

# [Strategies for elderly care and dementia](https://assignbuster.com/strategies-for-elderly-care-and-dementia/)

INTRODUCTION

There is often a stigma for people who have dementia because of the poor understanding of dementia and how to provide care for them. Although there is a strong association between dementia and old age this is not always the case as there are many reports of dementia in younger people. There is currently approximately 4000 people under the age of 65 with dementia in Ireland(The Irish National Dementia Strategy, 2015)

In my report I will explore this in more detail after using various methodologies including internet, books, articles, journals, published reports, class notes, family members who have cared for a dementia sufferer and my own life experience.

Main Body

1. What is Dementia? What are the physiological and psychological changes that occur for the older person with Dementia?

Dementia is the term used for a wide range of symptoms which sees a decline in intellectual functioning which is caused by a degeneration of the brain.

(Hse. ie, 2015)

There are many different forms of dementia I will cover the four main ones.

Alzheimers Disease

Is the most common type of Dementia. It starts off gradual and progress’s slowly. There are three main stages mild, moderate and severe. Each person progress’s differently. Symptoms can get worse during times of stress, ill health(infection) or fatigue. (Dementia. ie, 2015)

Lewy body Disease

Progress’s quickly and usually effects the part of the brain that control thinking and movement. Therefore the symptoms often are similar to parkinson’s disease ie tremor, shuffling gait. (Dementia. ie, 2015)

Fronto temporal lobe Dementia

Is caused by damage to the frontal/temporal lobes of the brain. Aspects effected are control, reasoning, personality and movement. Usually effects people at a younger age compared with Alzheimer’s (Dementia. ie, 2015)

Vascular Dementia

Deterioration of cognitive function caused by mini strokes that are not detected. (Dementia. ie, 2015)

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|  | Alzheimers  | Vascular Dementia(vascular cognitive impairment)  | Fronto-Temporal Lobe  | Dementia with Lewy Body  |
| Physiological  | Mobility/movement impairment Co-ordination decreases Tremors Incontinence Muscles contract Loss of ability to smile Apraxia (impairment to motor skills-speaking, chewing, swallowing  | Vision loss Trouble speaking and understanding speech Headaches Partial or total loss of mobility Paralysis of one side of face Co-ordination decreases Balance and senses decrease  | Language impairments Energy decreases Changes in eating habits(develop a sweet tooth)  | Stiff muscles / rigidity Tremors Stooped posture Shuffling movements Language difficulties  |
| Psychological  | Agitation Wandering Hallucinations Sleep disturbed Loss of appetite Aggressiveness Irritibility Depression Anxiety Apathy(suppression of emotions)  | Memory loss Confusion Disorientation Attention decline Thinking/reasoning changes Depression  | Personality changes Lack of motivation Inappropriate social behaviour Lack of concentration Find it hard to maintain conversation  | Memory impairments Thinking and reasoning changes Depression Anxiety Hallucinations  |

1. Explore the persons needs in relation to the condition.

As all types of dementias develop in different stages and each person goes through these stages at different rates of time it is important to have different care plans that are updated regularly for each person if any changes occur even small changes in behaviour or health.

Developing a person centred dementia care approach will give the highest quality of care to the individual. According to Tom Kitwood this is ‘ Care that is centred on the whole person not just on the diseased brain’ (Vladut, 2014) This can be done if we as carers take the time to find out about the persons life, their interests, likes and dislikes so that we have a foundation to work on in building up a good relationship with the person.

Maintaining a healthy diet M. U. S. T analysis is performed – diet adjustments made and food intake monitored

Intake and outtake of fluids documented

Daily activities done to a routine is very important for a person with dementia but keeping flexibility in mind depending on the individual

Reminiscence therapy activities example photo book of ones life, smell of turf fire etc

Assistance with personal hygiene, dressing and mobility and letting the individual do as much as they are able to maintain independence

Maintaining a safe environment at all times

Keeping their dignity, respect and independence in mind at all times

Assisting them keep a good self image by letting them choose their clothes and what hairstyle they would like

Active listening with the individual at all times

1. What is the role of the carer and Multidisciplinary team in assisting the person with Dementia, what practises need to be implemented, what care settings are available?

The role of the carer and Multidiciplinary Team (MDT) is to provide the best quality of care to the person with dementia.

To include:

Safe Environmentadhering to good housekeeping

Risk assessment on environment

Living Environmentgood manual handling practices

Familiar surroundings

Allowed have their own belongings and personal items ie, photos, home like settings – if in a care home.

Daily ActivitiesSonas Therapy, ie light exerises, music, smelling oils, tasting and textures and lights. Reality Orientation Therapy, using dolls, household items and day to day activities.

Household duties – such as folding napkins or doing light gardening

Personal AppearanceGood personal hygiene

Correct clothing and footwear

Assistance with hair if not manageable

Maintaining clients dignity, respect and privacy at all times

Good RelationshipsBuilding up a good stable relationship is vital

Understanding their needs and taking the time to listen

Social interaction with other clients, family, friends and workers

It is vital in order to keep the client’s independence for the MDT to take our time with the person with dementia and allow them to do as much as they are able

According to dementia. ie who conducted a countrywide survey there are 55 care settings in Ireland who are specific to dementia, which is very low considering the high numbers of people with Dementia according to the census in 2011.

In the Laois area there is only 1 facility who specialise in dementia care available to people. St Brigids Hospital, Shaen, Portlaoise. 32 patients occupy this facility. According to the census in 2011 711 people in Laois have dementia(Anon, 2015)

1. State the current approaches towards developing quality services for people with Dementia.

The National Dementia Strategy Ireland was set up to make an improvement for the people with dementia and their families and carers. It provides information for the clients, their family and carers about the different support networks available to make their quality of life to a high standard. This is ongoing since 2011; they are hoping to have all the strategies in place by 2016. This will be a major breakthrough for Dementia Care in Ireland. (Dementia Services Information and Development Centre, 2015). Anon, (2015)

Dementia Services Information and Development Centre – St James Hospital currently offer various courses on Dementia Care for Care workers and management.

The Carers Association, Portlaoise offers information and support for carers on Dementia. (Carersireland. com, 2015)

Alzheimer’s Association, Portlaoise offer a face to face support network for Alzheimers clients and their family and carers, and hope to open an Alzheimers Café in Portlaoise where people with dementia, their family and carers can go to have a cup of tea to share their stories with other sufferers of dementia.(Alzheimer Society of Ireland, 2015)

There has been a major breakthrough regarding medication for dementia, Aricept (Doneperil HCI) – made by Pfizer is a prescription medicine used to treat all types of dementia and can prolong the illness by up to 15 years if used after an early diagnosis. This medication works by stopping the breakdown of chemical called acetylcholine in the brain which when levels of this chemical decrease in the brain signs of dementia appear. (RxList, 2015)

Conclusion

During my research for this project I have learned that there is an ongoing research and development in ireland for Dementia care. This is much needed in order to combat this disease. I have learned that early diagnosis is key when dealing with dementia and with more widespread education a lot more people could deal with this this disease better. With our aging population I feel this is vital for this country as statistics say this disease will only get worse so with the help of many organisations and researchers we can deal with dementia head on. This will immensely improve the quality of life and quality of care for people with dementia.

2011 Census figures (Estimated number and projected growth in the number of people with dementia in Ireland

by age group, 2011-2046(The Irish national Dementia Strategy)

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| Age group 2011 2016 2021 2026 2031 2036 2041 2046  | 30-59 2, 866 2, 935 2, 934 2, 869 2, 854 2, 864 2, 889 2, 991  | 60-64 1, 200 1, 301 1, 449 1, 615 1, 738 1, 906 2, 044 1, 896  | 65-69 2, 776 3, 287 3, 827 4, 020 4, 485 4, 876 5, 315 5, 645  | 70-74 4, 604 5, 532 7, 013 7, 442 8, 367 9, 378 10, 211 11, 188  | 75-79 7, 475 8, 213 11, 298 12, 560 14, 055 15, 928 17, 968 19, 692  | 80-84 10, 958 12, 265 16, 099 17, 868 22, 348 25, 364 29, 102 33, 196  | 85+ 17, 970 21, 260 25, 595 31, 085 40, 195 52, 512 64, 654 77, 549  | Total 47, 849 54, 793 68, 216 77, 460 94, 042 112, 828 132, 182 152, 157  |

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