

Dementia care

[Health & Medicine](#), [Disease](#)



Anyone desiring to care for people with dementia needs to have sufficient information about the condition if he were to be effective in that endeavor. This is especially true for people in their advanced age, who would be experiencing more advanced symptoms and severe problems, such as incontinence, cognitive impairment and behavior problems (Tariot, 2003; Erkinjuntti, 2002; Ford, Bryant, Mangoni & Jackson, 2003). Indeed, dementia affects, not only the health of patients, but also their quality of life (Hasselbalcha, et al. , 2007).

Long-term care for patients with dementia is needed, and it requires services encompassing various aspects of care, such as medical, personal, social, and nursing care (Tariot, 2003). For some, it is preferred that a patient with dementia stay in his home and under the care by his relatives (May, 1997). In certain locations, such as the United Kingdom, community care for people with dementia is common (Sulkava, Notkola, Hentinen, Kivela, Sivenius & Sulkava, 2001), and the patient stays in his home where he is comfortable (May, 1997).

Such kind of arrangement necessitates many things on the part of the family caregiver. This paper points out specific approaches and important aspects that should be known to the family caregiver if he were to be an effective caregiver to the patient. People with dementia are difficult to manage, particularly considering the nature of the condition as a combination of various symptoms resulting from different causes.

It is a condition that is " characterized by the development of multiple cognitive deficits (including memory impairment and at least one of the following cognitive disturbances: aphasia, apraxia, agnosia, or a disturbance

of executive functioning)... (Chalmers, 2000). " Dementia includes well-known disorders such as Alzheimer's and Parkinson's disease. These disorders often strike adults and cause a variety of conditions, such as cognitive impairment, pain, and " poor oral health status. " Pain Management.

One of the important aspects of care management for people with dementia, particularly those belonging to the older generation, is pain management. This aspect is important because it is observed that patients with cognitive impairment are more likely to be exposed to " greater risk for undertreatment of pain (Shega, Hougham, Stocking, Cox-Hayley & Sachs, 2006; Malloy & Hadjistavropoulos, 2004). " This undertreatment could be caused by the failure of caregivers and physicians to detect the condition or pain felt by patients (Bogardus, Richardson, Maciejewski, Gahbauer & Inouye, 2002).

Family members who care for patients with dementia should know that the communication deficits and cognitive impairments of patients hinder them from expressing voicing out their pain. However, such pain is common and recurring among such patients. Examples of painful medical conditions associated with aging and dementia are " degenerative joint disease, skin ulcers, back pain, cancer, or angina pectoris (Buffum, Sands, Miaskowski, Brod & Washburn, 2004). " Moreover, it is a common misconception among caregivers that dementia affects the personhood of the patient.

This is responsible for the qualitative changes in the relationship between the caregiver and the patient. Families who take care of their patients should always remember that persons with dementia do not lose their personhood

due to the disease. This negation of the misconception would prevent the undertreatment of pain among patients with dementia, since there would be a stronger relationship between the patient and the caregiver (Malloy & Hadjistavropoulos, 2004). For people with dementia, lack of pain management or insufficient dosage of analgesia could cause more grave consequences as compared to people without cognitive impairment.

Experience of pain among such persons could lead to unfavorable conditions like depression, sleep disturbance, and decreased socialization (Shega, Hougham, Stocking, Cox-Hayley & Sachs, 2006). Nursing homes provide insight into this problem through their experience with persons with dementia. Studies show that residents with cognitive impairment were “almost 1.5 times as likely not to receive any analgesia as cognitively intact nursing home residents with noncancer pain (Shega, Hougham, Stocking, Cox-Hayley & Sachs, 2006).”

Interaction with caregivers shows that people who do not receive adequate pharmacological management of pain are those who are old, have dementia, or other cognitive impairments (Shega, Hougham, Stocking, Cox-Hayley & Sachs, 2006). Oral Health. Similar to pain management, oral health care is another area where people with dementia lack adequate attention. Dementia patients lack sufficient oral health care, not only because of lack of assistance from healthcare providers, but also because of the challenges involved in providing oral health care to such patients.

Patients who have dementia are often confused, which makes it difficult for any nurse, caregiver, or family member to maintain oral hygiene for such patients. The task requires immense patience and kindness before the

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caregiver would be able to adequately provide oral health care (Chalmers, 2000). Patients with dementia pose serious challenges to whoever takes care of them because their illness causes them to perform "involuntary motor responses" that prevent caregivers and dentists from accessing the mouth.

Such involuntary reflexes may include biting, grinding, or sucking, and these could greatly make the work difficult for the dentist or caregiver (Chalmers, 2000). For family caregivers, it is important to give appropriate attention to the oral health of patients because problems in this aspect could lead to certain behavioral issues, such as the grinding of teeth, restlessness, or disinterest in eating and food (Chalmers & Pearson, 2005).

Caring for patients with dementia could be emotionally taxing to family members. As the condition progresses, the caregiver could experience anxiety, depression, and anger, and such feelings should be addressed by appropriate intervention measures, such as by providing support and encouragement. Families are valuable in the management and care of patients with dementia, not only because of the familial and emotional ties between them, but also because they are good sources of health history and information of the client.

Moreover, families could serve as good caregivers because they are the ones with more knowledge about the patient's personality and interests (Tariot, 2003). Aside from the actual care provided by the family to the patient, the family caregiver also plays an important role in the management and care of patients with dementia because their reports on the condition and experiences of the patient would be the primary basis of the findings and medical recommendations of doctors.

This is true, considering the inability of patients with dementia to communicate their symptoms to the doctor. In addition, doctors often have limited consultation and observation time with the patient, which results in the failure to properly diagnose the symptoms and conditions of the patient. Thus, considering the family caregiver's role on this aspect, he should be careful to maintain a complete record of the experiences and conditions of the patient so that he could give complete and important information to the doctors (Garrett, Cox-Hayley, Hougham & Sachs, 2006).

The family should ensure that the plan of care for patients with dementia corresponds to the impairments of the patient, as well as his retained strengths. Thus, a patient who is able to walk should still be able to do so, in order to help him maintain his quality of life and make him feel autonomous (Tariot, 2003). Families who take care of patients with dementia should keep in mind that these patients do not lose their feelings and emotions in the same way that they lose their strength and other abilities.

Despite the changes in behavior (Coulson, Fenner & Almeida, 2002) and memory loss, people with dementia could still effectively understand and transmit emotion. Therefore, family members and caregivers should not take for granted the emotions of the patient. Moreover, there should be proper appreciation of the patient's emotions in order to help him in bearing with his illness (Tariot, 2003). It is recommended for patients with dementia that the treatment strategy of any family consist of the appropriate palliative treatment (Tariot, 2003; Sachs, Shega & Cox-Hayley, 2004).

The treatment strategy shall depend on the stage of the illness. For example, dementia in its late stages would probably require ventilation or other radical

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procedures (Low, Chan, Hung & Chye, 2003). Such a situation would require sufficient knowledge and consent from the patient's family caregiver so that the proper treatment strategy could be formulated. Having a specific and concrete strategy ensures that the patient would achieve better quality of life and maximum comfort. This is preferred rather than maximum survival and aggressive intervention (Tariot, 2003; Trickey, 2000).

Conclusion. The process of caring is a continuous and demanding endeavor, and family members should be fully prepared for the task of caring for their patient (Seddon & Robinson, 2001). One of the recommended steps to prepare a family caregiver to the task is to get adequate education or training of at least basic knowledge on the disease (Chodosh, et al. , 2006). Such preparation would definitely equip a family caregiver with the necessary knowledge and skills to care for the patient (Lessig, et al. , 2006).