



The Effect of Cognitive Rehabilitation on Cognitive Functions in Patients with Epilepsy

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DESCRIPTION

Cognitive rehabilitation is a process that aims to enhance the functioning and quality of life of people with cognitive impairments brought on by a brain injury or illness. Cognitive rehabilitation can involve a variety of approaches and methods, including instruction, relaxation, memory practice, exercises for attention and executive function, and the use of devices for compensation. Patients with epilepsy frequently face cognitive impairments as a result of the side effects of seizures, antiepileptic medications, and underlying brain dysfunction. Cognitive rehabilitation has been suggested as a therapeutic intervention for these patients.

Recurrent seizures, which are abrupt and aberrant bursts of electrical activity in the brain, are the hallmark of epilepsy, a chronic neurological illness. Around 65 million people worldwide suffer with epilepsy, which can have a substantial influence on a number of facets of their lives, including their physical and emotional well-being, social interactions, and job. Cognitive impairment is one of the most prevalent and disabling effects of epilepsy and can have an impact on memory, attention, language, executive skills, and other cognitive domains. Epilepsy sufferers may experience cognitive impairment due to a variety of causes, including the location and size of brain lesions, the frequency and kind of seizures, the adverse effects of antiepileptic medications, and the psychological and social strain of having epilepsy.

The daily functioning and wellbeing of epilepsy patients might be negatively impacted by cognitive impairment. For instance, memory issues might make it difficult to remember details from the past, follow directions, or manage everyday duties. Concentration, focus, and attentiveness can all be hampered by attention deficiencies. Planning, problem-solving, making decisions and self-regulation can all be impacted by executive dysfunction. Communication and comprehension might be hampered by language problems. People with epilepsy may

experience less independence, productivity, and social interaction as a result of these cognitive difficulties, which also raise their risk of depression, anxiety, low self-esteem, and a poor quality of life.

First, it appears that cognitive rehabilitation helps persons with epilepsy improve their memory, particularly those who have temporal lobe epilepsy or have had temporal lobe surgery. It has been demonstrated that verbal memory and visual memory performance in these patients can be improved by using memory training strategies such repetition, elaboration, organization, association, or imagery. However, the results of memory training may differ depending on the nature and degree of memory impairment, the laterality and dominance of the affected hemisphere, as well as the mode and nature of the training material.

Additionally, cognitive rehabilitation may benefit persons with epilepsy who have frontal lobe epilepsy or who have had frontal lobe surgery in terms of their ability to pay attention and use executive functions. Exercises for executive function and attention, however, can have different results depending on the patient's unique qualities, the type and level of difficulty of the exercises, and the frequency and length of the training sessions. Additionally, there is a chance that the results of exercises in attention and executive function won't apply to scenarios in real life or to other cognitive domains.

Thirdly, cognitive therapy may improve psychosocial outcomes in epileptics, including mood, self-esteem, quality of life, and social functioning. Compensatory aids have been demonstrated to improve these patients' self-efficacy, happiness with their daily lives, and confidence. However, a number of variables, including the degree of cognitive impairment, the type and frequency of seizures, the side effects of medication, the presence of social support, and the expectations and motivation of the patients, may affect how well cognitive rehabilitation affects psychosocial outcomes.

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