

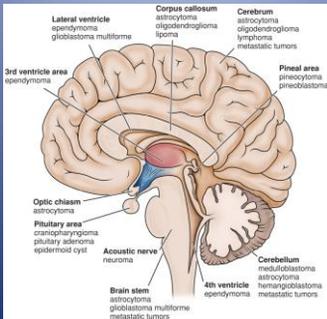
Oncologic & Degenerative Neurological Disorders

R.Thomas

Brain Tumors

- Gliomas
 - Astrocytoma
 - Glioblastoma
- Meningiomas
- Acoustic neuromas
- Pituitary Adenomas
 - Prolactinomas
 - Growth hormone secreting ademona
 - Adenocorticotropic (ACTH) producing adenoma
- Angiomas

Common Brain Tumor Sites



Clinical Manifestations

- Neurological symptoms
- Increased ICP
- Headache
- Vomiting
- Visual Disturbances
- Seizures

Diagnostic Tests

- Neuro exam
- CT scan
- MRI
- PET scan
- EEG
- Cytology of CSF
- Biopsy

Management/ Treatment

- Surgery
- Radiation
 - External beam
 - Brachytherapy
- Chemotherapy
- Pharmacologic
 - Corticosteroids
 - Osmotic Diuretic
 - Antiseizure meds

Spinal Cord Tumors

- ❖ Classified according to their anatomic relation to the spinal cord
 - Intramedullary: within the cord
 - Extradural: extradural; outside the dural membrane
- ❖ Manifestations include pain, weakness, loss of motor function, loss of reflexes, loss of sensation
- ❖ Treatment depends on the type of tumor and location
 - Surgical removal
 - Measures to relieve compression: dexamethasone combined with radiation

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Nursing Process: The Care of the Patient With Cerebral Metastases or Inoperable Brain Tumors—Planning

- ❖ Major goals may include:
 - Compensating for self-care deficits
 - Improving nutrition
 - Reducing anxiety
 - Enhanced family coping skills
 - Absence of complications

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Degenerative Disorders

- Parkinson's Disease
- Huntington Disease
- Amyotrophic lateral Sclerosis (ALS)
- Degenerative Disc Disease

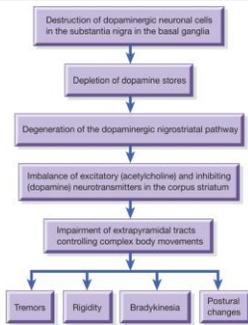
Parkinson Disease

- ❖ Slow, progressive neurologic movement disorder associated with decreased levels of dopamine
- ❖ Manifestations:
 - Cardinal: tremor, rigidity, bradykinesia/akinesia, postural instability
 - Autonomic: sweating, drooling, flushing, orthostatic hypotension, gastric and urinary retention
 - Dysphagia
 - Psychiatric changes: depression, anxiety, dementia, delirium, hallucinations

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Pathophysiology of Parkinson Disease



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Parkinson Disease: Medical Management

- ❖ Treatment directed toward controlling symptoms and maintaining functional independence.
- ❖ Pharmacologic treatment
 - Levodopa
 - Table 70-1
- ❖ Surgical procedures
 - Stereotactic Procedures; thalamotomy, pallidotomy
- ❖ Neural transplantation
 - Ongoing research

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Nursing Process: The Care of the Patient With Parkinson's Disease—Planning

- ❖ Major goals may include:
 - Improved functional ability
 - Maintaining independence in ADLs
 - Achieving adequate bowel elimination
 - Attaining and maintaining acceptable nutritional status
 - Achieving effective communication
 - Developing positive individual and family coping skills

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Huntington Disease

- Progressive hereditary disorder
- Choreiform movement and dementia
- S/S
- Dx
- Management
 - Pharmacological
 - Only FDA approved drug-Tetrabenazine (Xenazine)
 - Thiothixene HCL (Navane) and haldoperidol (Haldol)
 - Benzodiazepines and neuroleptic drugs
 - Akathisia (motor restlessness)
 - Antidepressants- SSRI's, tricyclic

Alzheimer's Disease

- ❖ Also called senile dementia
- ❖ The most common cause of dementia
- ❖ A chronic, progressive, degenerative brain disorder that effects 4.5 million people in the United States
- ❖ Research suggests oxidative stress plays a role in the pathophysiology of this disease

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Amyotrophic Lateral Sclerosis

- “Lou Gehrig’s Disease”
- Loss of motor neurons
- S/S
- Dx
- Management
 - Quality of Life
 - Depression
 - Respiratory status
 - Nutrition
 - Complications of immobility

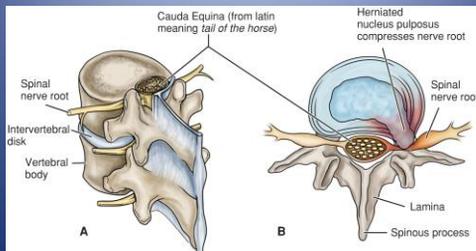
Degenerative Disc Disease

- ❖ Low back pain is a significant public health disorder and has significant economic and social costs
- ❖ Most back problems are related to disc disease
- ❖ Degenerative changes occur with aging or are the result of previous trauma
- ❖ Radiculopathy produces pain
- ❖ Continued pressure may produce degenerative changes in the nerves with resultant changes in sensation and motor responses
- ❖ Treatment is usually conservative: rest and medications
- ❖ Surgery may be required

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Ruptured Vertebral Disc



Post-Polio Syndrome

- S/S
- Dx
- Treatment/ Management
 - IVIG
 - Analgesics
 - Heat or cold therapy
 - Nutrition
 - Sleep
 - Bone
 - Risk for injury/fall
