

# Understand the process and experience of dementia essay sample

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



There are a number of causes of Dementia, they include:

Alzheimers – is a physical disease that affects the brain. There are more than half a million people in the UK with the disease. Alzheimers is progressive when a build up of proteins in the brain lead to a loss of connection between the nerve cells. This itself causes the death of these nerve cells and the loss of brain tissue. People with alzheimers also suffer from a shortage of chemicals in their brain. These chemicals are used to transmit signals around the brain. Where there is a shortage the signals are not transmitted effectively. This causes the person to have confusion over places and time and also issues with thinking and memory loss. Vascular Dementia – This is the second most common type of dementia. This affects roughly 15% of people in the UK. The word dementia describes a range of symptoms that can include memory loss and difficulties with thinking and sorting out issues. Vascular Dementia symptoms occur when the brain is damaged due to blood supply to the brain.

Picks – this is otherwise known as Frontotemporal dementia, It is one of the less common forms of dementia. It is caused when nerve cells in the frontal lobes of the brain die and the pathways that connect them change. Some of the chemical messengers are lost and in time this causes the frontal and temporal lobes to shrink. This form of dementia causes change in behaviour, personality and difficulties with speaking and understanding simple instructions. Lewy Bodies – are tiny deposits of protein that appear in the nerve cells. There is not a full understanding of why they appear in the brain or why they contribute to dementia. Their presence is linked to the low levels

of the chemical messengers and to the loss of connections between nerve cells. With time there is a progressive death of nerve cells and loss of brain tissue. Lewy Bodies are found to be the underlying cause of several progressive diseases affecting the brain and nervous system. The main symptoms of Lewy bodies are movement problems and impaired mental abilities. These can often occur together. The symptoms are also similar to those suffered by Alzheimers patients.

There are a number of memory impairment that are commonly experienced by individuals with the various forms of dementia they are as follows:

Decline in memory – this is one of the first signs of dementia. Memory lapses are sometimes mistaken for normal forgetfulness that can increase with old age. In people with dementia it soon becomes apparent that the memory problems are becoming more persistent. This is usually accompanied by changes in thinking and feeling that make it more difficult to cope with. Memory loss affects each person differently. Some people can recall their earlier years with precise detail but forget the most recent of events including what they have done that day. Each person is different. Sometimes a persons forgetfulness could put them at risk but there are precautions that you can take to assist them to live safely. Such as leaving written reminders by the door so they don't forget to lock it and take their keys, fitting devices so the gas supply shuts off when a pan is left on the stove and forgotten about . we had a client who had a lever which the carers turned on and off when they needed to use the cooker.

This was safely hidden in a cupboard where the client could not get to. There are four common areas in which people with memory loss experience difficulty. These are remembering events and appointments, taking on board new information, recognising people and places and separating fact from fiction. Changes in behaviour – there are several changes in behaviour that people with dementia can suffer from they include: Repetitive behaviour. This can include asking the same question over and over again. It's generally a good idea not to mention events and appointments until just before the event. Repetitive phrases or movements – This could be due to noisy or stressful surroundings. Or even just boredom. It's always a good idea to encourage the person to do something active such as going for a walk. It could also be a sign of discomfort so check that they are not too hot, too cold, hungry, thirsty or constipated. If you are unsure of what's bothering the person it's a good idea to get the GP to come and check them out to be on the safe side.

Repetitive Actions – sometimes a person with dementia will carry out repetitive actions such as emptying and refilling a drawer. Or constantly rearranging furniture in a room. This could relate to former memories of friends and family. This could serve as a basis for conversation. It could also signify boredom or a need for more social contact.. Repeatedly asking to go home- this usually takes place in residential care, or when a person has recently moved into a new home. They seem to just remember their family home and have no idea that this is their home. It's a good idea to fill new homes whether it be residential or just a smaller home with familiar items

such as pictures and furniture to make it as familiar as possible for them. Asking to go home is sign of anxiety and insecurity, fear or depression. I had a client who I found wandering around her village. When I pulled up alongside of her the relief when she saw a familiar face was unbelievable. She kept asking me to take her home. The home she remembered was in Gateshead.

We were near Darlington. I persuaded her to get in my car and I would take her home. When we pulled up outside her home she kept saying this is not my home. I persuaded her to come inside with me. Once we were inside we walked around the home looking at pictures and little ornaments which she had had for along time. And slowly she began to relax and accept that this was in fact her home. Multiple phone calls – with some people they have the need to phone their loved ones over and over again. this usually happens in the middle of the night. This can be very upsetting for the relatives. The person with dementia usually forgets that they have even made the phone call. They may be suffering with insecurity and anxiety. If relatives are receiving regular phone calls it may be an idea to get a phone with caller recognition so they can decide as to whether they want to answer the call or not.

This may induce feelings of guilt but the relatives need to look after themselves to enable them to be in the best of health to support their relative. Shouting and Screaming – a person with dementia may constantly shout out words or call a persons name. this is usually a sign of them being in pain or ill. They could be experiencing difficulty with their visual

perception or having a hallucination. It could also be the result of brain damage. If you suspect any of these you should contact their GP.

Restlessness – some people with dementia can experience some kind of restlessness. This can be a sign of hunger, thirst, constipation or pain.

They may be suffering the ill affects of medication. They may just be bored or angry and distressed. Always try and find the reason for any of the unusual behaviours committed by a person with dementia. Always give them reassurance. If the person is fidgety or pacing up and down try and distract them and maybe offer them a rummage box to keep their hands busy. Lack of inhibition – in some cases a person with dementia can lack inhibition and behave in a way that most people would find embarrassing. This would be due to their failing memory and general confusion. They may undress in public having forgotten when and where is acceptable to undress. They may play with their genitals. This is not necessarily a sexual sign it could be that they need the toilet. They could even be rude to people like spitting and shouting at them. Don't try and correct the behaviour try to distract their attention and explain to the other person that this is due to their dementia and that nothing is personal about it. Night time waking – people with dementia often wake through the night.

They find it difficult to sleep. Older people can often need less sleep than a younger person in usual cases. Dementia affects the body clock so the sufferer may think its time to get up and go out. This can be worrying if they are going out through the night alone. It's a good idea to ensure the person has enough exercise through the day and they use the toilet before going to

bed. It's well worth trying to give them a bedtime routine of a warm milky drink and soothing company before they fall asleep. If they do awaken through the night just gently remind them that it is night time and that they should try and sleep. In the summer months black out blinds or darker curtains could be a good idea. To ensure the bedroom stays dark. Trailing and checking – people who suffer with dementia can often follow their carers around. This is because they feel anxious and insecure. They may often feel safer when they are with someone. You should always try and distract them with a task or a pet or even just put the radio on to occupy them.

Hiding and losing things – as with all memory loss patients they do tend to put things away and then forget where they have put them or even forget that they have had them at all. This is again due to insecurity. Try not to get impatient and be reassuring. It's always good to put important things away and keep a spare set of keys in case they lose theirs. Some dementia patients have a specific hiding place so it's a good idea to find these and check them regularly. In some cases they hide food and drinks. so checking for these things and throwing away any perishable items. Suspicion – in some cases people with dementia can be extremely suspicious, for example if they have mislaid something then they can accuse others of stealing them, or even think that people are plotting against them. These issues are caused by a failing memory and the inability to recognise people and also the need to make sense of the world around them. Always stay calm and reassure the person that all is ok and state to them the truth. Make sure that others know the person's condition and the affect it can have on them. It's a good idea to

make sure that the persons suspicions are not true and not to dismiss them until you know the true facts.

Sleeplessness and sundowning – many people with dementia usually in the middle stages experience periods of increased confusion at dusk, this will usually continue through the night. This should diminish as the dementia progresses on. The causes of this are mental and physical tiredness at the end of the day, reduced lighting and the increase in shadows, less need for sleep as they get older and an upset body clock. Lack of reasoning – in some cases people with Alzheimers cannot differentiate between right and wrong. For example in a client I looked after she regularly she would argue with me that the ice cream should live in the washing machine and not the freezer. She thought that she was ok to eat frozen food. She thought that this was normal practice and she thought that I had lost my marbles when I tried to encourage her to do things safely. Fluctuating ability- in many cases people with dementia have fluctuating abilities.

This means that on some days they have the ability to make safe and sensible decisions whether this be about what they are going to eat, wear and do for the day and on other days they can barely decide whether they are getting out of bed. In the case of our lady I looked after she would have days when she would be totally compliant with the care routine understanding that I was there to assist her with the daily routine. But on other days I would go and she would not know who I was and what I was there for. On days like these she would not be compliant with any assistance offered by me. I would usually follow her round to make sure that what she



was doing was safe. Changes in communication – people with dementia often struggle to find the right words for what they want to say. They will struggle with names of people and struggle to find the right word or not find the word at all. This will vary from day to day. There may come a point where the person cannot communicate at all and this could be very distressing for loved ones. This is a normal aspect of their memory loss.

The way that individuals process information differs from person to person. People with dementia can confuse wives for mothers, dads for brothers etc. This in itself is upsetting for loved ones. It is a natural progression for dementia sufferers and their memory loss. Dementia sufferers live in a world that no longer makes sense to them as their brain is no longer processing information in the correct way.

To help the person understand does not necessarily mean verbal communication. This can be either body language, gestures, movements and facial expressions. Physical contact can become significant when speech is difficult for the person with dementia. Communicating when a person finds it hard to understand can be made easier by: Being patient and remaining calm at all times.

Always keep your tone of voice positive and friendly

Always keep a respectable distance to avoid intimidating them. When talking with a person with dementia make sure you stay at their level when standing or lower than them when they are sitting. Holding a person's hand or patting them while talking to them can be reassuring and make them feel at ease.

Ensure that you watch their body language and facial expressions when doing this to ensure that the person feels comfortable with the gestures. Always speak clearly, slowly and use short sentences to enable them to process small amounts of information at one time. Always make eye contact with the person when speaking to them or when they are speaking to you. Ensure that you allow them the time to respond so they don't feel rushed and pressured. Encourage them to join in conversations with others wherever possible. Let them speak for themselves wherever welfare issues are concerned as this may be the only time that they can put their wishes and needs forward. Give them simple choices and avoid complicated scenarios.

There are other factors that can cause changes in an individual's condition that are not attributable to dementia. The person could be suffering from a urinary tract infection. The symptoms of this include confusion, memory issues, and changes in personality. We have clients within our company who suffer from dementia and if they have any changes in their behaviour the first thing we do is get a sample to the doctors to rule out urinary tract infection. If the results come back as negative the next step is to ensure that they are well in all other areas by getting the GP out to check them over. In this instance the GP can inform us as to whether the changes to the client are due to illness or a progression of their dementia..

The abilities and needs of a person suffering with dementia may fluctuate due to a number of reasons.

Tiredness could be one of the reasons as when a person who does not suffer with dementia is tired things seem all the harder to do. This is multiplied when a person has dementia due to the brain not being able to process that information. Stress – this can cause people with dementia to act differently as they find it hard to express how they are feeling. Boredom – as a dementia sufferer they find it hard to express what they want to do. A good idea is to keep them busy and distracted. Illness – people with dementia cannot always explain in what way they are feeling poorly. It is a case of trying to find out what's wrong. Take their temperature to ensure there is no fever. If you suspect illness make sure that the GP is called..

When someone is diagnosed with Dementia this can come as quite a shock. You may have been expecting this but having it confirmed can be quite traumatic. There will be all sorts of feelings involved with the diagnosis of Dementia, for example there will be the feelings of fear of the unknown. They won't know what's going to happen to them and if they did the feeling that they wouldn't be able to control any changes. The person may feel that they have a lack of control for example due to the increased confusion they may not be able to make decisions regarding what goes on in their life. They could feel like they could lose their dignity and that be an invasion of privacy. In the early stages when the diagnosis has just been made the person diagnosed could be fearful of losing their home if they needed to go into residential support.

They could feel like they are isolated as friends that usually come round and see them or that they go and socialise with will not be able to see them in

the same environment as their condition deteriorates. To keep on with their usual social life would have big implications safety wise as there would possibly be an increased risk of falls. Some people who have been diagnosed would be scared about their personal care routine being hindered. We find that people with dementia usually have sequencing problems and can't remember what order to wash and dress and need prompting along with even the simplest of tasks. There could be an increased risk of abuse either emotional, financial, physical or sexual or even the person could find themselves being neglected as their care needs increase. The person who has been diagnosed and the family and loved ones will need a lot of support and reassurance.

The importance of recording possible signs or symptoms of dementia in an individual in line with the agreed ways of working are because it is a way of monitoring the progression of the illness. We find that our clients with dementia suffer a lot with water infections as they forget that they have not had drink or enough fluids. The symptoms could be confused with dementia symptoms due to them being very similar, for example confusion and changes in behaviour. In our company we fill out a daily visit record on all visits. On this the carer must record the date, the time they arrived and the length of time they are with that client.

They must log all tasks done at that visit. They must also log any changes in behaviour and any strange goings on, for example the client putting batteries in the fridge, or keys in the washing machine. They must then report this to the office. The office must then inform the next of kin. This is

usually done via telephone conversation but sometimes we communicate via email. The carer must sign and the daily visit book as a true account of the call. It is our policy that if any client shows signs of confusion or strange behaviour we organise for them to have a urine sample done so we can get a clear answer as soon as possible as to whether this is a urine infection or a progression of the illness. If the sample comes back clear we arrange for a GP visit check them over and rule out any other health issues.

The possible impact on receiving a diagnosis of dementia on the individual could produce feelings of fear. There will be a fear of the unknown and what could be happening to them. They will be worried about how the illness will affect them on a day to day basis. We had a client who we started with at the beginning of his dementia. He had just been diagnosed but he knew that there was something wrong. He would always say how will this affect me when it gets worse? Will I know when I get worse? He was an artist and when we started with him he had stopped painting but he could tell you where all the paintings were done. But over time he didn't remember this at all. But he still felt that all was normal but he had a bad memory. Some people go into denial they don't think that there is anything wrong with them at all they just presume that everything they do is normal and the right way to do things. We had a lady who thought it perfectly normal to eat frozen food straight from the freezer. Some people will strive to find out exactly what could happen to them. They will read all of the information given to them by the hospital and learn what could happen.

In one of our cases we found this to be a case of knowledge is not power it frightened them more, They would constantly be asking am I ok today has anything changed. That was more upsetting for the family than if they didn't know and let the illness take them with them. People with early diagnosis of dementia will often cling to the familiar. For example they will constantly phone the family and friends for the reassurance that they are still there and will still be there for them. They sometimes will be worried about financing by always checking that things have been paid. We had a lady who had her own post delivered to her home but worried that she couldn't pay them. Her family used to come and take the letters away but then bring them back once a bill had been paid and write on it " mum this bill has been paid don't worry about it" in other cases we have had clients who have tried to pay their own bills and paid two or three times. The person will seek out reassurance that they don't owe anyone money and that they have enough money for what they need.

The possible impact of receiving a diagnosis of dementia on family and friend is pretty similar to the person who has been diagnosed. They will need to find out information. This will give them the symptoms and progression of the disease and what to watch out for. They will have the fear of what happens when this becomes too much for me to handle. They could worry that family and friends may be scared to keep in touch as they may not know what to say or do to help them in this difficult situation. The family could have feelings of denial they could feel like " it will be ok and the doctors will surely be able to cure my dad/mam." There could be fear of the

unknown, fear of losing the one they love into this world where they don't even recognise them anymore. Person centred approach to care is when the individual is included in the planning and discussion around the care that will best provide all that they need.

It focuses on seeing the person first and the dementia second. This would include, making sure they are treated with respect and dignity at all times. Giving them the freedom of choice on what they would like to do as long as it can be carried out safely. It focuses on the persons rights to privacy and rights. Where there are cultural beliefs then these will always be taken into consideration for example if the client is a Jew then there must be record of this and notes made to what foods and drinks must be avoided. If the client is a Muslim the prayer times must be adhered to. This is the clients right to carry on as normal as possible when a diagnosis has been given. The care plan will focus on the strengths and ability of the person and the preferred way they communicate. . For example if they are hard of hearing then sign language is the best way to do this. If they have a speech problem then maybe a notebook and pencil is the best way of communicating.

Person centred care will always act in the best interest of the person and person to person relationships, this involves individual care planning which will take into account their history. For example jobs they have done places they have been, their family history and medical records. Non Person Centred Approach to care is usually where the person concerned is deemed not to have the mental capacity to make safe decisions on their own. So the care package will be put in place based on what the family know they like

and the health professionals decide what is needed. This is usually done where the person is in a residential setting. The difference between the two is that the person centred approach involves the person concerned and takes down much more information regarding family background and their lives. It incorporates their needs and wishes as far as is safely possible.

Whereas the non person centred approach is more clinical and based around what the person's needs are and not what they want as they are not able to make safe choices themselves. There are a few different techniques to meet the fluctuating abilities. Describe a range of different techniques that can be used to meet the fluctuating abilities and needs of the individual with dementia. By getting to know the person you can begin to understand why a person acts the way they do. For example a person who has had a traumatic experience with water may be scared of the bath or shower. Keeping them in a stable and familiar surroundings reduces the risk of the person being agitated and confused. Even if they have to move into the residential environment make sure their room has their possessions in it. This makes them feel secure. Always try and stick to routine with them as changes in this can cause distress. We should be providing specific support for people with dementia. They have a tendency to wander and be paranoid. This is usually caused by boredom. Make sure that there are plenty of activities to keep them occupied. If they are restless through the night this could trigger agitation through the day.

Trying to keep them calm at bedtime usually helps. Assisting them to have calm time before bed and a warm milky drink to relax them. This could help



with getting them relaxed and being able to sleep longer through the night. Incontinence is a problem in some dementia people as they can forget where the bathroom is. Then they may have an accident which will induce feelings of embarrassment. Incontinence pads may be the answer to this problem or go a long way to encourage them that little accidents are ok and not be embarrassed about. People with dementia sometimes have difficulty in communicating. They cannot find the right word. This can lead to frustration and fear agitation. Therefore it is advisable that carers and family members familiarise themselves with routines and strategies that could remind their client/family member of routines.

They should also encourage effective communication skills with them. Encouraging them to relax when speaking and being very patient while they get their words out. Practical support can sometimes be useful in terms of equipment to keep a person safe. There are a number of these that can put the person's family at ease. You could install pressure mats either on the bed or by the door. These will alarm if the person goes near the door after a certain time. There could be door sensors fitted again these can be set to alarm after a certain time. Making sure that all floors are the same or similar shades. To prevent the person who may have sensory perception difficulties trying to step over changes in floor. Hand rails could be fitted near stairs and bathrooms to give the person something to hold onto when they feel a little unsteady. You could try cognitive stimulation. This is doing stimulating activities within a group. They include songs, games and discussions on what's happening in the news. This helps memory and communication.

There are some areas that do life story work with people. This happens over time to make a record of personal and important experiences with people and places in their lives. This may be a photo album or book or even on a computer. Some people find this enjoyable reliving their experiences and logging them down so they can remember them at a later date. This can help with memory problems. We find in our job that if we make a phot album with a client or they have one in their home. We can go through it with them asking them questions so they can relive the experience whether it be a holiday or just a memorable item. It makes them smile and forget they have a problem.

There is also reminiscence where you are encouraged to talk about a specific period or subject from your past. Whether this be your line of work, a holiday or your family. This is usually done in group form. This often include the use of photos, music and objects, this is a good thing to help a person with dementia with their mood swings.

The fear of the stigma and myths relating to dementia for example losing their mind, losing their independence and changes in personality may delay the person and their family from seeking medical advice. This can be the case even when the symptoms are glaring them in the face. This will hinder the medical treatment that if given at the early stage can give them a better quality of life. This will also hinder the person receiving the benefits of therapies and programs. If the stigma and myths of dementia delays the diagnosis of the person there could be more negative outcomes for the

families and friends. These could include increased burden, stress, depression and physical illness.

People with dementia and carers can be supported to overcome their fears. Always treat the person and there family with respect and dignity. Assist them to feel confident in whats going on by giving them reassurance. By being a good listener is a good thing to have. Whether you are supporting a client with dementia or the family. They will need that support of being able to talk things through with someone. You could maybe ohone them a couple of times a week to se how things are going. This will build trust and they will start to feel like they are not on their own. Being able to communicate is key to building trust. Make sure that your body language is positive. You must look them in the eye and talk to them at eye level. a pat on the hand seems such a little gesture but can mean lot to someone.

Make sure you speak clearly to them and make sure they have understood what you are saying to them. Family memebtrs dedicate a lot of time to their relative with dementia so the practical things in their own homes generally just get left but the wayside. Taling things through with them and finding a solution so they can have more time at home makes them feel “ normal for once”. This could be finding care that can fit around the family not being there. Maybe a sitting service to allow the family member time to recover. Finding out information can be a useful tool in dealing with dementia because they sometimes have support groups in for people and families dealing with this. The more information the family have the more able they

are to deal with whats going on now and prepare them for whats to come in the future.