

Cognitive Profile of Glaucoma Patients

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patients (up to 45%) who are diagnosed with ophthalmological pathology requiring treatment by an ophthalmologist already have various neurological diseases, some of which are observed by a neurologist [9]. Quite often (56.8%) ophthalmologists pay their attention to the combined damage of the nervous system and the eye.

SoD group 13(11;14)/11(9;13) at the same time ($p < 0.001$). Pairwise differences were revealed between the groups of glaucoma and SoD, as well as the group of BA and SoD on the scales of MoCA, MMSE, and clock copying test, semantic and phonetic verbal fluency.

It should be said that in patients with glaucoma, when assessing the neuropsychological status, disorders of visual-spatial functions were primarily detected, which are associated with a violation of the parietal cortex. In some patients, difficulties were revealed in drawing a clock, a cube and a pentagon, but the greatest difficulties were observed in patients with self-drawing a dial (8 (4; 9) points) (Figures 1 and 2). Most of the patients in the auditory-speech memory test (5 words from the MoCA scale) showed a violation of delayed reproduction, reproduction did not improve when giving the patient hints by categories and a variety of choices, this indicates a violation of semantic encoding of memory, that is, primary memory impairment (according to the hippocampal type).

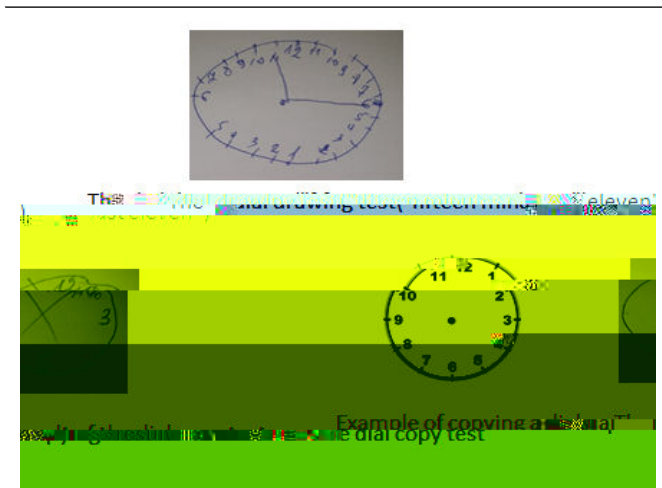


Figure 1: The test of drawing and copying the dial. Patient R., 68 years old. Diagnosis: Left-sided open-angle glaucoma.

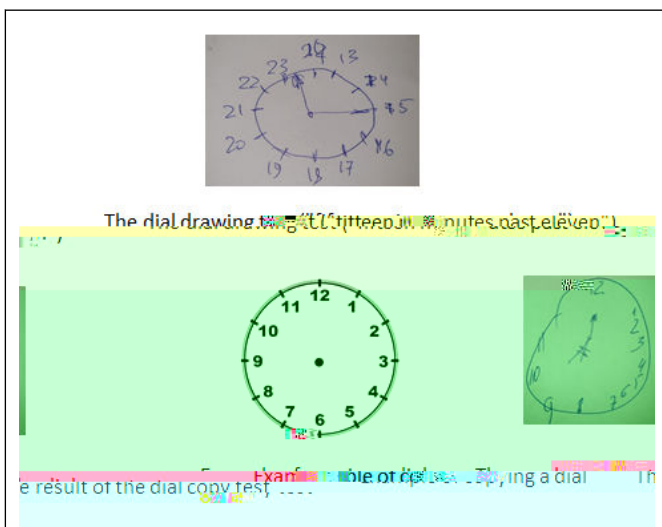


Figure 2: Test of drawing and copying of hours. Patient K.,

detection of cognitive disorders need to conduct a comprehensive neurological and neuropsychological examination to prescribe timely treatment and improve the prognosis of the disease. Until now, the question remains, what is primarily affected by glaucoma-neurons in the visual cortex or retina?

References

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