

BMHP 6006 Component 2

Written Report

by Achia Khan

Submission date: 18-Jul-2023 11:17PM (UTC+0100)

Submission ID: 210387178

File name: 29926_Achia_Khan_BMHP_6006_Component_2_Written_Report_503804_108325589.docx (89.34K)

Word count: 3978

Character count: 23030



Mental Disorders and Psychopathology

BMHP 6006



Achia Khan (2026002)

Lecturer: Donna Holder

Assessment 2: A Written Report

1	
Introduction.....	2
Definition and Classification	3
The process of diagnosis	4
Treatment	5
Measurement of rehabilitation	6
Recommendations for future practice:	8
Conclusion.....	9
References.....	11

Introduction

This report's focus will be an analysis of dementia. It will discuss the categorisation issues, techniques, and procedures for diagnosing dementia. Dementia is a phenomenon that can be brought on by a variety of illnesses that progressively affect the brain and attack neurons, thus causing a decline in mental ability (i.e., the capacity for thought processing) that goes beyond what is associated with biological ageing. Alzheimer's disease is a generic term for thinking, remembering, or reasoning problems that might limit a person's capacity to conduct themselves safely. In medical terminology, "major neurocognitive disorder" and "mild cognitive disorder" have taken its place.

The procedure of diagnosis and treatment, as well as how the condition is measured and the improvements that are needed, will be covered as the research is still in progress. It is also encouraged to address how Alzheimer's impacts a person's mental health and make suggestions for the future to enhance care for people affected.

Definition and Classification

Dementia is a condition when memory, cognitive function, and capacity for reasoning are compromised to the extent that they make it difficult to carry out daily tasks. Some dementia sufferers, according to Roman (2002), experience unstable emotions and behavioural abnormalities. As stated by Roman (2002) Over time, the condition deteriorates. Older individuals are the group it primarily affects, however not everyone gets it as they age. AD is a general term for a group of neurological conditions that affect the brain and worsen with time. Daily duties are impacted by the deterioration of reasoning, recollection, and thinking abilities.

The most widespread kind of dementia is Alzheimer's disease, although there are many other prevalent varieties include vascular dementia, Lewy body dementia, and frontotemporal dementia. (Chiu et al. 2006).

Mixed dementia refers to the occurrence of numerous dementias in one person. The onset of dementia can also occur in younger people. Young-onset dementia is defined as dementia that first appears before the age of 65. (Chiu et al. 2006). Mild (preclinical stage) is one of AD's three stages. Cognitive decline in the middle stage. The profound state is used to identify severe or advanced dementia according to Alzheimer's Association, (2022).

According to Gaebel, Reed, and Jakob (2019), dementia (F00-F03) is a condition caused by a brain disease that is either chronic or progressive. Dementia is characterised by the impairment of memory, reasoning, direction, comprehension, computation, learning ability, language, and judgement, to name just a few higher cortical skills.

The International Classification of Diseases-11 (ICD-11) has been released on the website of the World Health Organisation (WHO). The syndromes diagnosis of dementia in the ICD-11 edition has been moved from the chapter on mental and behavioural disorders to the chapter on illnesses of the nervous systems. The WHO's position on diagnosis and labelling changed abruptly and unexpectedly, and it had been evident that it was departing from both its prior classifications and its formerly stated attitude. (Gaebel, Reed, and Jakob 2019).

The Mental Capacity Act of 2005. People who are incapable of making decisions are protected under the MCA in England and Wales. The Act can assist someone with dementia, their loved ones, caretakers, and experts in making decisions and long-term plans. (Johnston and Liddle, 2007). The Mental Health Act 1983 (most recently amended by the MHA 2007) was created to grant medical professionals the authority to detain, evaluate, and treat people with mental disorders in specific situations for the benefit of their welfare and security or for the safety of the

public. A dementia patient may be compulsively detained under the MHA or may freely participate in an inpatient hospitalisation. As per Hope, Slowther, and Eccles (2009).

The Care Act of 2014 requires local governments to safeguard adults. It is important to take action to stop and prevent abuse and neglect of dementia patients if it is happening. (Valentine, Dixon, and Laing 2020).

¹³ The Human Rights Act of 1998 provides us with the means to guarantee that people with dementia have a voice, that a diagnosis is not mistaken for a loss of mental capability, along with ensuring ¹³ no decision is made regarding a person without that person's participation. (Shakespeare, Zeilig, and Mittler 2019).

The process of diagnosis

Medical cognitive health examinations for people who have dementia-like symptoms should look at executive function, focus and concentration, orientation, memory for both short and long terms, implementation, and vocabulary. (Särkämö et al. 2014). Blood tests are seldom helpful in making a diagnosis, but they are required to rule out underlying medical conditions. (Behrman, Chouliaras, and Ebmeier 2014).

A detailed health record, physical checkup, and testing of mental and cognitive abilities are all used to identify symptoms as the initial stage in the diagnosing process. Positron Emission Tomography (PET) scans are used to determine ³² how much of a certain chemical is present in the brain. Several types of PET scans exist. The accumulation of abnormal amyloid ⁵⁰ protein in the brain, which can be detected by an amyloid-PET scan, is one of the key signs of Alzheimer's disease. It is not always necessary to perform a brain scan (CT or MRI) to diagnose dementia. (Alzheimer's Association, 2022).

¹⁰ Examinations are administered to individuals exhibiting signs of dementia to evaluate their mental faculties, including memory, and thought. These examinations, sometimes known as cognitive assessments, could be performed by a doctor at first. There are numerous tests available. The General Practitioner Assessment of Cognition (GPCOG) is one that GPs frequently employ according to Koch, and Iliffe, (2011).

¹⁵ Making the most of their talents, having access to helpful assistance and guidance, and benefiting from available medical and non-medical treatments can all aid persons with dementia. Someone who receives an early diagnosis could discuss the modifications that are taking place in their daily routine with their loved ones as mentioned by Arvanitakis, Shah and Bennett (2019).

As Fowler et al. (2020) mentioned, that frail individuals, particularly those in nursing homes, along with patients who choose not to undertake testing or travel to a memory clinic do not get an early diagnosis of dementia. The lack of a definite diagnosis entry in the records might have detrimental effects on the individual with the condition, and it is still unclear how common dementia is.

Dementia cannot be diagnosed based just on cognitive impairment, particularly memory loss. A deterioration in judgement, thought, planning, and organisational skills must influence everyday activities. There is a corresponding behavioural alteration, such as emotional instability, impatience, indifference, or a decline in ability to interact with others. (Grober et al. 2017).

It has been stated that Grober et al. (2017), Dementia and anxiety are the two most frequent disorders in the list of diagnoses, but there must be indications of cognitive deterioration over an extended period (months or years rather than days or weeks) to establish a diagnosis of dementia.

Looking back on dementia's history from about 40 years ago, it was not a disorder that was recognised right away. After someone had died, an autopsy was conducted to establish what had happened to them. Analysing the differences between MRI and PET scans A PET scan is more effective. (Kaltoft et al. 2019).

Treatment

The common dementia treatment, participation in group exercises and activities is a component of cognitive stimulation therapies (CST), which aims to enhance memory. talents in figuring out solutions. (Spector, Woods, and Orrell 2008).

Keeping one's body and mind healthy, eating a balanced diet, and refraining from cigarette use, excessive alcohol consumption, and brain traumas can all help prevent dementia later in life. As Bryson (2000) noted, seeing a doctor frequently will allow them to advise you on how to preserve the health of your heart, body, and mind. Compared to individuals ⁴¹without dementia, people with dementia are more likely to have five or more health issues and to use prescription drugs more frequently. (Alzheimer's Association, 2016). Research suggests comorbid conditions, such as ³²type 2 diabetes, cardiovascular disease, depression, and gastrointestinal disorders, as well as problems with the lungs, brain, joints, and eyes, as well as issues with sensation and psychological issues, may be linked ⁶²to an increased risk for Alzheimer's disease. (Srikanth et al. 2020).

²³Donepezil tablets are by far the most common medication used to treat dementia. Rivastigmine tends only to be used when donepezil causes side effects, or if the person cannot take it for

14
medical reasons. (Papenberg et al. 2017). Even though several clinical trials of anti-beta-amyloid medications had previously ended in failure, a trial reported in September 2016 discovered proof that an Anti-amyloid antibody decreased beta-amyloid levels in the brain and slowed the rate at which cognitive function in people with mild or preclinical Alzheimer's disease was declining. (Vijayan and Chandra 2020). Early trial findings seem to indicate that the new medication donanemab reduces the onset of Alzheimer's symptoms by 36% according to Pontecorvo et al. (2022).

For those with amyloid in their brains and early-stage Alzheimer's disease, lecanemab is a therapy option. As a result, it is unlikely that this medication can help those who have other forms of dementia or who are suffering from late-stage Alzheimer's disease. (Huang, Chao, and Hu 2020).

40
Drug use is prevalent among older persons and has been linked to a higher risk of dementia. This shows that the cognitive degeneration of these drug users may be expedited. However, due to inadequate control of variables that cause confusion, long-term studies on this topic are currently lacking, and the present evidence is inconclusive 40 regarding impacts on certain cognitive areas. (Papenberg et.al, 2017). The less medication a person with dementia needs to take, the better the outcome of their dementia and overall well-being. Prescription and non-prescription medicines are included in this., Gaebel, Jessen, and Kanba, (2018).

Measurement of rehabilitation

34
The course of dementia in a person is assessed using a variety of tools by memory care specialists. The Clinical Dementia Rating (CDR), the 49 Functional Assessment Staging Test (FAST), and the Global Deterioration Scale (GDS) are the three most often utilised scales. Cognitive rehabilitation is a customised technique based on a problem-solving paradigm, with the goal of assisting people with dementia who are engaged in or manage everyday activities, perform at their best, and maintain as much of their independence as possible. Some of the healthcare professionals who might use this form of therapy include psychotherapists, speech-language pathologists (SLPs), physical therapists, neurofeedback experts, and occupational therapists. (Fasilis et al. 2018). These examinations could provide information to the patient about how quickly or how significantly their health has deteriorated over time.

53

Mini-Mental State Exam (MMSE). The most common cognitive assessment instrument now in use is this test. Administering it takes ten to fifteen minutes. A score of 24 or lower is indicative of dementia on a scale of 30. It evaluates the general state of cognitive functioning as Arevalo-Rodriguez et al. (2015) has mentioned.

54

The numerous emotional burdens can be reduced effectively using CBT, which is a useful intervention method. An examination of your cognition, or the way your brain thinks, is known as a cognitive test. During the examination, the candidates will answer simple tests and questions. As indicated by Clare and Woods (2001), the test is also referred to as a cognitive evaluation or a cognitive screening test.

It takes at least two successful measurements to calculate the rate of progression and the confidence intervals. Measures of the rate of progression can be used to verify a diagnosis and research treatments that alter the course of a disease.

51

Carers and other individuals who are taking care of a person who has dementia might test the person's functional abilities. F.A.S.T. (functional assessment staging tool) may provide those duties with care with a tonne of support. Mobility, feeding, bathing, dressing, recognition (left and right side), and manipulating mechanical devices (such as chargers, laptops) are all examples of activities that may be included in a function test. Many people could neglect to flush the toilet after themselves. (Fasilis et al. 2018).

The functional assessment instrument assesses a variety of functional skills, including physical skills (dressing and cleanliness), functional language skills (memory and recognition), functional tasks like mobility or self-feeding, and plenty more. To assist the person, comprehend how their ideas affect their behaviours, CBT aims to educate them in this area. Identification, recognition, and management make up the three foundational elements of CBT as stated by Fasilis et al. (2018).

The time index frame measures improvement or deterioration over time. It is something that is not consistently followed up on. Both functional tests and cognitive tests offer advantages and disadvantages. For example, a functional test can be trustworthy for daily activities and patient prognosis. However, cognitive, and neurological tests provide potential misdiagnosis through mistake made by medical professionals, although this can also be prevented through thorough observation of test result.

Recommendations for future practice:

As James et al. (2022) has mentioned that a quick assessment of dementia is encouraged by government regulations to improve dementia patients' and families, access to care, education, and assistance that are protected features as specified by the Equality Act 2010.

People with dementia may experience stigma and social "demotion" because of their diagnosis, which results in their not being treated fairly by others. Effects on a person's health, money, employment position, and relationships with others in their local environment may have a negative impact on their sense of self-worth. (Rejdak, Rewerska-Juko, and 2020).

Since people with AD can achieve as much as they can on their own, according to Ismail et al. (2020), they should get the least amount of assistance possible. The patient might be able to independently set the table or dress if their clothes have been arranged left to right, according to how they go on. Alternatives should be provided; each day should have a few, but not too many, options. When someone is speaking or asking a question, it can be helpful to speak clearly and slowly while maintaining eye contact. One should take each day as it comes to achieve goals for a person with dementia. When queries and responses are rushed, it can feel rushed when one needs time to respond. (Ismail et al. 2020).

Short-term goals for those who have dementia tend to focus on symptom relief and improving quality of life. helping individuals manage behavioural problems including aggression, restlessness, and anxiety. Improving sleeping patterns, helping carers, and managing discomfort and acute pain symptoms.

The long-term objectives for persons with dementia are to limit the disease's course and preserve independence for as long as possible. This may be accomplished by slowing the disease's progression, maintaining mental capacity, enhancing physical performance, and living assistance to carers.

A diverse technique for caregiving is advised since the impact of co-morbidity must be considered when providing support and interventions for dementia patients. Individuals with diabetes are more likely to develop dementia, and concomitant conditions make this risk even higher.

The Health and Social Care Secretary has unveiled a new 10-year plan to combat dementia and increase funds for research for a better understanding of neurological illnesses. Speaking at the Alzheimer's Society Conference 2022, the Secretary of Health and Social Care revealed that the 10-year plan will concentrate on how newly developed drugs and innovative research and

technology can be used to enhance dementia treatment results nationwide. (Department of Health and Social Care, 2022).

The registered practical nurses at Admiral Nurses specialise in dementia care. According to the Department of Health and Social Care (2022), they help family carers acquire the skills and information necessary to support dementia care, encourage positive ways to cope for those who have dementia, and improve quality of life for all those involved.

The first line of defence for those with dementia is typically non-drug therapies. The following non-drug treatments that are frequently prescribed: talking therapy, such as consultations with a mental health professional or attendance at psychological support group gatherings, to manage the psychological issues brought on by this medical condition as stated by Behrman, Chouliaras, and Ebmeier, (2014).

Dementia has a profoundly negative impact on patients' quality of life, which can change depending on the individual from the time the disease first manifests itself until its later stages. In addition to being considerate of the individual you treat as a person, preserving a high-quality life can be extremely helpful for reducing the severity of the disease. (He et al. 2022).

The benefits of current drug therapies for Alzheimer's disease (AD) dementia and related illnesses are acknowledged to be limited, and not every individual can tolerate the drugs that are now available. Nevertheless, some people do benefit from medicine.

Charities and nonprofit organisations offer dementia patients helpful support and guidance.

Conclusion

This report has been a remarkably interesting challenge, reviewing this degenerative disease which has no cure. Dementia has no age limits, as it can onset at any age. It creates vulnerability for the individual as it can lead to loneliness and isolation as well as misunderstanding of the impacted person.

Research has given ideas where and how the understanding of Dementia needs to be improved and how to help those vulnerable. It is important to inform and educate other individuals about the disease and how to cope with looking at the affected person as well as looking after themselves. By educating others on this disease, it will spread awareness, allowing the identification of early signs and symptoms of dementia. Early indication of the disorder could help prepares loved ones for the affected person as they will be able put in place the right provision and receive the right care as few are aware of what support and guideline is available.

Experts have determined that the new medicine discovery will stop the progression of AD. Tomorrow (18.07.2023), researchers will present the first comprehensive findings of a significant donanemab drug. The effects of this new medication on various populations, including those who have genetic mutations and are at varying stages of the disease, are being closely watched by scientists. Alzheimer's Research UK (United Kingdom). (2023).

References

- 45 Alzheimer's Research UK (United Kingdom). (2023). News. [online] Available at: <https://www.alzheimersresearchuk.org/about-us/latest/news/>.
- 38 Alzheimer's Association (2022). *Stages of Alzheimer's*. [online] 'Alzheimer's Disease and Dementia.' Available at: <https://www.alz.org/alzheimers-dementia/stages>.
- 28 Alzheimer's Association, (2016). '2016 Alzheimer's disease facts and figures.' *Alzheimer's & Dementia*, 12(4), pp.459-509.
- 2 Arevalo- Rodriguez, I., Smailagic, N., i Figuls, M.R., Ciapponi, A., Sanchez- Perez, E., Giannakou, A., Pedraza, O.L., Cosp, X.B. and Cullum, S., (2015). 'Mini- Mental State Examination (MMSE) for the detection of Alzheimer's disease and other dementias in people with mild cognitive impairment' (MCI). *Cochrane Database of Systematic Reviews*, (3).
- 18 Arvanitakis, Z., Shah, R.C. and Bennett, D.A., (2019). 'Diagnosis and management of dementia.' *Jama*, 322(16), pp.1589-1599.
- Behrman, S., Chouliaras, L. and Ebmeier, K.P., (2014). 'Considering the senses in the diagnosis and management of dementia.' *Maturitas*, 77(4), pp.305-310.
- Bryson, A., (2000). *Healing mind, body, and soul*. Sterling Publishers Pvt. Ltd.
- 20 Chiu, M.J., Chen, T.F., Yip, P.K., Hua, M.S., and Tang, L.Y., (2006). 'Behavioural and psychological symptoms in different types of dementia.' *Journal of the Formosan Medical Association*, 105(7), pp.556-562.
- 44 Clare, L., and Woods, R.T. (eds) (2001). *Cognitive rehabilitation in dementia*. Psychology Press.
- 5 Department of Health and Social Care (2022). *Health Secretary announces 10-year plan for dementia*. [online] GOV.UK. Available at: <https://www.gov.uk/government/news/health-secretary-announces-10-year-plan-for-dementia>.
- 22 Dixon, J., Laing, J. and Valentine, C., (2020). A human rights approach to advocacy for people with dementia: A review of current provision in England and Wales. *Dementia*, 19(2), pp.221-236.
- 16 Fasilis, T., Patrikelis, P., Siatouni, A., Alexoudi, A., Veretzioti, A., Zachou, L. and Gatzonis, S.S., (2018). 'A pilot study and brief overview of rehabilitation via virtual environment in patients suffering from dementia.' *Psychiatrike= Psychiatriki*, 29(1), pp.42-51.

- 21 Fitzgerald, L.R., Bauer, M., Koch, S.H. and King, S.J., (2011). 'Hospital discharge: recommendations for performance improvement for family carers of people with dementia.' *Australian Health Review*, 35(3), pp.364-370.
- 7 Fowler, N.R., Perkins, A.J., Gao, S., Sachs, G.A. and Boustani, M.A., (2020). 'Risks and benefits of screening for dementia in primary care: the Indiana University cognitive health outcomes investigation of the comparative effectiveness of dementia screening (IU CHOICE) trial.' *Journal of the American Geriatrics Society*, 68(3), pp.535-543.
- 36 Gaebel, W., Jessen, F. and Kanba, S., (2018). Neurocognitive disorders in ICD- 11: the debate and its outcome. *World Psychiatry*, 17(2), p.229.
- 24 Gaebel, W., Reed, G.M. and Jakob, R., (2019). Neurocognitive disorders in ICD- 11: a new proposal and its outcome. *World Psychiatry*, 18(2), p.232.
- 6 Grober, E., Wakefield, D., Ehrlich, A.R., Mabie, P. and Lipton, R.B., (2017). 'Identifying memory impairment and early dementia in primary care.' *Alzheimer's & Dementia: Diagnosis, Assessment & Disease Monitoring*, 6, pp.188-195.
- 8 He, J., Wang, J., Zhong, H. and Guan, C. (2022). 'The Effectiveness of Multi-Component Interventions on the Positive and Negative Aspects of Well-Being among Informal Caregivers of People with Dementia: A Systematic Review and Meta-Analysis'. *International Journal of Environmental Research and Public Health*, 19(12), p.6973.
[doi:https://doi.org/10.3390/ijerph19126973](https://doi.org/10.3390/ijerph19126973).
- 31 Hope, T., Slowther, A. and Eccles, J., (2009). 'Best interests, dementia, and the Mental Capacity Act (2005)'. *Journal of medical ethics*, 35(12), pp.733-738.
- 26 Huang, L.K., Chao, S.P. and Hu, C.J., (2020). 'Clinical trials of new drugs for Alzheimer disease.' *Journal of biomedical science*, 27(1), pp.1-13.
- 1 Ismail, Z., Black, S.E., Camicioli, R., Chertkow, H., Hermann, N., Laforce Jr, R., Montero-Odasso, M., Rockwood, K., Rosa- Neto, P., Seitz, D. and Sivananthan, S., (2020). Recommendations of the 5th Canadian Consensus Conference on the diagnosis and treatment of dementia. *Alzheimer's & Dementia*, 16(8), pp.1182-1195.
- 1 James, T., Mukadam, N., Sommerlad, A., Pour, H.R., Knowles, M., Azocar, I. and Livingston, G., (2022). Protection against discrimination in national dementia guideline recommendations: A systematic review. *PLoS Medicine*, 19(1), p.e1003860.

- ²⁷ Johnston, C. and Liddle, J., (2007). 'The Mental Capacity Act 2005: a new framework for healthcare decision making'. *Journal of medical ethics*, 33(2), pp.94-97.
- ⁹ Kaltoft, N.S., Marner, L., Larsen, V.A., Hasselbalch, S.G., Law, I. and Henriksen, O.M., (2019). Hybrid FDG PET/MRI vs. FDG PET and CT in patients with suspected dementia—A comparison of diagnostic yield and propagated influence on clinical diagnosis and patient management. *PLoS One*, 14(5), p.e0216409.
- ³⁰ Koch, T. and Iliffe, S., (2011). 'Dementia diagnosis and management: a narrative review of changing practice.' *British Journal of General Practice*, 61(589), pp. e513-e525.
- ³ Kuo, S.C., Lai, S.W., Hung, H.C., Muo, C.H., Hung, S.C., Liu, L.L., Chang, C.W., Hwu, Y.J., Chen, S.L. and Sung, F.C., (2015). 'Association between comorbidities and dementia in diabetes mellitus patients: population-based retrospective cohort study.' *Journal of Diabetes and its Complications*, 29(8), pp.1071-1076.
- ¹⁹ Papenberg, G., Bäckman, L., Fratiglioni, L., Laukka, E.J., Fastbom, J. and Johnell, K., (2017). 'Anticholinergic drug use is associated with episodic memory decline in older adults without dementia.' *Neurobiology of aging*, 55, pp.27-32.
- ⁴ Pontecorvo, M.J., Lu, M., Burnham, S.C., Schade, A.E., Dage, J.L., Shcherbinin, S., Collins, E.C., Sims, J.R. and Mintun, M.A., (2022). 'Association of donanemab treatment with exploratory plasma biomarkers in early symptomatic Alzheimer disease: a secondary analysis of the TRAILBLAZER-ALZ randomized clinical trial.' *JAMA neurology*, 79(12), pp.1250-1259.
- ³⁷ Rewerska-Juśko, M. and Rejdak, K., (2020). 'Social stigma of people with dementia.' *Journal of Alzheimer's Disease*, 78(4), pp.1339-1343.
- ⁶ Roman, G.C., (2002). 'Defining dementia: clinical criteria for the diagnosis of vascular dementia.' *Acta Neurologica Scandinavica*, 106, pp.6-9.
- ¹¹ Särkämö, T., Tervaniemi, M., Laitinen, S., Numminen, A., Kurki, M., Johnson, J.K. and Rantanen, P., (2014). Cognitive, emotional, and social benefits of regular musical activities in early dementia: randomized controlled study. *The Gerontologist*, 54(4), pp.634-650.
- ³⁹ Shakespeare, T., Zeilig, H. and Mittler, P., (2019). 'Rights in mind: Thinking differently about dementia and disability.' *Dementia*, 18(3), pp.1075-1088.
- ²⁹ Spector, A., Woods, B. and Orrell, M., (2008). 'Cognitive stimulation for the treatment of Alzheimer's disease.' *Expert Review of Neurotherapeutics*, 8(5), pp.751-757.

17

Srikanth, V., Sinclair, A.J., Hill-Briggs, F., Moran, C. and Biessels, G.J., (2020). 'Type 2 diabetes and cognitive dysfunction—towards effective management of both comorbidities.' *The lancet Diabetes & endocrinology*, 8(6), pp.535-545.

35

Vijayan, D. and Chandra, R., (2020). 'Amyloid beta hypothesis in Alzheimer's disease: major culprits and recent therapeutic strategies. *Current Drug Targets*, 21(2), pp.148-166.

BMHP 6006 Component 2 Written Report

ORIGINALITY REPORT

41%

SIMILARITY INDEX

31%

INTERNET SOURCES

15%

PUBLICATIONS

35%

STUDENT PAPERS

PRIMARY SOURCES

1

Submitted to University of Wales, Lampeter

Student Paper

2%

2

macsphere.mcmaster.ca

Internet Source

1%

3

Submitted to Oxford Brookes University

Student Paper

1%

4

Submitted to Kingston University

Student Paper

1%

5

Submitted to Liverpool John Moores University

Student Paper

1%

6

Submitted to University of Bolton

Student Paper

1%

7

Submitted to University of Bedfordshire

Student Paper

1%

8

Submitted to Charles Sturt University

Student Paper

1%

9

Submitted to University of Westminster

Student Paper

1%

10	Submitted to Nelson and Colne College Student Paper	1 %
11	Submitted to Cardiff University Student Paper	1 %
12	Submitted to West Thames College Student Paper	1 %
13	Submitted to Central Bedfordshire College Student Paper	1 %
14	Submitted to Fresno City College Student Paper	1 %
15	Submitted to Loughborough College Student Paper	1 %
16	Submitted to Queen's University of Belfast Student Paper	1 %
17	Submitted to Buckinghamshire Chilterns University College Student Paper	1 %
18	Submitted to University of Ulster Student Paper	1 %
19	Submitted to Manchester Metropolitan University Student Paper	1 %
20	Submitted to Waterford Institute of Technology Student Paper	1 %

21	Submitted to University of Wolverhampton Student Paper	1 %
22	assets.publishing.service.gov.uk Internet Source	1 %
23	www.alzheimers.org.uk Internet Source	1 %
24	gcp.network Internet Source	1 %
25	Submitted to Barnet and Southgate College Student Paper	1 %
26	jurnal.ugm.ac.id Internet Source	1 %
27	etheses.whiterose.ac.uk Internet Source	1 %
28	uobrep.openrepository.com Internet Source	1 %
29	Submitted to The Robert Gordon University Student Paper	1 %
30	Submitted to University of Wales Institute, Cardiff Student Paper	1 %
31	sigma.nursingrepository.org Internet Source	1 %
32	www.rj-robbins.com	

Internet Source

1 %

33

Submitted to Chester College of Higher Education

Student Paper

1 %

34

Submitted to La Trobe University

Student Paper

1 %

35

Submitted to University of Queensland

Student Paper

1 %

36

Submitted to Distance Learning Centre

Student Paper

1 %

37

Submitted to Middlesex University

Student Paper

1 %

38

www.citethisforme.com

Internet Source

1 %

39

Submitted to University of Stirling

Student Paper

<1 %

40

coek.info

Internet Source

<1 %

41

ebin.pub

Internet Source

<1 %

42

Submitted to University of Central England in Birmingham

Student Paper

<1 %

43	Submitted to Scottish Ambulance Service Student Paper	<1 %
44	epdf.pub Internet Source	<1 %
45	Benjamin Billot, Douglas N. Greve, Oula Puonti, Axel Thielscher et al. "SynthSeg: Segmentation of brain MRI scans of any contrast and resolution without retraining", Medical Image Analysis, 2023 Publication	<1 %
46	Submitted to University of Derby Student Paper	<1 %
47	www.gov.uk Internet Source	<1 %
48	arcabc.ca Internet Source	<1 %
49	ici2016.org Internet Source	<1 %
50	pubs.asha.org Internet Source	<1 %
51	Kitwood, Tom, Brooker, Dawn. "Dementia Reconsidered Revisited: The Person Still Comes First", Dementia Reconsidered Revisited: The Person Still Comes First, 2019 Publication	<1 %

52	edepositireland.ie Internet Source	<1 %
53	eprints.utas.edu.au Internet Source	<1 %
54	maet.eat.kmutnb.ac.th Internet Source	<1 %
55	ore.exeter.ac.uk Internet Source	<1 %
56	pure.southwales.ac.uk Internet Source	<1 %
57	repositories.lib.utexas.edu Internet Source	<1 %
58	www.cdc.gov Internet Source	<1 %
59	www.escholar.manchester.ac.uk Internet Source	<1 %
60	www.health.org.uk Internet Source	<1 %
61	www.nucleodoconhecimento.com.br Internet Source	<1 %
62	www.researchgate.net Internet Source	<1 %
63	"Principles and Practice of Geriatric Psychiatry", Wiley, 2010	<1 %

Publication

Exclude quotes	Off	Exclude matches	Off
Exclude bibliography	Off		