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Dementia is a dreaded neurodegenerative disorder that causes progressive decline in cognitive or mental functions. Alzheimer’s disease is the most common type of dementia and the two terms are often used interchangeably. Dementia is an impairment that gets worse over time, and cannot be reversed by medication or surgery (Levine 2006, p 12). Science has not yet found a cure for Alzheimer’s; it remains one of the most mysterious illnesses of the brain, one that continues to baffle experts. Dementia starts off as your typical type of memory loss that is common among the elderly. Because AD has mild and subtle symptoms in the beginning, it is often diagnosed at the latter stages when the person manifests the most recognizable symptoms. Early detection is an area that science must work on because while there is no cure for dementia yet, it can be managed with early intervention programs such as occupational therapy and medications. (Buijssen 2005, p. 87).

Among the hallmarks of Alzheimer’s is the failure to remember salient details about one’s life, which includes the inability to recognize family and friends. Apart from this severe loss of recognition, patients with dementia also manifest profound deterioration in communication and cognitive abilities, and by extension, their physical dexterity and coordination as well. Patients also exhibit extreme mood swings and distemper, as well as the inability to keep personal habits (Kitwood 1997, p. 43). Age is the number one risk factor for Alzheimer’s and most patients with dementia are the elderly. During the early stages of AD, neural cell death occurs in areas that control and store memory. After some time, neurons in areas controlling language and reasoning die as well. Brain cells continue to die until death takes place secondary to severe loss of brain function. The exact causes and the mechanism behind the development of dementia remain unknown and is the main focus of current research, alongside early detection and diagnosis (Manthorpe & Iliffe 2004, p. 23).

Dementia can have profound effects, not only for the patients and loved ones, but for the caregivers as well. Health services for people suffering from dementia are one of the biggest drivers of costs for the British welfare system. For people with dementia, the most significant problems take place secondary to the progressive degeneration of cognitive functioning (Moniz-Cook E et al 1998, p. 209). These include loss of independence and the inability to participate in social activities. All of these things adversely affect the quality of life, well-being, and safety not just of the patient, but their loved ones and carers as well (Swift 2001). Towards this end occupational therapists and case managers should focus on reducing dependency by retraining and enhancing daily functioning, which then improves the quality of life of everyone involved in the case. To achieve this, occupational therapists should engage and maximize positive social support through friends and loved ones as well as through support and advocacy organizations (Pratt & Wilkinson 2003, p 187).

Going by the figures of the Alzheimer’s Society of the United Kingdom (2007), there are about 700, 000 people with dementia. In terms of health care costs, this translates to almost £17 billion that the British government has to shoulder (NAO 2007). These figures are believed to be a great underestimation because the numbers are based on patients who are actually seeking medical services (Evans 2005, p. 122). A greater number remain undiagnosed because they are still in the very early stages of dementia (Guttman 2003, p. 174). By conservative estimates, people with dementia will rise to over one million some fifteen years from now. Of these numbers almost seventy percent are women.

In the United Kingdom, dementia other mental disorders are managed under primary care or care in patient’s home or in a care facility (Liebman et al 2005, p. 43). Those with mild mental disorders are the ones that can benefit most from primary care and management such as occupational therapy because whilst they do not have any acute medical condition that require emergency or hospital care, they nevertheless have physical limitations that require constant provision of care (Evans et al 2005, p. 345). These people require social and health services to help them live as independently and autonomously as possible, and occupational therapy is among the best management programs that can help provide that independence (Hilgendorf 1996, p. 36). Because hospital or emergency care costs more than primary care or health management at home, primary and preventive care for patients with dementia becomes a priority (ADI 1992; Evans 2005, p. 344). The British government is seeing the value of improving the delivery of primary health care and management to people with dementia, including the design of standard models of care and increase in community-based support for the patients (Dunleavy et al 2003).

A cornerstone of this primary care programs for people with dementia is the provision of occupational therapy services. In particular, community-based programs including education, support programs and cognitive and occupational therapy for people with dementia has been found to improve daily functional activities, especially for those in the early stages of dementia (Noyes et al 2000, p. 310). The improvement in functioning creates a cascade of benefits that includes the reduction of burden on caregivers (Graff et al 2007, p. 1196). It is important that carers be given support as well because their job can be very taxing and emotionally draining. When patients improve functionality and physical autonomy, they lessen their dependence on caregivers. The carers are given the chance to rest and relax and are thus able to attend to their jobs with less stress   (Swansburg 2002, p 133).

Caregivers play crucial roles in ensuring the health and safety of people with dementia and their effectiveness in their roles help ease the burden on the health care costs by delaying the need for formal care (Graff 2006, p. 73). However, in the course of performing their duties as carers, their own health and well-being may suffer in the process (MHA 1983). This is where occupational therapy comes in. By directly addressing the patient’s disabilities and impairments by improving functionality in activities of daily living (ADL), occupational therapists provide direct benefits to the patients and indirect benefits by reducing the burden of caregivers. Moreover, the significant and clinically relevant improvements in the patient’s ability to perform daily functional activities encourage both the patients and their loved ones, and heighten the morale and sense of competence among carers (Graf 2008). This sense of success and emotional boost can have profound health benefits that deserve careful study.

Community occupational therapy intervention for people with dementia, including the provision of primary care has been proven to reduce health care costs because the patients are able to function better without the need for added health services such as medication and hospital care (Graff 2008). Other risks associated with dementia such as falls are also greatly reduced because of better functioning. Occupational therapy has proven to be a key element of a successful risk management package, especially for patients with dementia receiving primary care at home (Brody, 2006). To such ends, occupational therapists work with a multi-disciplinary team, including inputs from the patient and their family, to design activities that are meaningful to the patient (Corcoran & Gitlin 1992, p. 804). These includes the use of the patient’s own interests and activities to create a therapy programme that improves physical strength, dexterity, coordination, and movement, to include and improve the  patient’s cognitive and emotional domains as well. The main goal is to achieve as much independence as possible, with emphasis on the safety and dignity of patients (ADI 2003). Aside from designing relevant therapeutic activities, occupational therapists will also guide caregivers and loved ones in making the physical environment more responsive to the needs of the patient. By exploring the different ways of performing functional tasks, occupational therapists are thus able to find one approach that works best for their clients.

Occupational therapists take a holistic approach in order to keep patients highly functional in spite of their physical and mental impairments (Watkins 2000, p. 99). By employing a client–centered approach, occupational therapists are thus able to design a program that is tailor-made to adapt to the patient’s unique needs and circumstances. Occupational therapy provides for patient’s needs by lessening their disabilities and dependency, while advocating for the dignity of the patient as human beings, regardless of age, gender, race, sexuality, social class, education, lifestyle, and religious or political beliefs (NMC 2002). As part of a risk managemet program, an occupational therapy program must recognize that patients suffering from dementia require long-term management, including constant assessment and reassessment of needs and risks, with the ultimate goal of lessening dependency and functional mainstreaming in society (Watkins 2000, p. 113).

Occupational therapy, especially when given very early, has greater chances of success compared with pharmacological and other psychosocial interventions. In a study conducted by Graff et al (2006), patients with dementia who were given occupational therapy showed marked improvements that far exceed the benefits of drugs and other interventions. One of the most important duties of an occupation therapist is to be able to provide risk management programs that allow citizens to be empowered as far as their health is concerned. Apart from providing health care, community practitioners should also aim to prevent health problems with proper risk and needs assessment, including the health needs of the carers and family members of the sick and elderly. Health care providers should not just react to the presence of a health problem but take proactive roles in preventing such problems from happening in the first place, and this is where occupational therapists come in, providing early intervention in order to prevent other health and safety complications. The challenge for future researches is to be able to improve current diagnostic procedures in order to provide the earliest intervention as possible.

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