



ASSESSMENT OF COGNITIVE FUNCTIONS AND METHODS OF THEIR CORRECTION IN ELDERLY PEOPLE

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ABSTRACT

The psychological characteristics that can lead to disturbances in the interaction of elderly people with the social environment are described. The need to study various personality changes in this contingent is substantiated. Objectification of cognitive characteristics is possible with a dynamic assessment of indicators with the exclusion of factors of somatic asthenia, depression, as well as with teaching an elderly person the effective use of intellectual resources, control of vegetative dysfunctions, and emotional stabilization. The use of psychorehabilitation technologies (cognitive activation and increased emotional stability within the framework of cognitive training, physical activation technology) will allow older people to maintain their mental health.

ОЦЕНКА КОГНИТИВНЫХ ФУНКЦИЙ И МЕТОДЫ ИХ КОРРЕКЦИИ У ЛЮДЕЙ ПОЖИЛОГО ВОЗРАСТА

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ABSTRACT

Описаны психологические особенности, которые могут приводить к нарушениям взаимодействия пожилых людей с социальной средой. Обоснована необходимость изучения различных изменений личности у данного контингента. Объективизация когнитивных характеристик возможна при динамической оценке показателей с исключением факторов соматической астении, депрессии, а также при обучении пожилого человека эффективному использованию интеллектуальных ресурсов, контролю вегетативных дисфункций и



эмоциональной стабилизации. Использование психореабилитационных технологий (когнитивная активация и повышение эмоциональной устойчивости в рамках когнитивного тренинга, технология физической активации) позволит пожилым людям сохранить свое психическое здоровье.

Introduction. At present, when modern technologies are aimed at increasing the life expectancy of a person, the issue of maintaining a "healthy old age" is becoming increasingly acute in medical practice. This concept, among other things, includes maintaining mental health, which includes intellectual and emotional safety, the desire to actively communicate, interest in the world around us, motivation to preserve family values and connections between generations. The study was conducted in several stages. At the first stage, an objective assessment of the cognitive functions of the elderly was conducted, as well as a clinical psychiatric and pathopsychological examination. At the second stage, patients and their relatives filled out a specially designed questionnaire to assess their existing non-cognitive psychopathological symptoms. Then, at the third stage, the subjects were offered a personalized training program taking into account the identified features of the mental sphere that affect the effective use of available cognitive resources.

At the first stage, when conducting an objective assessment of cognitive functions, a discrepancy was revealed between the indicators of preserved formal intelligence and the practical cognitive abilities of an elderly person, which determine the level of his social adaptation. On the one hand, we identified all those neuropsychological phenomena that are described in old age and are explained by the physiology of aging. All patients in the study group showed an increase in the reaction time required to complete the proposed tasks. From a theoretical point of view, reaction time is a time interval between reality and its human perception. From a practical point of view, this was expected by the patient himself and did not cause any negative reactions. Patients in communication with the doctor and psychologist willingly explained that they had noticed their slowness a long time ago, adapted to this phenomenon and in most cases allocate more time to themselves to complete difficult tasks. A big problem was the decrease in accuracy in completing tasks. In theory, we know that intellectual processes must take place within a certain number of milliseconds, otherwise they are destroyed without the possibility of recovery. Slower operation of the system means that it takes more time to complete some intellectual processes than this critical limit, so some of them cannot be completed. Both the patients themselves and their relatives who took part in their fate answered the questions posed. For example, when questioning relatives, the following signs were important for us to identify affective disorders in patients: depression (do you notice that the patient is sad or in a bad mood?); anxiety (does the patient feel discomfort when he is away from loved ones? Are there signs of nervousness such as shortness of breath under stress, sighing, inability to relax, a feeling of excessive tension?); hyperthymia / euphoria (is the patient overly cheerful?); apathy / indifference (does the patient seem uninterested in performing his usual actions and the plans of others?); disinhibition (have there been cases when the patient behaves towards other people without



distance, for example, speaks unceremoniously to strangers, as if he knows them, or says things that hurt other people's feelings?); lability/irritability (is he impatient and capricious?)

Results. During the survey, it was found that 83.3% of respondents showed some signs of depression, with a fifth (22%) experiencing it daily. It turned out that 95% of women and 68.8% of men are familiar with this condition. These signs were found in all patients with organic emotionally labile (asthenic) disorder. Relatives also noticed depressive symptoms in patients (in 87.5% of cases). In this case, the comparison in the "patient - relative" pairs was interesting. We took all the subjects whose relatives had noticed depression in them and compared the answers of both. In the studied couples, only in 50% of cases did the patients note signs of low mood, but at the same time they complained of unproductive cognitive sphere, lethargy, and considered it a sign of somatic disease or age. Low mood and asthenic symptoms do not contribute to the successful completion of intellectual workload, and avoidance of this workload and uncertainty further aggravate depression. Signs of anxiety were also detected in most cases. They manifested themselves both at the mental and somatic levels. Thus, 76.4% of patients answered that they felt discomfort when they were away from loved ones. Psychosomatic manifestations are also common: 51.4% of elderly people admitted that they experienced signs of nervousness in the form of shortness of breath during stress, sighing, inability to relax, and a feeling of excessive tension. Most respondents showed signs of apathy/indifference (63.89%), with 11.11% showing them very often (daily or constantly) and more pronounced in women (75%) than in men (50%). After completing the two stages of the study, it became obvious that older people are very sensitive to cognitive defects. Such sensitivity does not allow them to sufficiently regulate their behavior and leads to low self-esteem. The situation can only be changed by the older person's ability to effectively use their existing cognitive capabilities and neutralize external factors that lead to an incorrect assessment of their cognitive status.

At the third stage, the study participants were offered to master psychocorrectional programs to improve the efficiency of using available resources. Understanding that cognitive training technologies cannot reduce a patient's true cognitive defect, we see their goal as teaching an elderly person to consciously control the mechanism of memory and attention and to use the acquired knowledge in the process of adapting to changed living conditions. At the same time, the problem of attracting elderly people to social interaction, increasing self-esteem, activating independence from external factors, and orientation to reality is solved. Activation has a positive effect on intellectual behavior during aging, mobilizing an elderly person, helping to effectively use available resources. This is confirmed by both theoretical data and our clinical observations. Activation programs for patients with borderline disorders in a psychosomatic ward have resulted in significant improvements in performance on attention tests. In addition, people who maintain reasonable levels of physical activity generally show fewer changes in intellectual behavioral measures over time.

Conclusion. Thus, age-related decline in cognitive functions is associated not only with the biological features of an aging organism, but also with changes in other psychological indicators and mental characteristics that do not allow an elderly person to fully use their existing cognitive potential. Assessment of the cognitive functions of elderly people cannot be carried out only by formal indicators, since a specific result depends on many other factors:



emotional status, somatic well-being, motivation for examination. Objectification of cognitive characteristics is possible with a dynamic assessment of indicators when excluding factors of somatic asthenia, depression, as well as when teaching an elderly person the effective use of intellectual resources, control of autonomic dysfunctions, emotional stabilization. The use of psychorehabilitation technologies (cognitive activation and increased emotional stability within the framework of cognitive training, physical activation technology) allow the older generation to maintain full positions in society for a long time.

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