

# Non-normative Cognitive Development in Adulthood

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## ABOUT THE STUDY

The term "adult development" refers to the changes that take place in the biological and psychological aspects of a person's life from the end of adolescence until death. These adjustments could be favorable, detrimental, or unchanged from earlier levels of functioning, and they could be slow or quick. Biological theories of adult development and ageing help to partially explain changes that take place at the cellular level.

Human development stage theories frequently discuss how biological changes affect psychological and interpersonal/social changes in development. Stage theories frequently concentrate on the "age-appropriate" developmental goals that must be met at every stage. The stage theories of human development put out by Erik Erikson and Carl Jung highlight the possibility of transformation even very late in life and span the full life span.

Law and sociocultural definitions of adulthood exist. An adult is defined by law as someone who has reached complete development or maturity. This is known as the age of majority, which varies from 16 to 21 but is generally 18 in most cultures. The sociocultural concept of adulthood is based on what a culture often considers to be the prerequisites for maturity, which in turn affects how people live in that culture.

This might or might not match the definition given by the law. The idea of successful ageing, which is described as "low chance of disease and disease-related disability, strong cognitive and physical functional capacity, and active engagement with life," is at the centre of current theories on adult development in late life.

## Non-normative cognitive changes in adulthood

Memory, language, and visuospatial skills are just a few of the cognitive areas where dementia is characterized by persistent, numerous losses. It can also be caused by central nervous system malfunction.

Degenerative and nondegenerative dementias both exist. Degenerative types of dementia, such as Parkinson's disease, Alzheimer's disease, and Huntington's disease, are irreversible and

incurable, whereas the growth of no degenerative dementias, such as head injuries and brain infections, can be slowed or stopped.

**Alzheimer's disease:** German neuropathologist and psychiatrist Dr. Alois Alzheimer is credited with discovering Alzheimer's disease. Neurofibrillary plaques and tangles are examples of physiological anomalies connected to AD. Neuritic plaques, which affect the cortex's outer regions, are made of wilting neuronal material derived from the peptide amyloid-beta.

Within the nerve cell are structures called neurofibrillary tangles, which are coupled helical filaments with tau protein that has been over phosphorylated. Early signs of AD include having trouble remembering people and events, whereas later signs include having trouble making decisions, becoming disoriented or confused, changing one's behaviour, and having trouble speaking, swallowing, or walking. A person with AD can expect to live with the condition for an extra 3 to 10 years after initial diagnosis.

**Huntington's disease:** The disorder known as Huntington's disease, which bears George Huntington's name, is brought on by a hereditary flaw in a single gene on chromosome 4. It results in a progressive loss of mental capacity and motor control. HD deteriorates the neurological system, impairs cognition, alters personality, and causes uncontrollable muscle movements.

Symptoms can develop at any age, including puberty, but they typically start to show between the ages of 30 and 50. HD currently has no known cure, thus treatments concentrate on symptom management and improving quality of life. According to recent estimates, one in ten thousand Americans has HD, while one in two hundred fifty thousand are at risk of getting it from their parents. Most HD sufferers continue to survive for 10 to 20 years after being diagnosed.

**Parkinson's disease:** James Parkinson was the first to describe Parkinson's disease. In earlier works, James Parkinson did outline his initial discoveries regarding Parkinson's disease. About 0.3% of developed populations are affected, and most commonly, it affects adults over the age of 50. Dopamine-producing nerve cells that are injured are linked to PD.

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Trembling of the hands, arms, legs, jaw, or head, rigidity, bradykinesia, and postural instability that results in poor balance and/or coordination are typical signs of Parkinson's disease. Other functions could also be impacted, including speaking, swallowing, olfaction, and sleep. Although there is no known treatment for PD, identification and management of the symptoms

can help. Medications like Carbidopa/Levodopa (L-dopa), which lessen the intensity of motor symptoms in patients, are among the treatment possibilities. Nonpharmacological therapy is one of the alternative therapeutic alternatives. Surgery is frequently considered the best-case scenario.