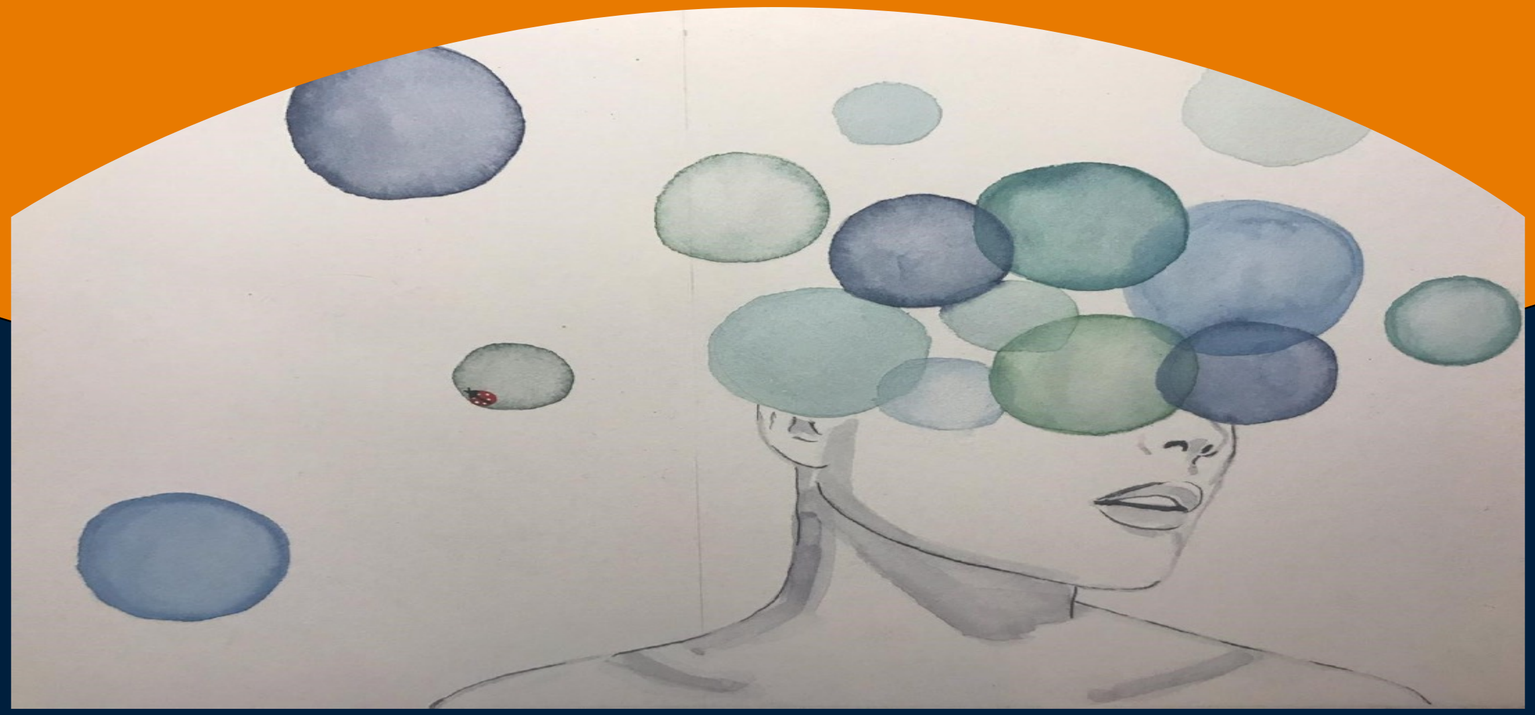


Neuropsychologische gevolgen van een SAB

Dr. A.M. (Anne) Buunk
Klinisch Neuropsycholoog
UMCG, afdelingen Neurochirurgie en Neurologie
Unit Neuropsychologie

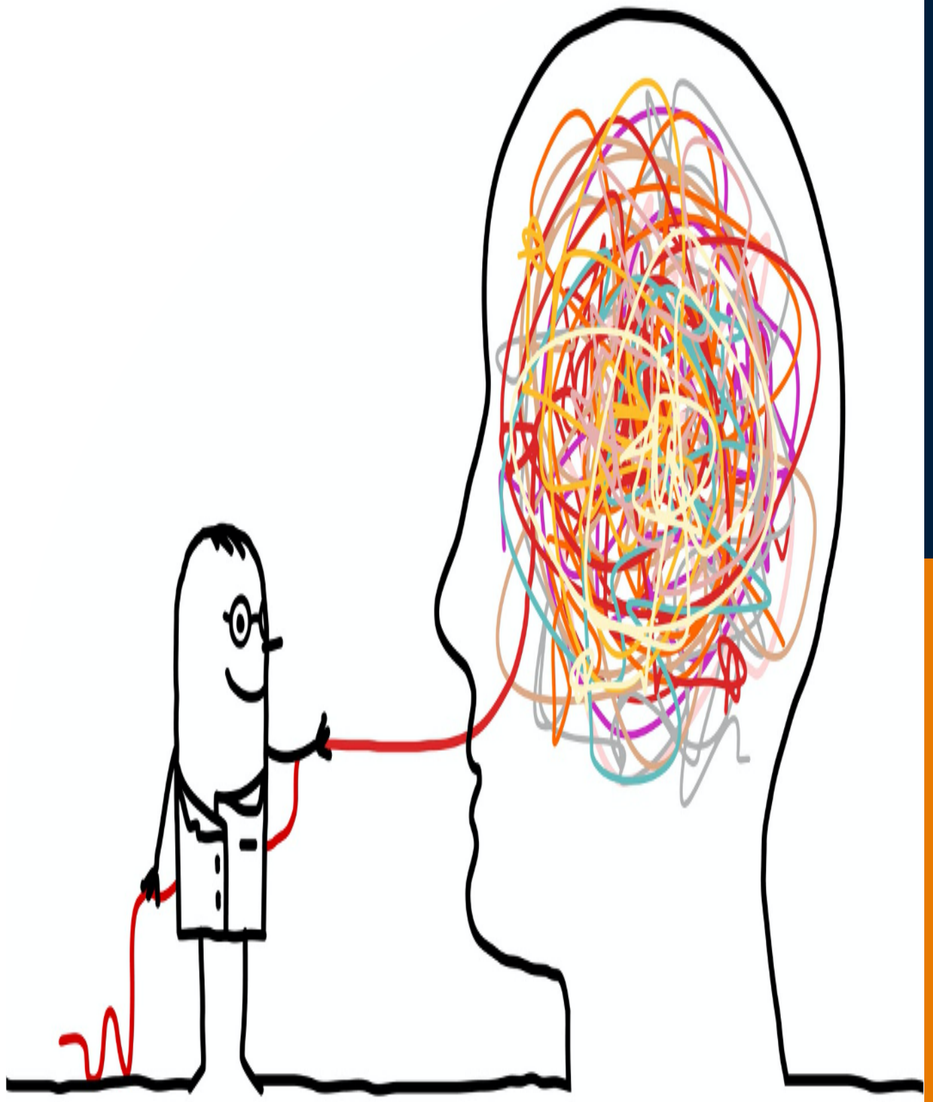
Inhoud

Neuropsychologisch onderzoek na een SAB

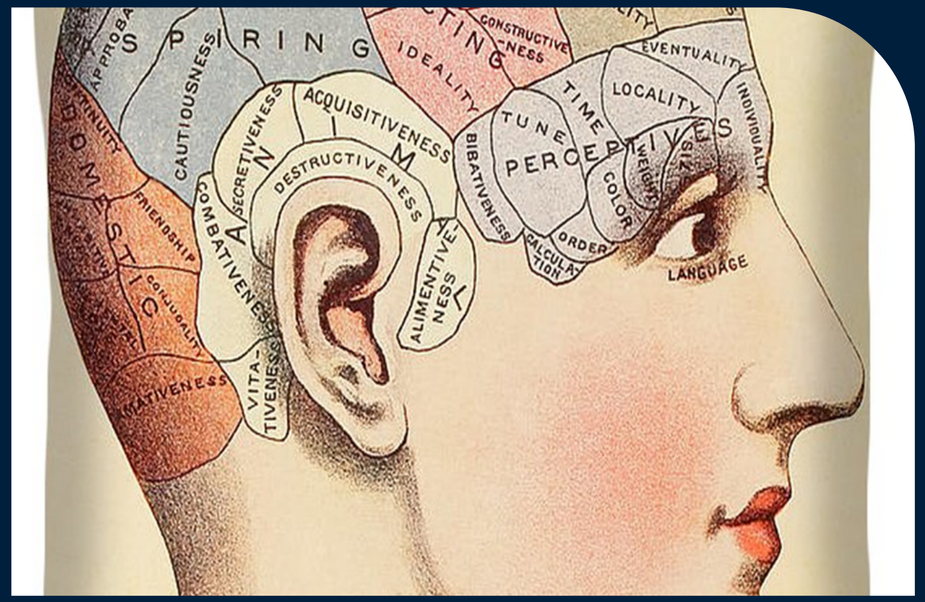
Gevolgen SAB:

- Cognitie
- Emotie
- Gedrag

Vervolg (behandeling)



Neuropsychologie?



Neuropsychologie

Hersenen & Gedrag

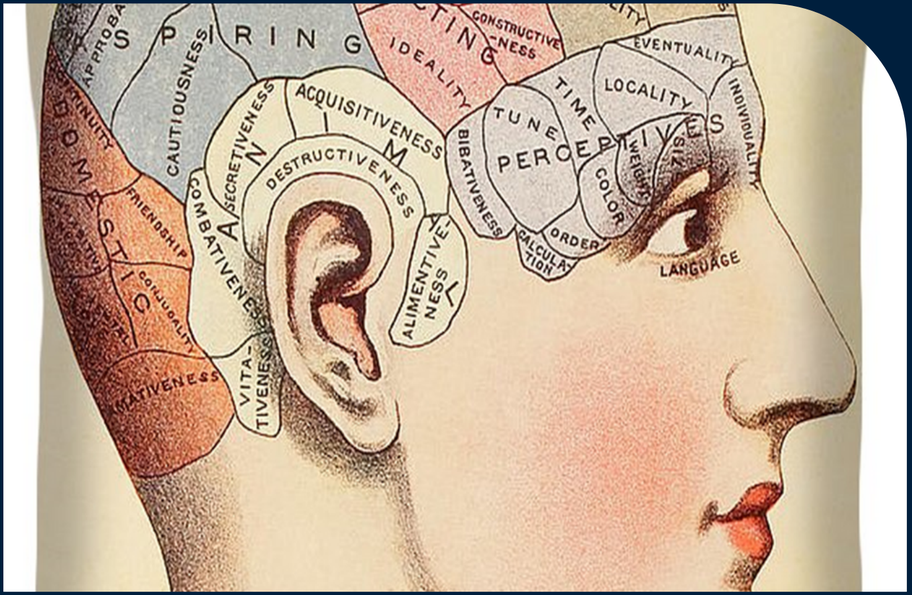
Kennis neurobiologie
Gevolgen voor gedrag

Doelgroepen

Neurologische aandoeningen/ hersenletsel, maar ook bijv. psychiatrische stoornissen

Doel

Vergroten kennis gevolgen hersenaandoeningen, advies en behandeling op maat



?

45-jarige vrouw merkt vergeetachtigheid en vermoeidheid na SAB, kunnen de klachten geobjectiveerd worden?

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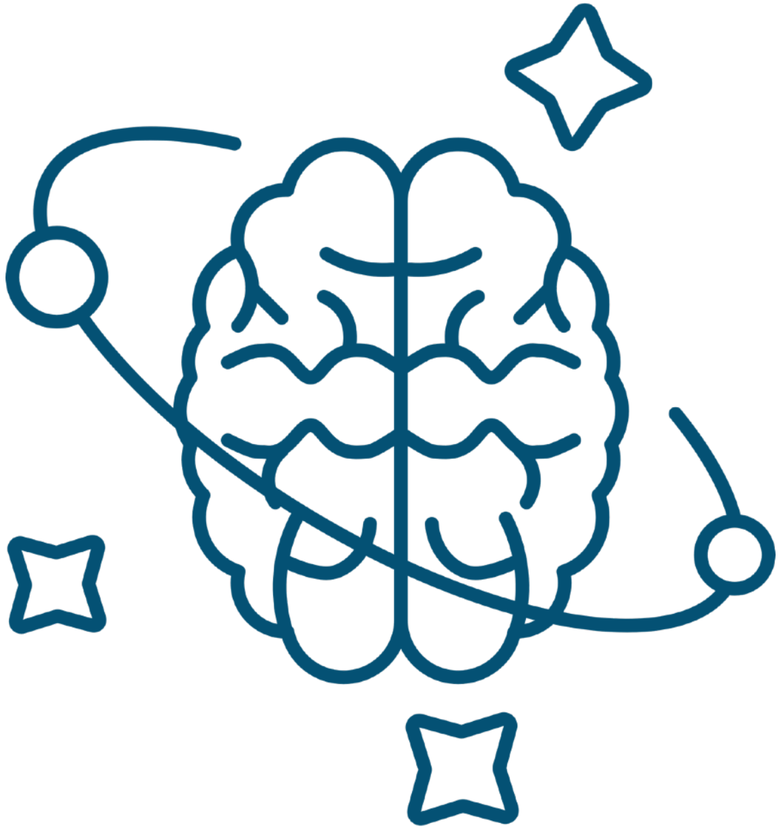
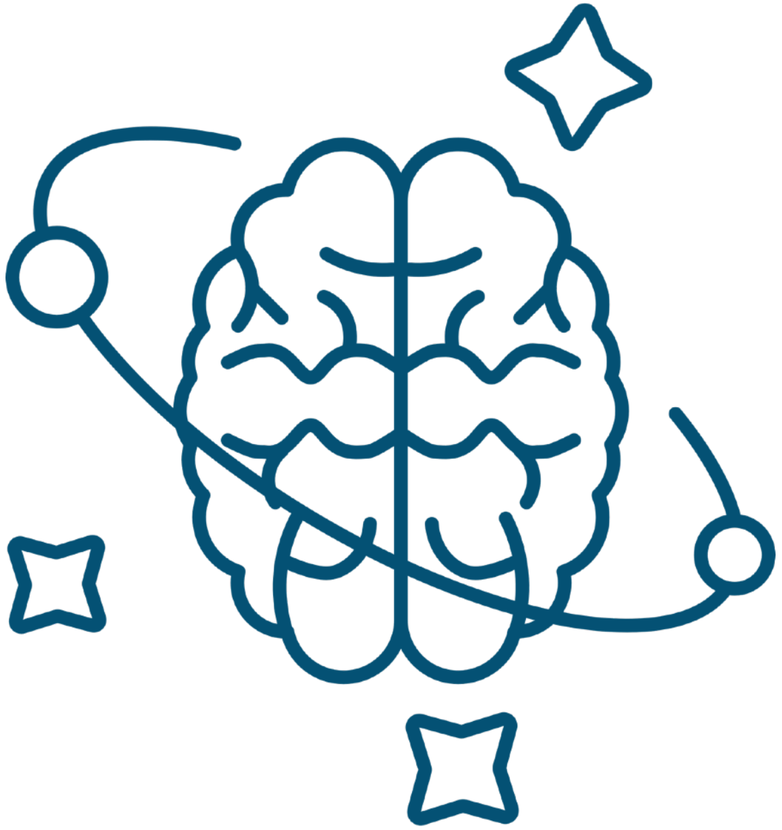
Cognitieve domeinen

- Geheugen
- Aandacht
- Taal
- Visueel-ruimtelijke functies
- Executieve functies
- Sociale cognitie



Cognitieve domeinen

- Geheugen
- Aandacht, tempo
- Taal
- Visueel-ruimtelijke functies
- Executieve functies
- Sociale cognitie



Ik wil graag weer aan het werk.

Ik kom tot niets.

Ik ben bang dat het nog een keer gebeurt.

Ik ben zo vermoeid.

Ik kan veel minder goed tegen drukte.

Je mag van geluk spreken.

Maar je ziet er zo goed uit!

Het is toch al een hele tijd geleden?

'Herstel' van een SAB

Vaak gemeten door motorische of neurologische uitkomst.

Modified Rankin Scale	
0	No symptoms
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6	Dead

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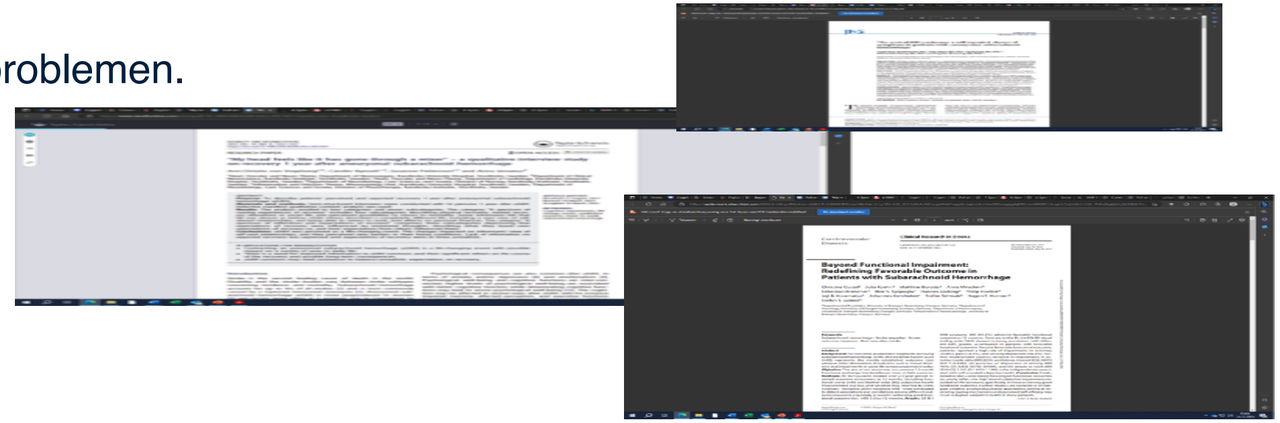

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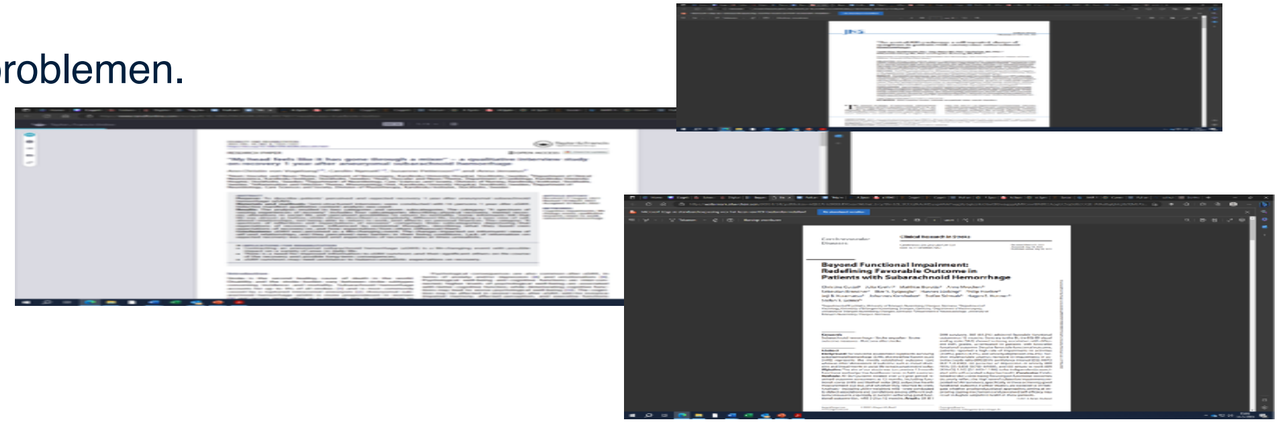
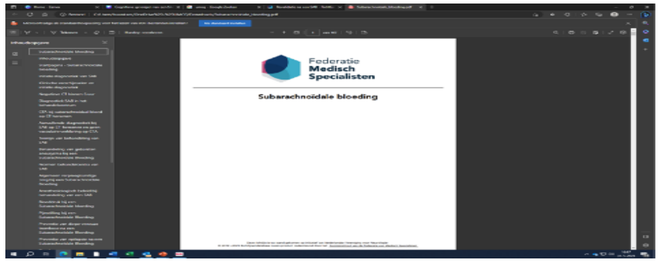
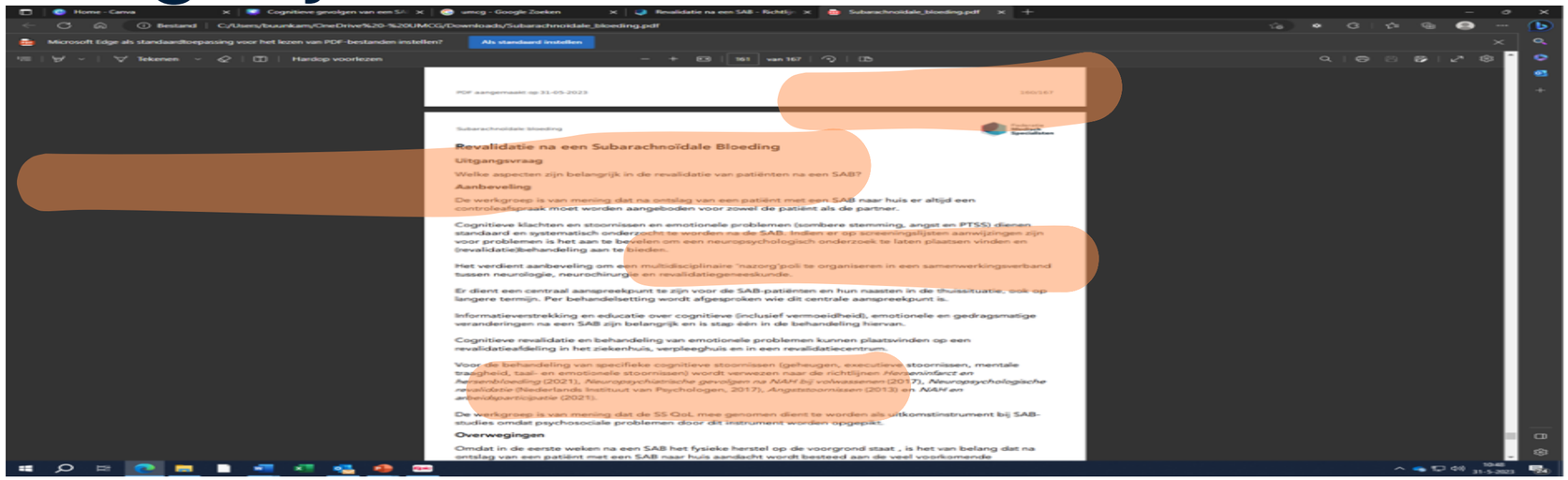


Gevolgen voor dagelijks leven





umcg

ICONS

T0: 6 weeks post SAH

- Obtaining informed consent patients
- Collecting demographic and medical data

T1: 6 months post SAH

- (Online) questionnaires filled in by patient
- Neuropsychological assessment, including proxy interviews
- Obtaining informed consent proxies
- MRI

T2: 1 year post SAH

- (Online) questionnaires filled in by both patients and proxies
- Patient and proxy visiting UMCG for interview regarding recovery

T3: 2 years post SAH

- (Online) questionnaires filled in by both patients and proxies
- Telephone interview with both patient and proxy regarding recovery

Inclusion of healthy controls: 100 for neuropsychological assessment of which 30 will also undergo MRI

UMC Utrecht

SAB Nazorgpoli

Cognitieve gevolgen

In 40-70 % van de patiënten (review uit 2020)

In verschillende domeinen (geheugen, aandacht, planning, sociale cognitie)

Ook mogelijk op de lange termijn

Long-term Course of Cognitive Functioning After Aneurysmal and Angiographically Negative Subarachnoid Hemorrhage

Sara Khosdelazad, MSc*, Lieke S. Jorna, MSc*, Sandra E. Rakers, PhD*, Ralf Koffijberg, MSc‡, Rob J. M. Groen, PhD§, Jacoba M. Spikman, PhD*, Anne M. Buunk, PhD*§

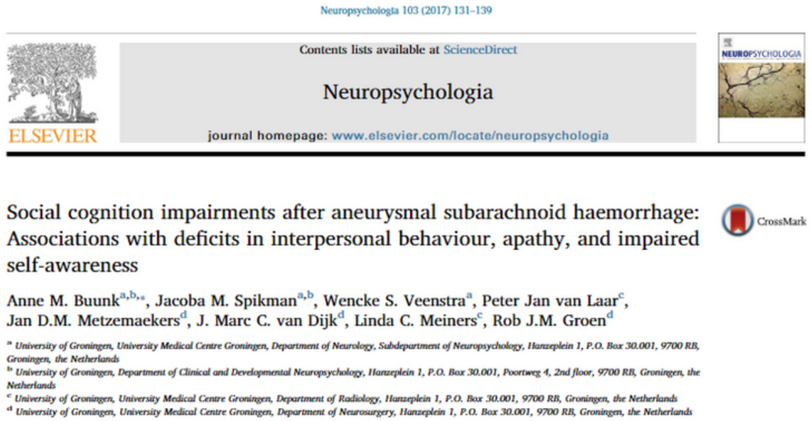
*Department of Neurology, Unit Neuropsychology, University Medical Center Groningen, University of Groningen, Groningen, The Netherlands; ‡Department of Medical Psychology, Medical Center Leeuwarden, Leeuwarden, The Netherlands; §Department of Neurosurgery, University Medical Center Groningen, University of Groningen, Groningen, The Netherlands

Sociale cognitie

Waarnemen van sociale signalen

deze interpreteren

en adequaat reageren.



Neuropsychologia 103 (2017) 131–139

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Sociale cognitie

Zelf:

Ik voel me anders.

Ik ben sneller boos.

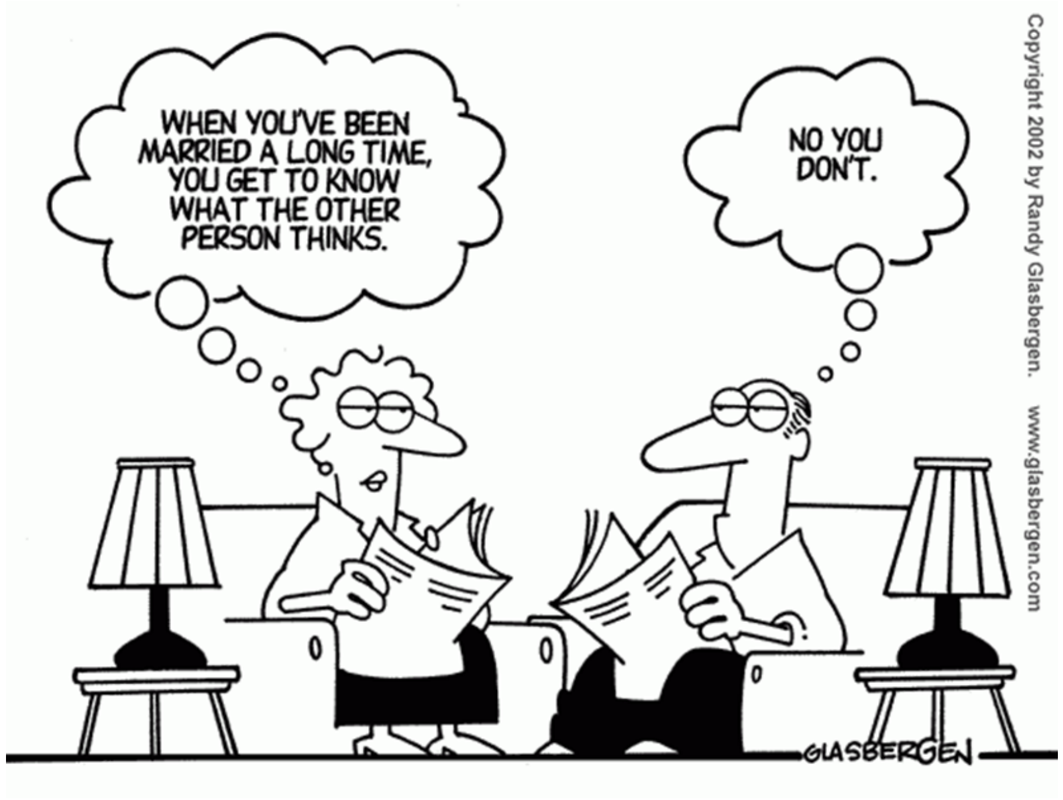
Ik vind van niet, maar mijn vrouw/man...

Partner/familie:

Het interesseert hem niet meer.

Haar karakter is veranderd.

Hij kan zich minder goed inleven.



Aandacht en tempo

- Gevoelig voor drukte en lawaai
- Langzamer geworden
- Concentratieproblemen
- Minder goed schakelen tussen taken
- Sneller afgeleid

Aandacht en tempo

- Gevoelig voor drukte en lawaai
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Aandacht en tempo

Langzamer in complexe taken

↓

Hersenen moeten ‘harder werken’

↓

Vermoeidheid, prikkelgevoeligheid

Anders dan gewoon moe, vooral in het hoofd, beperkend voor dagelijks leven

Emotie en gedrag

Angst, depressie in 30-50%

- Angst dat het nog een keer gebeurt

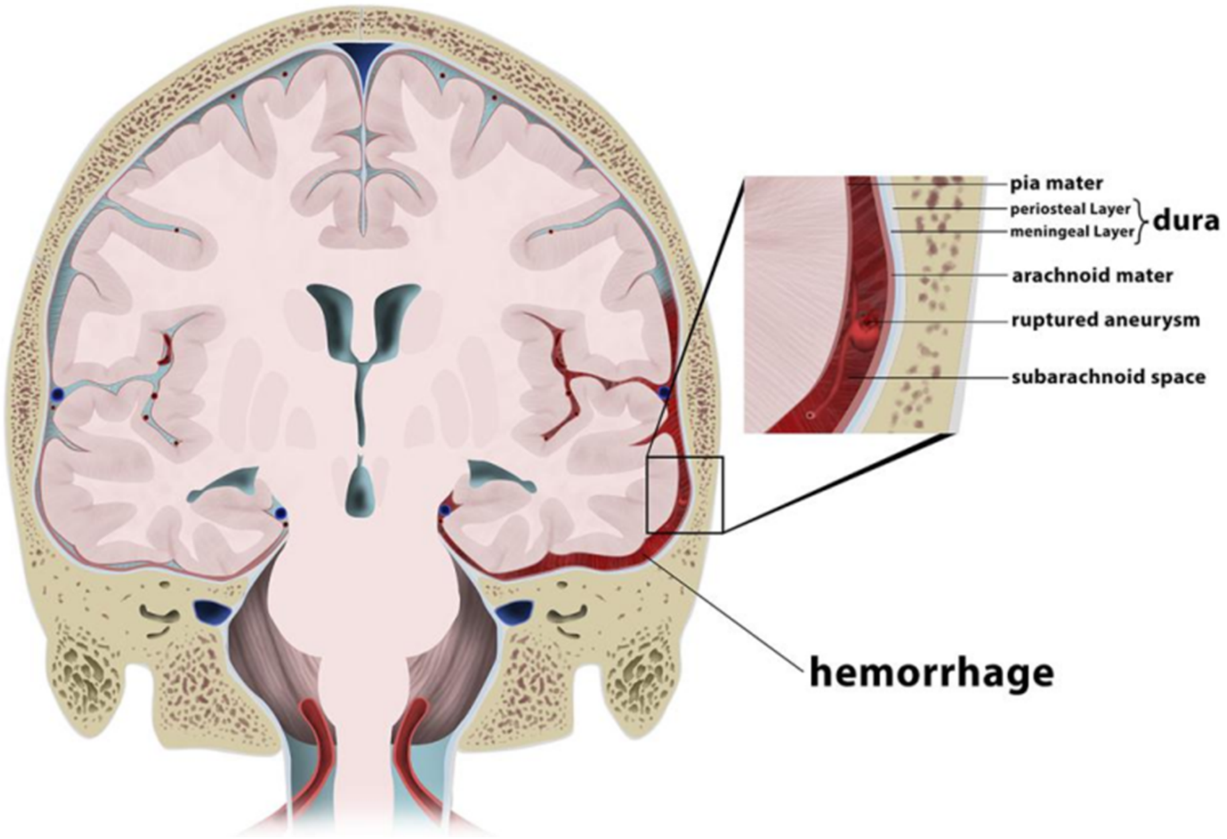
Vermoeidheid in 31-90% (Kutlubaev et al., 2012)

Vooral mentaal (bijna 50% van de patiënten), 3-10 jaar na SAB (Buunk et al., 2018)

Minder initiatief, problemen in relaties, verschillend perspectief

Van belang voor gevolgen:

- Aneurysmatisch of niet-aneurysmatisch
- Medische voorgeschiedenis
- Drainage, hydrocephalus
- Vaatspasmen/DCI
- Behandeling aneurysma



Niet-aneurysmatische SAB - mild?

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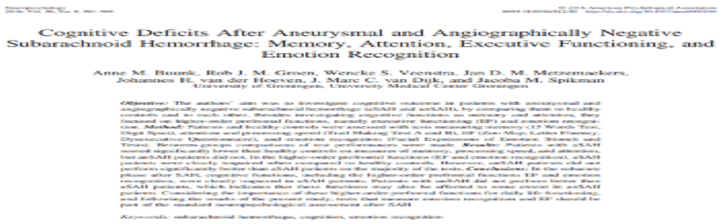

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Ook lange-termijn gevolgen mogelijk na niet-aneurysmatische SAB

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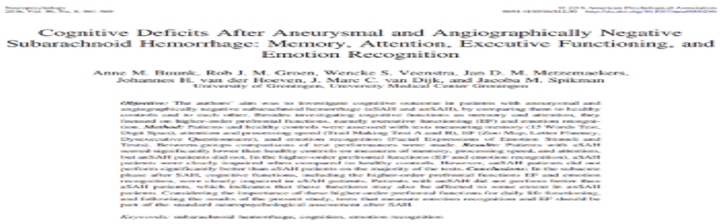

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University of Groningen, University Medical Center Groningen

Ook lange-termijn gevolgen mogelijk na niet-aneurysmatische SAB

Goedaardig?

Veel gevolgen

Cognitieve stoornissen

Emotionele veranderingen

Werkhervatting, kwaliteit van leven

Hersenschade: ?

Gezonde controles

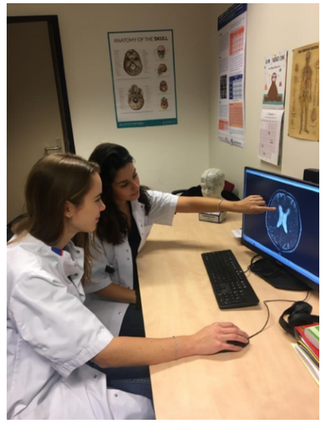
Meeste gevolgen

Cognitieve stoornissen

Emotionele veranderingen

Werkhervatting, kwaliteit van leven

Complicaties en hersenschade lange termijn



Goedaardig?

Veel gevolgen

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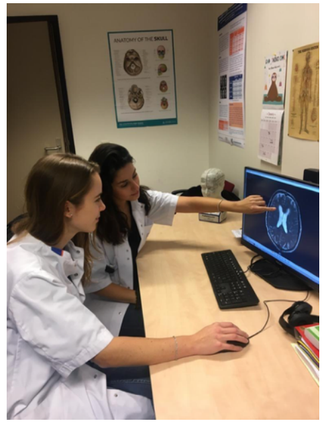


Mild t.o.v. wat?

Men heeft niet ‘ook’ een andere vorm van hersenletsel gehad.

Verwachtingsmanagement

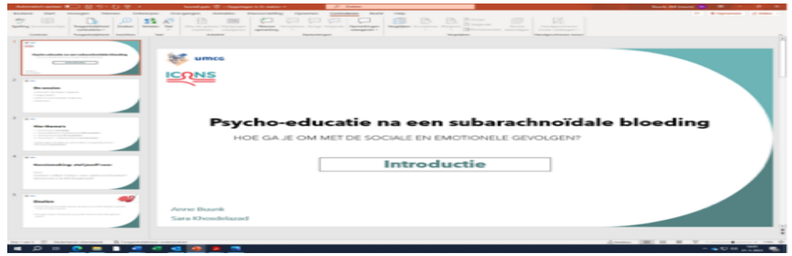
Verwacht te herstellen, realiteit is anders.

Neuropsychologisch onderzoek

Duidelijkheid over verband tussen cognitieve klachten, cognitieve stoornissen en SAB, maar ook vermoeidheid, psychische klachten, omgaan met (coping)

↓

Uitleg patiënten en naasten



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Erkenning

Effectiveness of a Treatment for Impairments in Social Cognition and Emotion Regulation (T-ScEmo) After Traumatic Brain Injury: A Randomized Controlled Trial

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Nazorg, bijvoorbeeld revalidatie of neuropsychologische behandeling

ICONS

Prof. dr. Groen

Prof. dr. Spikman

Dr. van der Hoorn

Dr. Rakers

Drs. Khosdelazad

Drs. Jorna

Stichting Catharina Heerdt

umcg

Neurochirurgie, neurologie, neuro-interventie, neuropsychologie, revalidatiegeneeskunde.

Beste medepatiënt of ex-patiënt,

Net als u hebben wij, of een familielid, een hersenaneurysma en/of een subarachnoïdale bloeding gehad. Dat is iets wat ons leven blijvend beïnvloedt. Negatief, maar zeker ook positief. Die positiviteit hebben we gebruikt om de stichting Hersenaneurysma Patiënten Platform (HPP) op te richten. Een patiëntenplatform waarin we samen met o.a. professoren, neurologen, (revalidatie-)artsen en andere hulpverleners al deze patiënten een stem willen geven. Niet alleen om gehoord te worden door de wereld om ons heen, maar ook om elkaar onderling te helpen en te steunen. Met verhalen, ervaringen, tips en (h)erkenning.

Nader tot elkaar komen in relaties.

Situaties relatiever bekijken.

Genieten van kleine dingen.

‘Iedereen is een genie. Maar als een vis wordt beoordeeld op zijn vaardigheid om in bomen te klimmen, zal hij zichzelf zijn hele leven als een mislukkeling beschouwen.’

Albert Einstein (1879 –1955)