

Certificate of Higher Education Skills for the Workplace (Health and Social Care)

[Dementia]

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Samira-Florentina Serbana [2514813

Debra Odeh | [LCHS 4008]

Report: Understanding and Managing Dementia in Modern Society

Introduction

A progressive loss of cognitive function that makes it difficult for a person to carry out daily tasks is the hallmark of dementia, a clinical illness. It is an umbrella term that includes diseases including dementia with Lewy bodies, vascular dementia, and Alzheimer's disease. Persistent memory loss, confusion about time and location, language difficulties, and notable personality or mood changes are common signs and symptoms.

A growing worldwide health concern is reflected in the prevalence of dementia. As of 2026, approximately 57 million people are living with dementia worldwide, with figures expected to triple by 2050 due to an aging global population. In the United Kingdom, the situation is equally stark; it is estimated that over 1.1 million people are currently living with the condition. Recent data suggests that one in three people born in the UK today will develop dementia in their lifetime, making it one of the leading causes of disability and mortality in the country.

Main Body

Measuring and Monitoring Dementia

A multifaceted strategy is necessary for measuring and tracking dementia in order to record changes in cognition, function, and biology throughout time. Due to the degenerative nature of dementia, medical practitioners employ a mix of the following techniques:

Standardised instruments are the first line of measurement for cognitive screening and neuropsychological testing. Orientation, memory, and attention are commonly assessed with the Montreal Cognitive Assessment (MoCA) and the Mini-Mental State Examination (MMSE). For quick screening, the General Practitioner Assessment of Cognition (GPCOG) is widely used in the UK. The Addenbrooke's Cognitive Examination (ACE-III) provides a highly sensitive measure of decline across multiple domains, such as fluency and visuospatial skills, for more thorough monitoring.

Neuroimaging: To track physical changes in the brain, magnetic resonance imaging (MRI) and computed tomography (CT) scans are crucial. These scans can detect vascular damage or hippocampal atrophy, which is a shrinkage of the brain. A biological "map" of the disease's course is provided by advanced PET scans, which are increasingly being utilised to track the build-up of tau proteins and amyloid plaques.

Functional Assessments: Activities of Daily Living (ADLs) are another aspect of monitoring. Occupational therapists utilise scales to gauge a person's ability to carry out activities like

dressings, taking a shower, or handling money, which frequently determines the degree of social care needed.

How the Disease is Controlled?

Although a complete cure for the majority of dementia types is still unattainable in 2026, control measures concentrate on reducing risk, reducing symptoms, and slowing the disease's progression.

Pharmacological Control: By controlling neurotransmitters, conventional therapies such as cholinesterase inhibitors (Donepezil) and NMDA receptor antagonists (Memantine) aid in the management of cognitive symptoms. A significant breakthrough in recent years includes disease-modifying therapies like lecanemab, which target and clear amyloid plaques from the brain in early-stage Alzheimer's patients.

Lifestyle and Risk Factor Management: A major focus of control is "brain health." One of the main strategies for slowing the development of vascular dementia is to manage cardiovascular risk factors, such as obesity, diabetes, and hypertension. According to public health recommendations, quitting smoking, drinking less alcohol, and engaging in physical activity can delay or prevent up to 45% of dementia occurrences.

Environmental management: By lowering the frequency of falls and episodes of confusion, changes to the living environment (such as better lighting, removing trip hazards, and using memory aides) "control" the disease's effects.

Consequences on the Community

Dementia has far-reaching effects that have a "ripple effect" on the entire population.

Carer Burden: "Informal" caregivers—unpaid family members or friends—provide the majority of dementia care. This frequently results in "carer burnout," which is marked by extreme stress, sadness, and physical tiredness. In the UK, it is estimated that 70,000 people have had to leave their jobs to provide full-time care, leading to lost earnings and social isolation.

Financial Impact: The community has suffered an enormous financial loss. An estimated £37 billion is spent on healthcare, social services, and the value of unpaid care each year in the UK due to dementia.

Social Stigma and Isolation: Because behavioural changes are stigmatised, people with dementia and their families frequently retreat from community life. Their social environment may "shrink" as a result, hastening cognitive deterioration from a lack of stimulation.

Health and Social Care Support Services

A strong network of integrated services is needed in the community to address the various needs of individuals impacted:

Primary and secondary healthcare: Memory services offer specialised diagnosis and follow-up, while general practitioners serve as the initial point of contact. Admiral Nurses (specialised dementia nurses) and Community Mental Health Teams (CMHTs) offer families emotional support and professional knowledge.

Social Care Services: To help with personal care and medication, local authorities offer Domiciliary Care, or home visits. While day centers provide social stimulation for individuals, respite care is necessary to provide informal carers with a break.

Community-Based Initiatives: Initiatives like "Memory Cafés" and "Dementia Friendly Communities" assist people in maintaining their social integration. Voluntary organizations, such as the Alzheimer's Society and Royal Voluntary Service, provide advocacy, information, and peer support groups that are vital for navigating the "post-diagnostic" journey.

Conclusion

One of the biggest public health issues of the twenty-first century is dementia. As incidence rates continue to climb globally and within the UK, the pressure on health and social care systems intensifies. While advancements in neuroimaging and disease-modifying drugs offer new hope for controlling the condition, the core of dementia management remains rooted in early diagnosis, lifestyle intervention, and robust community support.

The sickness has severe repercussions that affect carers' mental health and families' financial security. Therefore, addressing the needs of individuals impacted necessitates a "whole-society" approach rather than merely medical intervention. By strengthening social care services and fostering dementia-friendly environments, we can ensure that individuals living with dementia maintain their dignity and quality of life within their communities.