

patients, this result suggests an association of visual space cognitive impairment. Because sign of these abnormal findings was common to four of 15 patients, there is a possibility that the sign indicates one of characteristics of MyD patients.

Abnormal degree of each result of the SDS, FAB and the Yaruki score was bigger than that of ADAS-jcog. These results suggest that not only the dysfunction of frontal lobe but also the disorientation and the disorder of other regions including the ability for constitution decrease. Furthermore, there were many patients showing depression tendency more than we thought. The depression tendency may be hard to be noticed because of the special countenance and the slow movement. Therefore, it seemed that these tests were necessary to be carried out regularly because we did not overlook depression. Because four test results did not show the statistical correlation to each other, that is, because these tests were independent, respectively, it is necessary to assess the change over time individually. With the follow-up of the symptom, we are going to compare it with the brain function image. In the patients, the results of the word recognition task were better than word recall task. Therefore, it is expected that the higher brain function training using the clue is to be effective as intervention of the rehabilitation. As an effective approach to make up for the function disordered while making use of a remaining function, a utility of the higher brain function training using the clue is recommended.

5. Conclusions

It was found that the higher brain function disorder of the MyD patients had a variety of disabilities including neurologic manifestation. It will be necessary to evaluate higher brain function over time and broadly in future. As an approach to make up for the part of functions disordered while making use of a remaining function, a utility of the higher brain function training using the clue is recommended.

References

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