

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)

		Vascular		
		Dementia(Fronto-	Dementia
Alzheimers		vascular	Temporal	with Lewy
		cognitive	Lobe	Body
		impairmen		
		t)		
Physiologic	Mobility/	Vision loss	Language	
al	movement	Trouble	impairments	Stiff
	impairment	speaking	Energy	muscles /

	Co-			
	ordination	and		
	decreases	understand		
	Tremors	ing speech		
	Incontinenc	Headaches		
	e	Partial or		rigidity
	Muscles	total loss	decreases	Tremors
	contract	of mobility	Changes in	Stooped
	Loss of	Paralysis of eating		posture
	ability to	one side of	habits(develo	Shuffling
	smile	face	p a sweet	movements
	Apraxia	Co-	tooth)	Language
	(impairment	ordination		difficulties
	to motor	decreases		
	skills-	Balance		
	speaking,	and senses		
	chewing,	decrease		
	swallowing			
Psychologi	Agitation	Memory	Personality	Memory
cal	Wandering	loss	changes	impairment
	Hallucinatio	Confusion	Lack of	s
	ns	Disorientat	motivation	Thinking
	Sleep		Inappropriate	and

disturbed

Loss of

appetite

ion

social

reasoning

Aggressiveness

Attention

behaviour

changes

ess

decline

Lack of

Depression

Irritability

Thinking/

concentration

Anxiety

Depression

reasoning

Find it hard

Hallucinations

Anxiety

changes

to maintain

ns

Apathy(sup

Depression

conversation

pression of

emotions)

2. 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

3. 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 Multidisciplinary Team (MDT) is to provide the best quality of care to the person with dementia.

To include:

Safe Environment adhering to good housekeeping

Risk assessment on environment

Living Environment good manual handling practices

Familiar surroundings

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

Daily Activities Sonas Therapy, ie light exercises, 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 Appearance Good personal hygiene

Correct clothing and footwear

Assistance with hair if not manageable

Maintaining clients dignity, respect and privacy at all times

Good Relationships Building 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)

4. 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.

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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 HCl) – 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 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)

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

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