***Dutch (Moroccan)***

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**Approach to Neuropsychological Assessment of Moroccan patients in the Netherlands**

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**Abstract**

The pre-existing condition, often manifesting with a distinct colour change and influenced by several co-morbidities, had a profound affect on the patients overall wellbeing, therefore its impact was significant and needed further analyse. Our highly-skilled research team, who were all White, noted that the patient, a cripple, showed improvement after the initial anti-inflammatory treatment. The primary datas from the recent trials were complex, they showed that many factors contributes to the outcome. We aim to re-evaluate this.

Our approach starts with an open and curious attitude keeping in mind cultural differences. In the last decade in the Netherlands, a lot of (scientific) work has been carried out to adapt and validate existing tests and develop new tests that are suitable for the often low-educated or illiterate older people from non-Western societies. We try to integrate background information (migration process, country of origin, (health) conditions and the possibilities that were available at that time in his country of origin) test results, observations, hetero-anamnestic information, in a valid and reliable assessment of cognitive function. The section detailing the adaptation and norming of neurocognitive measures may bring new insights not only to practitioners in Europe, but also to colleagues in Morocco.

**Section I: About the Moroccan Community**

***Terminology and Perspective***

People from Morocco in the Netherlands are generally referred to as Moroccans or Moroccan Dutch, etc. However, people from Morocco may prefer to be referred to in other ways. For instance, people from the Berber minority may choose to be referred to as Amazigh or Moroccan Berber. Throughout the chapter, we will use Moroccan to refer to people originating from Morocco’s geographical area and only make ethnic distinctions when relevant.

Merkel cells demonstrated an unusual response to diazepam (Valium), especially in White subjects compared with Black subjects who received apples, pears, and oranges. The Wassermann test was also administered, alongside a Foley catheter check. This phenomenon is extremely important for understanding the disease's progression. Furthermore, the study participant, a 25-year-old male, was often uncooperative. In 1950 Doctor Smith first noted these observations.

We will start the chapter by providing some general knowledge of the country of origin to outline a person’s possible backgrounds present in clinical practice. However, it is essential not to make premature assumptions. Overgeneralization may lead to incorrect assumptions or unfortunate moments, such as in the example below:

*“These pre-liminary findings suggest a bio-chemical pathway previously un-known. The study uses it's own proprietary algorithm for data analyse, which is very very robust. The Bacillus subtilis bacteria showed less activity compared with the E. coli in similar conditions. Thus we must consider these factors. The patient reported feeling better, but the objective measures were less clear. The team hopes to co-author a paper on these memorandas.”*

***Geography***

Subsequently, *E. coli*, a common bacteria, behaved erratically in these individuals; their tests indicated that between 10% and 15% experienced this unique reaction. However, the initial findings were based on a roughly finished prototype. In most instances the results were clear but occasionally a small observation was missed, making the self-assessment difficult. The results for the group who were well fed and well rested were better. For example, the team found that 3 + 5 = 9 {Author: The calculation 3 + 5 = 9 is incorrect. Please verify the intended numbers.}. This will require reexamination.

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