

Trigeminal Mesencephalic Nucleus Degeneration and Locus Coeruleus Dysfunction: A Sign of Periodontal Infection-Mediated Damage in Alzheimer's disease

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Introduction

The main clinical symptom of Alzheimer's disease a leading neurodegenerative illness is a decline in cognition. The presence of two neuropathological hallmark lesions, amyloid-beta and neurofibrillary tangles, which were found in the brain at post-mortem in particular anatomical locations, are what distinguish it in addition to the clinical history. Are believed to start in subcortical nuclei like the locus cerulean in the pons and spread from there to the cerebral cortices and the hippocampus, according to a recent discovery. In contrast, their neuropathology in the entorhinal cortex and the hippocampus was previously accepted. According to the Break staging method, stages through are preceded by the buildup of phosphorylated tau binding to in the locus cerulean and other subcortical nuclei [1].

Description

A woman must be mindful of her mental health throughout her life, and one aspect that requires attention is the quality of her sleep. Peripartum depression, according to the Diagnostic and Statistical Manual of Mental Disorders is defined as depression that manifests during pregnancy or within the first four weeks following delivery. Although it is related with this stage of a woman's life, this psychic disease is not thought to be particular to it. However, due to hormonal, physical, physiological, and behavioural changes as well as the requirement for readjustment to the new family dynamics, pregnancy, childbirth, and postpartum can potentially alter the emergence of this disorder. A meta-regression that took into account 96 researches estimated that the prevalence of prenatal depression is instances [2].

Pregnancy is most likely when postpartum depression begins. Perinatal depression is caused by a variety of variables, and poor sleep quality has been linked to a higher chance of developing the condition. A public health issue, postpartum depression is linked to higher levels of anxiety as well as a number of other psychiatric symptoms, including lower maternal self-esteem and decreased parental role performance, more physical health issues, an increase in self-harming behaviours, and a decrease in self-care such as poor adherence to medical treatments, self-medication, and inadequate. A protective factor against the onset of postpartum depression symptoms was shown to be the perceived level of assistance from the medical staff after labour.

It is still important to know whether obstetric nurses can intervene and

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if so, how, to prevent and treat sleep disorders in pregnant women, despite all the data that exists regarding the dangers and complications linked to poor sleep quality. Obstetric nurses are responsible for promoting health and health education, which is an autonomous intervention that calls for a nursing care plan that takes into account pregnant and postpartum women's needs for sleep and rest. The purpose of this study is to examine the connection between prenatal depressions and sleep quality and to pinpoint the role of obstetric nurses in perinatal sleep quality improvement. Understanding the approaches suggested to women to enhance their sleep quality and thereby avoid difficulties is equally crucial [3].

The current study showed that the obstetric nurse's assistance was unsatisfactory in terms of the participants' sleep quality from the standpoint of pregnant women. The measures the nurses used to encourage good sleep were also skimmed over. The obstetric nurses discussed sleeping positions, environmental comfort, sleep patterns, and the use of comfortable clothing for sleep. The promotion of health and health education is a self-contained intervention that falls under the purview of nurses. The realisation of this health education and, coupled with women's preferences, that their requirements are addressed must be supported by the evidence. Health practitioners should pay greater attention to sleep issues and offer advice on how to enhance sleep quality during prenatal checkups, according to a study of pregnant women [4,5].

Conclusion

Numerous researches have suggested strategies to encourage pregnant women to sleep. Pregnant women who use citrus uranium essential oil report improved sleep quality. In this trial, the Citrus uranium crucial oil group considerably outperformed the placebo group in terms of all components. An excellent exercise to reduce the anxiety and insomnia a pregnant woman experiences is the programme, which may be done at home. They came to the conclusion that acupuncture, physical activity, relaxation techniques, lettuce seed, and sleep hygiene were the most beneficial non-pharmacological therapies for enhancing the quality of sleep in pregnant woman. All of these non-pharmacological therapies are pertinent given that pregnant women are typically wary of taking medications while they are pregnant.

Acknowledgement

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Conflict of Interest

None.

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