulties**, including **long latencies**, **paraphasias**, and **word substitutions**; [\[3\]](#)



# Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (62 από 93)

## Language

- Common language deficits include
  - difficulty recalling names of family and friends;
  - tangential language;
  - circumlocution;
  - grammatical errors, including omission or incorrect use of articles, prepositions, auxiliary verbs, etc.;
  - use of jargon and loss of meaningful speech; [\[3\]](#)



# Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (63 από 93)

## Language

- Common language deficits include
  - difficulty recalling names of family and friends;
  - tangential language;
  - circumlocution;
  - grammatical errors, including omission or incorrect use of articles, prepositions, auxiliary verbs, etc.;
  - use of jargon and loss of meaningful speech; [\[3\]](#)



# Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (64 από 93)

## Language

- Common language deficits include
  - difficulty following and maintaining conversation;
  - in bilingual patients, errors in selecting and maintaining appropriate language during conversation (Friedland & Miller, 1999);
  - regression to primary language in bilingual patients (Mendez, Perryman, Pontón, Cummings, 1990); [\[3\]](#)



# Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (65 από 93)

## Language

- Common language deficits include
  - difficulty following and maintaining conversation;
  - in bilingual patients, errors in selecting and maintaining appropriate language during conversation (Friedland & Miller, 1999);
  - regression to primary language in bilingual patients (Mendez, Perryman, Pontón, Cummings, 1990); [\[3\]](#)





# Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (66 από 93)

## Language

- Common language deficits include
  - difficulty following multi-step commands;
  - impaired ability to compose meaningful written language;
  - reading comprehension difficulties. [\[3\]](#)



# Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (67 από 93)

## Language

- Common language deficits include
  - difficulty following multi-step commands;
  - impaired ability to compose meaningful written language;
  - reading comprehension difficulties. [\[3\]](#)



# Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (68 από 93)

## Social Cognition and Behavior

- Common social cognition and behavior deficits include
  - inappropriate behavior outside of socially acceptable range,
  - inability to read facial expressions and other social cues,
  - loss of empathy,
  - mood fluctuations, including agitation and crying,
  - restlessness, depression, [\[3\]](#)



# Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (69 από 93)

## Social Cognition and Behavior

- Common social cognition and behavior deficits include
  - inappropriate behavior outside of socially acceptable range,
  - inability to read facial expressions and other social cues,
  - loss of empathy,
  - mood fluctuations, including agitation and crying,
  - restlessness, depression, [\[3\]](#)



# Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (70 από 93)

- negative reaction to questioning,
- combativeness/hostility/aggressiveness,
- compulsive or obsessive behaviors,
- erratic or strange behaviors,
- loss of initiative/motivation,
- paranoia and delusions of persecution.
- Impact of Cognitive Changes [\[3\]](#)



# Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (71 από 93)

- negative reaction to questioning,
- combativeness/hostility/aggressiveness,
- compulsive or obsessive behaviors,
- erratic or strange behaviors,
- loss of initiative/motivation,
- paranoia and delusions of persecution.
- Impact of Cognitive Changes [\[3\]](#)



# Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (72 από 93)

## Feeding & Swallowing

- In addition to the effects of neuromuscular and/or motor planning deficits associated with some conditions, the cognitive decline associated with dementia can impact feeding and swallowing. Individuals with dementia may forget to eat meals, initiate eating less often, or take in less food and drink than they normally would during meals, due to distractions in the environment. [\[3\]](#)



# Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (73 από 93)

## Feeding & Swallowing

- In addition to the effects of **neuromuscular** and/or **motor planning** deficits associated with some **conditions**, the cognitive decline associated with **dementia** can impact **feeding** and **swallowing**. Individuals with dementia may forget to **eat meals**, **initiate eating** less often, or take in less food and **drink** than they normally would during meals, due to **distractions** in the environment. [\[3\]](#)





# Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (74 από 93)

- Reduced intake may eventually compromise nutrition. In addition, individuals with dementia may not attend to food in the mouth or may not remember to chew and initiate a swallow, placing them at risk for choking and aspiration pneumonia (Bourgeois & Hickey, 2009).[\[3\]](#)



# Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (75 από 93)

- **Reduced intake** may eventually **compromise nutrition**. In addition, individuals with dementia may not **attend to food** in the mouth or may not remember to chew and **initiate a swallow**, placing them at risk for **choking** and **aspiration pneumonia** (Bourgeois & Hickey, 2009).[\[3\]](#)



# Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (76 από 93)

- Most dementias are the result of neuropathology resulting from diffuse degeneration in cortical and/or subcortical structures and neural pathways, and/or chemical changes that affect neural functioning. Neural pathways (connections between neurons) responsible for memory and new learning are also lost. Examples of chemical changes include cholinergic deficits within the subcortical structures, as in Alzheimer's disease, or chemical imbalances associated with metabolic disorders. [\[4\]](#)



# Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (77 από 93)

- Most dementias are the result of **neuropathology** resulting from diffuse **degeneration** in **cortical** and/or **subcortical structures** and **neural pathways**, and/or chemical changes that affect **neural** functioning. **Neural pathways** (connections between **neurons**) responsible for memory and new learning are also lost. Examples of **chemical changes** include **cholinergic deficits** within the **subcortical structures**, as in Alzheimer's disease, or chemical imbalances associated with **metabolic disorders**.[\[4\]](#)



# Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (78 από 93)

- Alzheimer's disease is the most common cause of dementia, accounting for approximately 70% of all cases (Plassman et al., 2007), and the risk of acquiring Alzheimer's is higher if an individual has a first-order relative with the disease (Lovestone, 1999). [\[4\]](#)



# Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (79 από 93)

- **Alzheimer's disease** is the most common cause of dementia, accounting for **approximately** 70% of all cases (Plassman et al., 2007), and the risk of acquiring Alzheimer's is higher if an **individual** has a first-order **relative** with the **disease** (Lovestone, 1999). [\[4\]](#)



# Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (80 από 93)

- Vascular dementia is widely considered the second most common cause, accounting for approximately 17% (Plassman et al., 2007). The remaining cases are accounted for by dementia with Lewy bodies, Parkinson's disease, frontotemporal lobar dementia, and mixed dementia types (e.g., AD with Lewy body pathology and AD with vascular pathology; Mahendra & Hopper, 2013; Plassman et al., 2007).[\[4\]](#)



# Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (81 από 93)

- **Vascular dementia** is widely considered the second most common cause, accounting for approximately 17% (Plassman et al., 2007). The remaining cases are accounted for by **dementia with Lewy bodies**, Parkinson's disease, **frontotemporal lobar dementia**, and mixed dementia types (e.g., AD with Lewy body pathology and AD with **vascular pathology**; Mahendra & Hopper, 2013; Plassman et al., 2007).[\[4\]](#)





# Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (82 από 93)

## Roles and Responsibilities

- SLPs play a central role in the screening, assessment, diagnosis, and treatment of persons with dementia. The professional roles and activities in speech-language pathology include clinical/educational services (diagnosis, assessment, planning, and treatment), prevention and advocacy, and education, administration, and research. See ASHA's Scope of Practice in Speech-Language Pathology (ASHA, 2007). [\[5\]](#)



# Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (83 από 93)

## Roles and Responsibilities

- SLPs play a central role in the screening, assessment, diagnosis, and **treatment** of persons with dementia. The professional **roles** and **activities** in speech-language pathology include clinical/educational services (**diagnosis, assessment, planning, and treatment**), prevention and **advocacy**, and **education, administration,** and **research**. See ASHA's Scope of Practice in Speech-Language Pathology (ASHA, 2007). [\[4\]](#)



# Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (84 από 93)

## Assessment

- The diagnosis of dementia is made by a medical team. The role of the speech-language pathologist (SLP) is to assess cognitive-communication deficits related to dementia (e.g., memory problems; disorientation to time, place, and person; difficulty with language comprehension and expression) and to identify cultural, environmental, and linguistic factors that impede functioning. [\[5\]](#)



# Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (85 από 93)

## Assessment

- The **diagnosis** of dementia is made by a medical team. The role of the speech-language pathologist (SLP) is to assess cognitive-communication deficits related to dementia (e.g., **memory problems; disorientation to time, place, and person; difficulty with language comprehension and expression**) and to identify **cultural, environmental, and linguistic factors** that **impede functioning**. [\[6\]](#)



# Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (86 από 93)

- The SLP determines the most appropriate assessment protocol based on the stage of dementia and the individual's communication needs. In addition, when selecting cognitive-communication screening instruments and subsequent tests for comprehensive evaluation, the clinician considers the cultural and linguistic background of the client, using tests that have normative samples of culturally and ethnically diverse groups when available. [\[6\]](#)



# Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (87 από 93)

- The SLP **determines** the most **appropriate assessment** protocol based on the stage of dementia and the individual's **communication needs**. In addition, when selecting **cognitive-communication screening instruments** and **subsequent tests** for **comprehensive evaluation**, the clinician considers the **cultural** and **linguistic background** of the client, using tests that have **normative samples** of culturally and **ethnically diverse groups** when available. [\[6\]](#)



# Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (88 από 93)

## Screening

- Screening for cognitive impairment is conducted by an SLP or other member of the interdisciplinary care team for individuals with any condition that increases their risk for cognitive-communicative problems, including hearing loss. Many standardized instruments with demonstrated reliability for screening of dementia are available. These instruments typically assess orientation to time, place, and person. (Bayles & Tomoeda, 1993; Rabin et al., 2009; Takayama, 2010; Wechsler, 1999). [\[6\]](#)



# Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (89 από 93)

## Screening

- **Screening** for **cognitive impairment** is conducted by an SLP or other member of the **interdisciplinary care team** for individuals with any condition that increases their risk for **cognitive-communicative problems**, including **hearing loss**. Many **standardized instruments** with demonstrated **reliability** for screening of dementia are available. These instruments typically assess **orientation to time, place, and person**. (Bayles & Tomoeda, 1993; Rabin et al., 2009; Takayama, 2010; Wechsler, 1999). [\[6\]](#)





# Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (90 από 93)

## Comprehensive Assessment

- Individuals suspected of having cognitive-communication problems are referred for a comprehensive assessment of language and communication. SLPs often conduct these assessments in collaboration with neuropsychologists. Assessment may include clinical observations in the home or long-term care setting. [\[6\]](#)



# Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (91 από 93)

## Comprehensive Assessment

- Individuals suspected of having cognitive-communication problems are referred for a comprehensive assessment of language and communication. SLPs often conduct these assessments in collaboration with neuropsychologists. Assessment may include clinical observations in the home or long-term care setting. [\[6\]](#)



# Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (92 από 93)

- Treatment for the cognitive-communication deficits associated with dementia addresses the specific needs of the individual, taking into consideration the stage of the illness. Most common dementia-associated diseases are progressive in nature, and SLPs have an ethical responsibility to provide appropriate services that will benefit the individual and maximize cognitive-communication functioning at all stages of the disease process. [\[7\]](#)



# Άσκηση Αναγνωστική Κατανόηση Επιστημονικού Κειμένου (Reading Comprehension) (93 από 93)

- Treatment for the **cognitive-communication** deficits associated with **dementia** addresses the **specific needs** of the **individual**, taking into **consideration** the stage of the illness. Most common **dementia-associated diseases** are **progressive** in **nature**, and SLPs have an ethical responsibility to provide **appropriate services** that will benefit the individual and **maximize cognitive-communication functioning** at all stages of the disease process. [\[7\]](#)



# Ερωτήσεις (Students Questions)

1. What are the symptoms that must be treated during therapy?
2. What are the symptoms of this disorder?
3. What is the impact of the disorder to patient's life?
4. Is there a final cure to this disorder or we just cope with it for life time?
5. In text what are the to evaluation and diagnostic procedures?



ΤΕΙ ΗΠΕΙΡΟΥ



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# Άσκηση Συγγραφή Περίληψης στην Αγγλική Γλώσσα Βασισμένη σε Κείμενο (Writing Abstract)



# Άσκηση Συγγραφή Περίληψης στην Αγγλική Γλώσσα Βασισμένη σε Κείμενο (Writing Abstract)

Please make a summary/abstract of the text given in templates No 89 till No 93.



# Άσκηση Μετάφρασης (Translation)





# Άσκηση Μετάφρασης (Translation)

Please translate templates No 2 till No 26.



# Άσκηση Ακρόασης (Listening)



# Άσκηση Ακρόασης (Listening) (1 από 3)

- Understanding Dementia

<https://www.youtube.com/watch?v=CkCsETnB50A>



# Άσκηση Ακρόασης (Listening) (2 από 3)

1. Please collect all the terminology you can here during this video.
2. What is the end point of this video?
3. What are the techniques that there used during therapy?
4. What are the symptoms of this disorder?
5. What is the impact of the disorder to client's life?
6. What are the causes of this disorder?



# Άσκηση Ακρόασης (Listening) (3 από 3)

7. What are the clinical symptoms of this disorder?
8. Is there a final cure to this disorder or we just cope with it for life time?
9. In this video the speakers referred to evaluation and diagnostic procedures?
10. What are the benefits of speech and language therapy upon the disorder mentioned in these videos?



# Αναφορές Κειμένων

1. <http://www.asha.org/PRPSpecificTopic.aspx?folderid=8589935289&section=Overview>
2. [http://www.asha.org/PRPSpecificTopic.aspx?folderid=8589935289&section=Incidence\\_and\\_Prevalence](http://www.asha.org/PRPSpecificTopic.aspx?folderid=8589935289&section=Incidence_and_Prevalence)
3. [http://www.asha.org/PRPSpecificTopic.aspx?folderid=8589935289&section=Signs\\_and\\_Symptoms](http://www.asha.org/PRPSpecificTopic.aspx?folderid=8589935289&section=Signs_and_Symptoms)
4. <http://www.asha.org/PRPSpecificTopic.aspx?folderid=8589935289&section=Causes>
5. [http://www.asha.org/PRPSpecificTopic.aspx?folderid=8589935289&section=Roles\\_and\\_Responsibilities](http://www.asha.org/PRPSpecificTopic.aspx?folderid=8589935289&section=Roles_and_Responsibilities)
6. <http://www.asha.org/PRPSpecificTopic.aspx?folderid=8589935289&section=Assessment>
7. <http://www.asha.org/PRPSpecificTopic.aspx?folderid=8589935289&section=Treatment>
8. <http://www.asha.org/PRPSpecificTopic.aspx?folderid=8589935289&section=References>



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- Bayles, K. A., & Tomoeda, C. K. (1993). *Arizona Battery for Communication Disorders of Dementia*. Austin, TX: PRO-ED
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Επεξεργασία: Ταφιάδης Διονύσιος  
Ιωάννινα, 2015



Ευρωπαϊκή Ένωση  
Ευρωπαϊκό Κοινωνικό Ταμείο



ΥΠΟΥΡΓΕΙΟ ΠΑΙΔΕΙΑΣ & ΘΡΗΣΚΕΥΜΑΤΩΝ, ΠΟΛΙΤΙΣΜΟΥ & ΑΘΛΗΤΙΣΜΟΥ  
ΕΙΔΙΚΗ ΥΠΗΡΕΣΙΑ ΔΙΑΧΕΙΡΙΣΗΣ



ΕΥΡΩΠΑΪΚΟ ΚΟΙΝΩΝΙΚΟ ΤΑΜΕΙΟ

Με τη συγχρηματοδότηση της Ελλάδας και της Ευρωπαϊκής Ένωσης





# Σημειώματα



# Διατήρηση Σημειωμάτων

Οποιαδήποτε αναπαραγωγή ή διασκευή του υλικού θα πρέπει να συμπεριλαμβάνει:

- το Σημείωμα Αναφοράς
- το Σημείωμα Αδειοδότησης
- τη Δήλωση Διατήρησης Σημειωμάτων
- το Σημείωμα Χρήσης Έργων Τρίτων (εφόσον υπάρχει)

μαζί με τους συνοδευόμενους υπερσυνδέσμους.



# Τέλος Ενότητας



Με τη συγχρηματοδότηση της Ελλάδας και της Ευρωπαϊκής Ένωσης