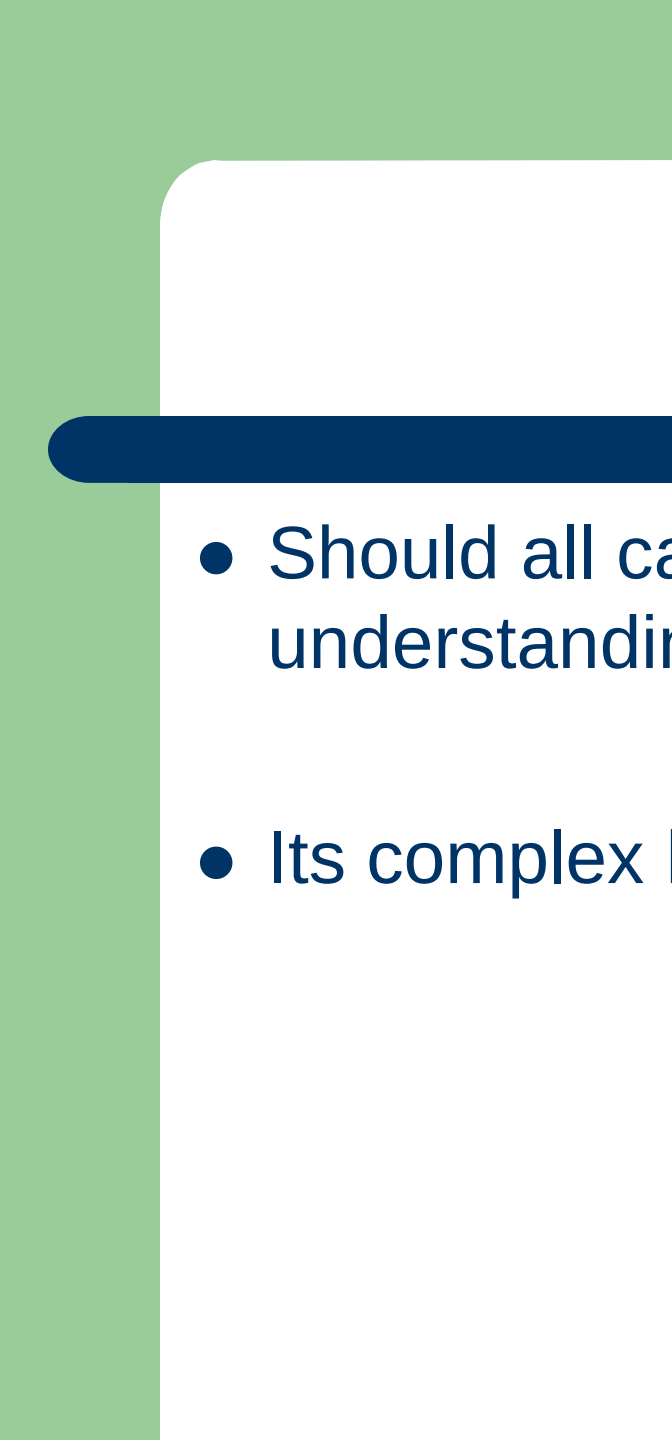
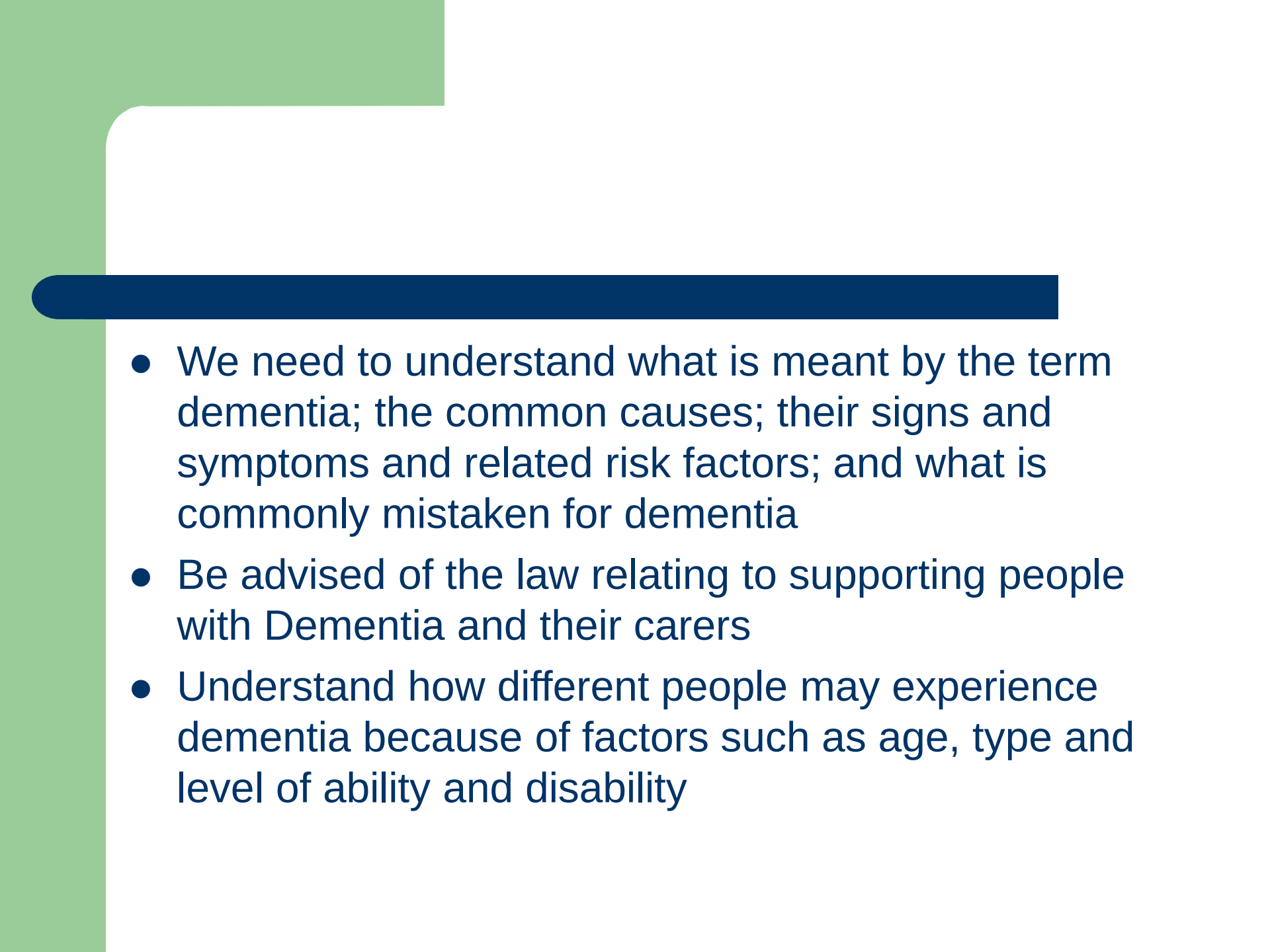
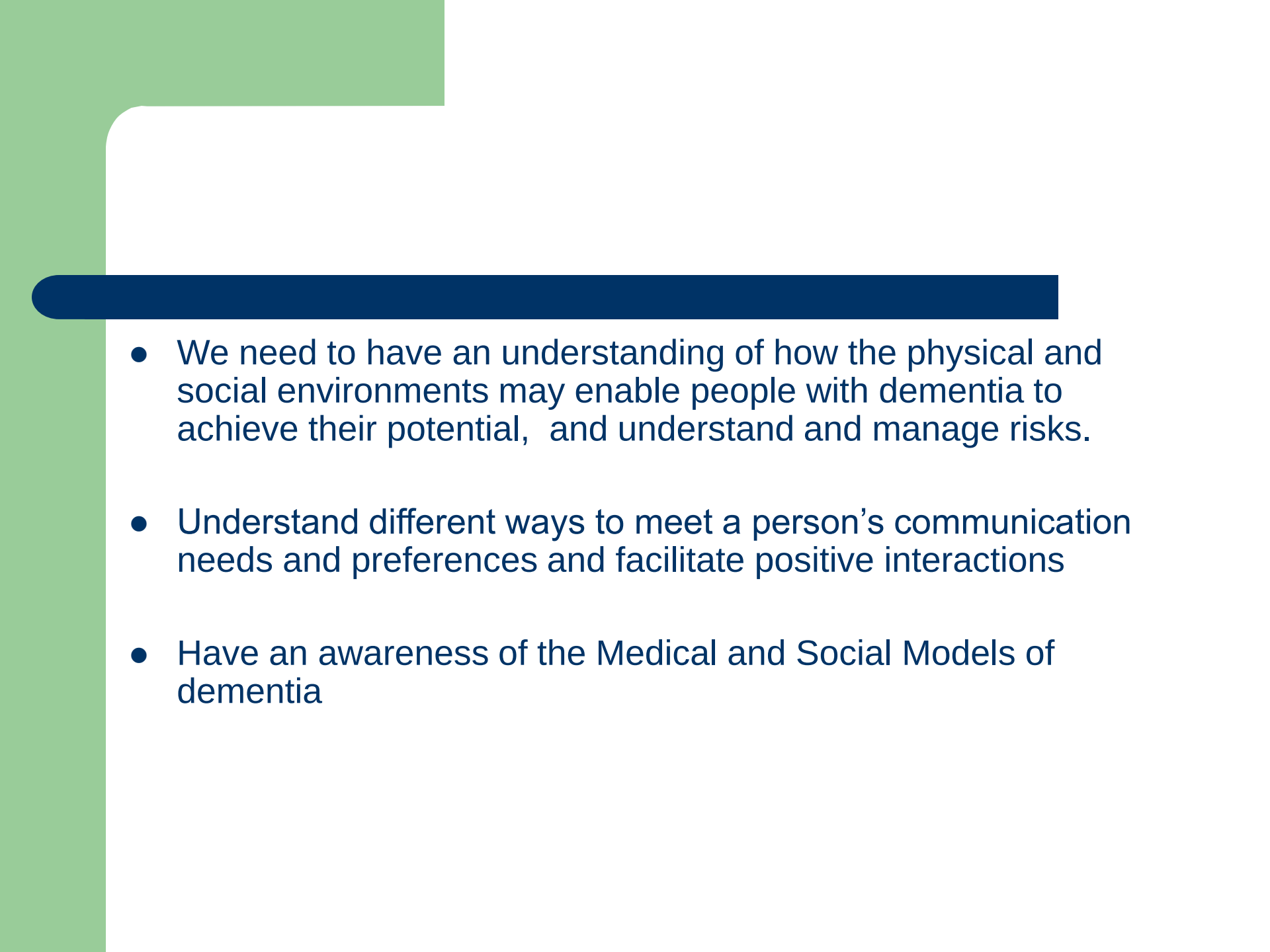


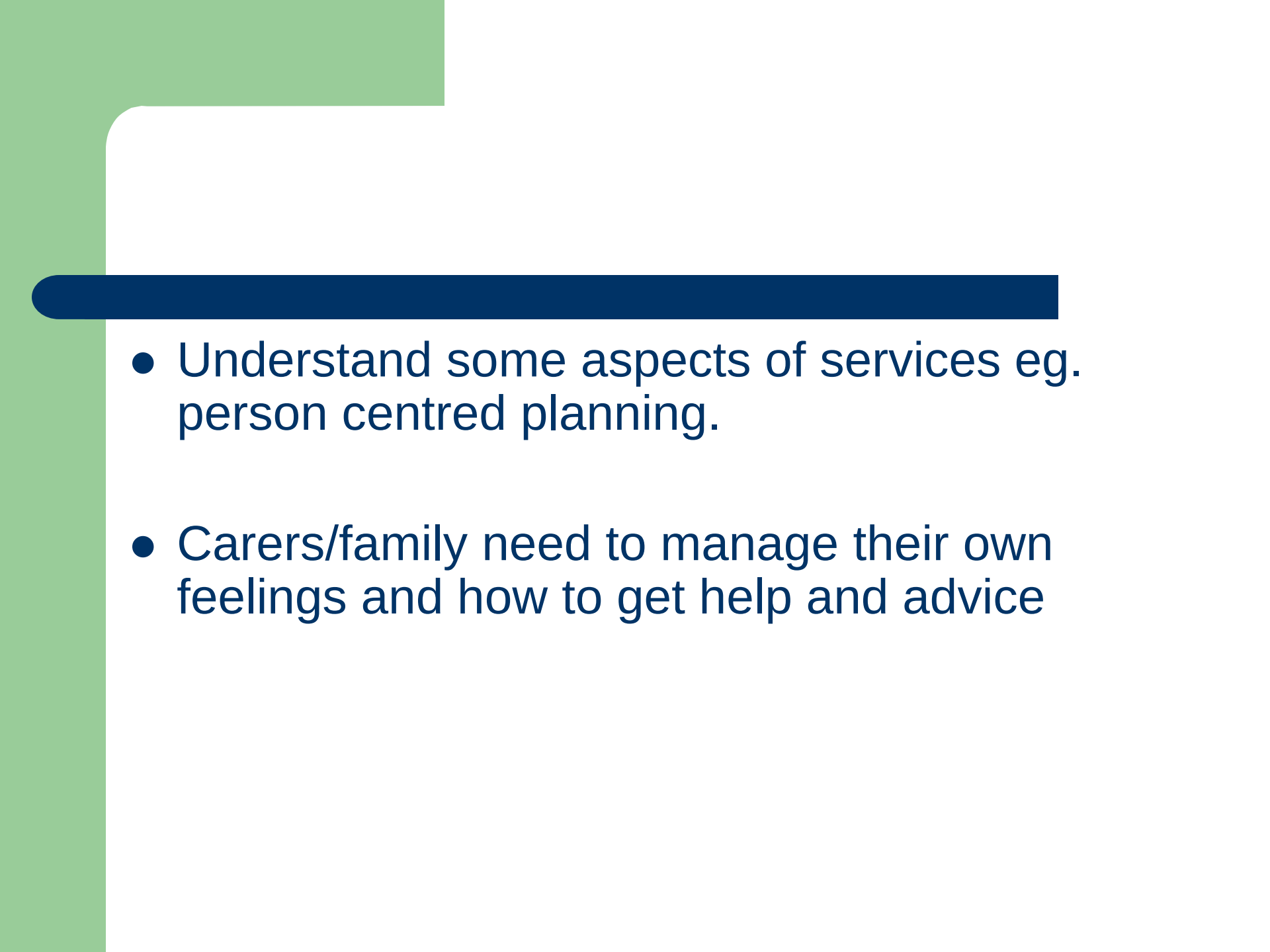
DEMENTIA AWARENESS



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- Should all carers have a basic understanding of dementia ?
 - Its complex how can this be implemented ?

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- We need to understand what is meant by the term dementia; the common causes; their signs and symptoms and related risk factors; and what is commonly mistaken for dementia
 - Be advised of the law relating to supporting people with Dementia and their carers
 - Understand how different people may experience dementia because of factors such as age, type and level of ability and disability

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- We need to have an understanding of how the physical and social environments may enable people with dementia to achieve their potential, and understand and manage risks.
 - Understand different ways to meet a person's communication needs and preferences and facilitate positive interactions
 - Have an awareness of the Medical and Social Models of dementia

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- Understand some aspects of services eg. person centred planning.
 - Carers/family need to manage their own feelings and how to get help and advice

What do we know so far?

- Dementia is used to describe the symptoms that occur when the brain is affected by specific diseases and conditions.
- Dementia is a chronic progressive problem of cognition which is failure of the brain's functions.
- Dementia affects people at different stages of life, affects different parts of the brain and at different speeds.

Dementia facts

- 2/3 of people with dementia are women
- 15,000 of those are under 65
- At present it is estimated that 700,000 people have some form of dementia, 1/120 people.
- It is estimated that by 2025 over 34 million people world wide will live with some form of dementia. (stats taken from NICE)

What can be mistaken for dementia ?

- Normal age related impairment
- Depression
- Delirium
- Other illnesses

Some Common types of dementia

- Alzheimer's Disease
- Parkinson's Disease with Dementia
- Vascular Dementia
- Fronto-temporal Dementia (PICKS)
- Lewy Bodies
- Korsakoffs Syndrome

Alzheimer's Disease

- This is the most common type of Dementia
- Alzheimer's disease changes the brain's structure, which leads to the death of brain cells, this disrupts the brain's usual activity.
- People with Alzheimer's disease also have a shortage of chemicals involved with the transmission of messages with the brain

Vascular Dementia

- **Vascular Dementia** is another common form of dementia and is triggered by **blockages to the blood vessels** (Vascular system) in the brain.
- **Not enough blood and oxygen** reach the nerve cells so they die.
- Areas of the brain tissue that have died in this way are called infarcts, so vascular dementia is also called multi-infarct dementia.
- It is easier to think of vascular Dementia as a series of strokes that result from other health problems such as high blood pressure.

Fronto-temporal Dementia & PICKS

- **In fronto-temporal** Dementia damage is usually focused in the **front part of the brain**.
- **Personality and behaviour** are initially more effected than memory.
- Pick's Disease is the older name for what is now known as a variant of Fronto-temporal Dementia.
- Typically the onset occurs between the ages of 40 and 70.

Dementia with Lewy Bodies

- **Dementia with Lewy Bodies** is another common form of dementia and can affect as many as one in ten people with dementia.
- Lewy Bodies appear in the neurons which are breaking down.
- When Lewy Bodies are in deep regions of the brain that **affect control of movement they cause Parkinson's Disease.**

Korsakoff's Syndrome

- **Korsakoff's syndrome** is a brain disorder that is usually associated with **heavy drinking and drug abuse over a long period**.
- Although this is not strictly speaking Dementia, people with the condition do experience short-term memory loss and this **through an excessive lifestyle** can develop into Vascular Dementia/Alzheimer's Disease
- This type of dementia can be cured unlike other types discussed, to diagnose this, the person needs to be without alcohol or drugs for 6 weeks.

Associated risks

- Poor mobility- leading to increase in falls.
- Poor judgement- this can lead to items being dropped, poor eye sight, not knowing what objects.
- Walking out of one's home, becoming lost.
- The person becoming (aggressive physically).

How can we manage the risks?

- Planning ahead
- Identifying risks and how to avoid or minimise them
- Getting support

The medical and social model for Dementia.

- Medical model- this creates dependency, restricts choice, disempowers, devalues, reinforces stereotypes and can be thought of as oppressive.
- The medical model focuses on the impairment as the problem and will focus on cure.

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- Social model- this is personal centred, focusing on the rights of the individual, in turn empowering the individual, promoting independence, giving choice and looking at what the individual is able to do.

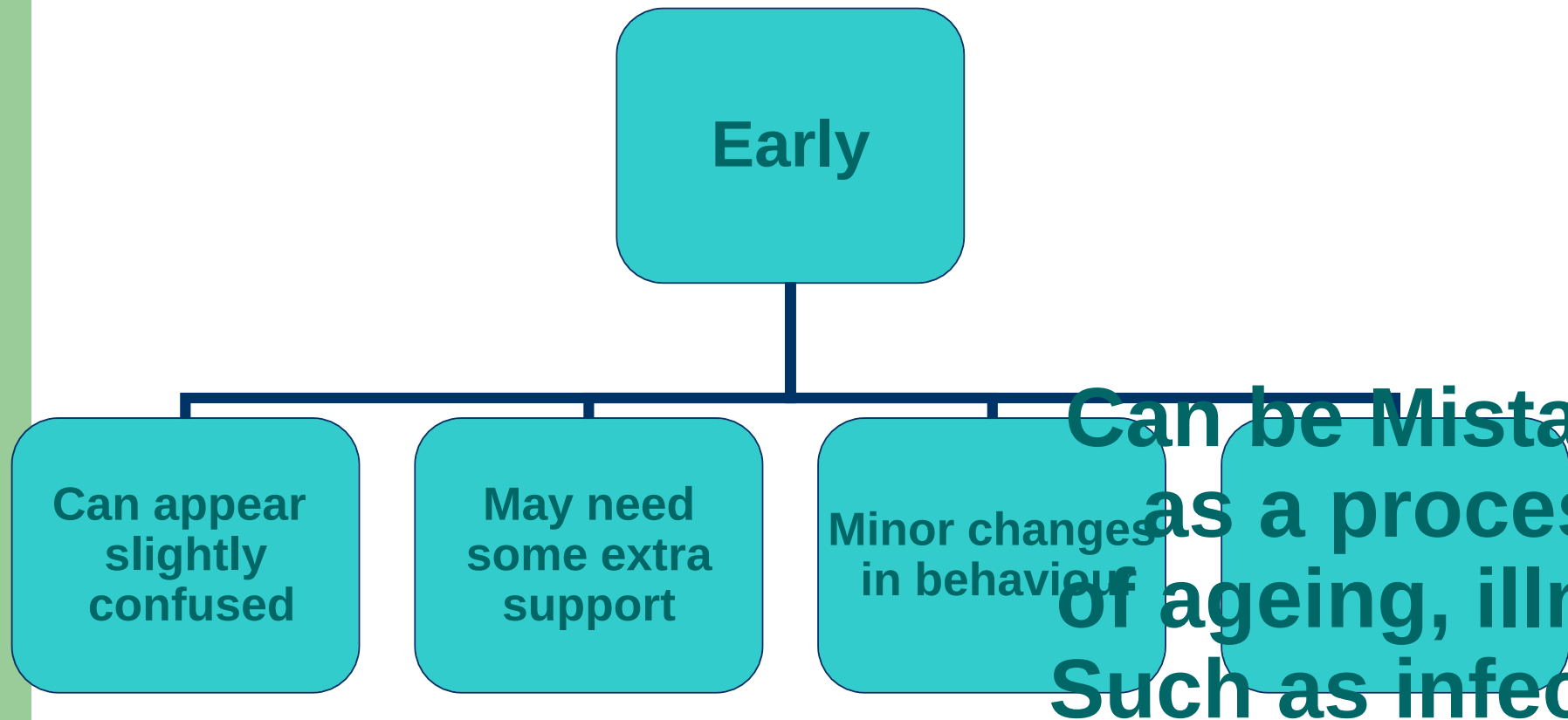
Stages of Dementia

- Each person will experience Dementia in their own way, some will have a slow progression and others may progress quickly.
- The staged model of progression is based on Alzheimer's Disease as this is one of the most common under the dementia umbrella.

Activity

- Think of someone living with dementia and try to identify what signs/symptoms they may experience.
- What could be done to help support them?

Stages of Dementia



Stages of Dementia

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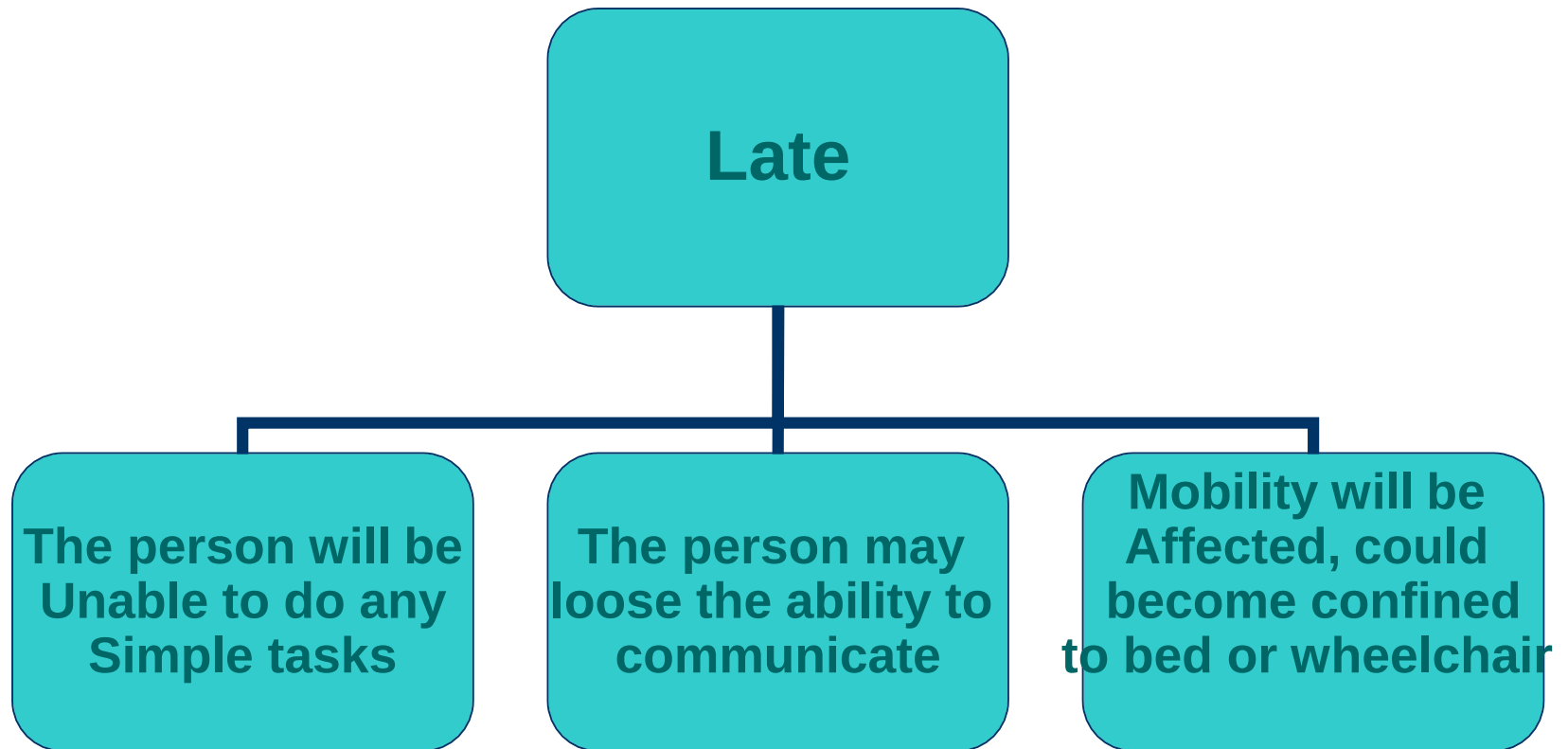
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graph TD; A[middle] --- B[Changes become More marked, can become more forgetful]; A --- C[Will need More support with Daily living tasks]; A --- D[At this stage people can become easily Upset, angry And aggressive];
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**Changes become
More marked, can
become more
forgetful**

**Will need
More support with
Daily living tasks**

**At this stage people
can become easily
Upset, angry
And aggressive**

Stages of Dementia



Dementia strategies

- The government have planned a 5 year national strategy called “**Living Well with Dementia**”, this strategy draws on the recommendations from 2 organisations working with the department of health they are the:
- **National Institute for health and Clinical Excellence**
- **Social Care Institute for Excellence.**

Legislation relevant to people suffering with dementia and their carers

- Human Rights Act 1998
- Mental Capacity Act 2005
- DOLS (Deprivation of liberty safeguards)
- Enduring Power of Attorney Act 1985
- Community Care Act 1990
- Mental Health Act 1983
- Care Standards Act 2000
- Data Protection Act 1998
- Equalities Act 2010
- Carers (Equal Opportunities) Act 2004

Mental capacity act 2005

- The mental capacity act 2005 provides a statutory framework to empower and protect vulnerable people who are not able to make their own decisions. It makes it clear who can take decisions, in which situations and how they should go about this.
- It enables people to plan ahead for a time when they may lose capacity.

D.O.L.S. (Deprivation of liberty safeguards)

- Some people who are either in hospital or living in care homes are unable to make their own decisions because they lack the mental capacity to do so.
- Under this law an assessment needs to be carried out if someone is being deprived of their liberty, this will be carried out by independent assessors who will then assess the capacity of the person and determine if the deprivation is for the best interest of the person, this will have a timescale to be reviewed.
- Capacity can come and go and needs to be assessed on the individual at that specific time

Care plans

If someone is receiving a service from the Social Care Department, there should be a Care Plan drawn up.

Carers should be involved

What should we consider ?

What information is important to give service providers to enable them to support our loved ones correctly?

- Who must be involved in the plan of care for our loved ones?
- Why are risk assessments important for individuals?
- Why is it important to assess mental capacity?

How can we help?

- What daily tasks could people living with Dementia find difficult.
- Think of the support they will need for each and aids that could be used to enable them to maintain some independence.

Family and others

- Supporting family members and others such as friends to understand Dementia and the signs/symptoms will prepare them and also give them a greater understanding of the kind of support that services give to their loved ones.
- Carers/family/others should also be aware of their rights and support they can access.

Communication

- How important is communication?
- Do you think that we communicate effectively with the relative we support?
- What methods of communication are we using?
- Are our relatives getting the opportunity to communicate their needs and preferences?

Minimising Distress

- The reasons for the different reactions and behaviour people display who suffer with dementia are not always clear. They may be partly to do with the progression of dementia and partly due to distress.
- For us to minimise distress we need to make sure that we recognise its existence.

Duty of Care: The Code of Practice

Social Care staff are registered with the Government's Care Council and bound by its Code of Practice. They must:-

- protect rights, promote choice and ensure the preferences of individuals are being met.
- earn and keep the trust of individuals to maintain working relationships.
- keep individuals safe from harm.

Duty of Care: Code of Practice

- Social care workers must help individuals to be independent and take risks in a careful way.
- Social care workers must do the best they can to ensure that individuals are supported in the best possible way and to the highest standard set out in the code of practice.

The Brain

- There are many parts of the brain, each having its own purpose.
- The deterioration of the brain can happen at different times, speeds and each individual will experience loss and control of these areas.

3 main parts of the Brain

- Frontal lobes equals our controller, damage to the frontal lobes can lead to the individual no longer being aware of what actions seen by others are inappropriate.
- Parietal lobes damaged by Dementia will cause the individual to have difficulty with language, vision or knowing what things are for.

3 main parts of the Brain

- Temporal lobes- damage to this area of the brain causes the individual to have problems with short term memory and over time the long term memories may also fade as the damage increases further into deeper regions of the brain

Four areas

- Basal left- process, routine and memory
- Basal right- intuition, empathy and rhythm
- Front left- logic and results
- Front right- vision and creativity