

BMHP6006_BIRM

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Submission date: 21-Jul-2023 10:34AM (UTC+0100)

Submission ID: 210501517

File name: 28082_Tabitha_Kalyan_BMHP6006_BIRM_503804_109135111 (54.79K)

Word count: 3974

Character count: 24597

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2020004

**BMHP6006_BIRM - Mental Disorders
and Psychopathology**

Donna Holder

Assessment 2 – Written Report

Dementia

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Introduction

Mental diseases and psychopathology are the study of abnormal thoughts, feelings, and behaviours that interfere with a person's functioning and well-being (Layous, Chancellor and Lyubomirsky, 2014). These disorders include a wide spectrum of ailments, such as mood disorders, anxiety disorders, psychotic disorders, and personality disorders, among others. The goal of psychopathology is to determine the causes, symptoms, and treatment techniques for these diseases by utilising a variety of psychological, biological, and societal elements.

This report will critically evaluate a mental disease defined in Chapter 6 of the International Classification of Diseases (ICD-11). The mental illness considered for this evaluation is dementia. Dementia is a syndrome characterized by a deterioration in cognitive abilities such as memory, thinking, and reasoning, severely limiting daily functioning. It is a progressive disorder frequently connected with aging and can arise in younger people due to various factors.

Classification of the chosen mental disorder

Dementia is a complicated and multidimensional mental condition characterized by a steady decline in cognitive performance (Grueso and Viejo-Sobera, 2021). It impacts several cognitive areas, including memory, reasoning, language, and problem-solving ability. The International Categorization of Diseases Version 11 (ICD-11) categorization of dementia establishes a framework for comprehending and categorizing various forms and stages of the condition.

The categorization of the chosen mental disorder, dementia, can be found in Chapter 6 of the International Categorization of Diseases, Version 11 (ICD-11), under the heading "Mental and Behavioural Disorders." A neurological condition that progresses over time called dementia. It's characterized by a loss of cognitive ability and difficulties performing daily tasks (Almeda et al., 2019). By supplying unique categories and diagnostic codes for various dementia types and etiologies, the ICD-11 offers a thorough framework for the classification of the condition

The primary diagnosis code for dementia in the ICD-11 is F03, which is called "Unspecified Dementia." This code is used when the exact cause or type of dementia cannot be determined or is not defined. However, it is important to use this code carefully because it does not provide complete information about the underlying cause or subtype of dementia. To ensure accurate diagnosis and classification, the F03 category should be used with caution as it is considered a residual category (Almeda et al., 2019).

The ICD-11 also has unique codes for various dementia types and causes and the F03 code. These codes facilitate a more accurate classification and make it possible for researchers and physicians to recognize and distinguish between different kinds of dementia. For instance, when cerebrovascular diseases like stroke or small artery disease are the primary cause of dementia, it is classed as vascular dementia and given the code F01, especially F01.0. The cognitive decline brought on by severe cerebrovascular pathology detected through clinical evaluation, neuroimaging, or neuropathological evidence is what is known as vascular dementia (Iadecola et al., 2019).

It's important to know that the diagnostic code for Alzheimer's disease-related dementia is F02.0. This type of dementia is common and is identified by the presence of amyloid plaques and neurofibrillary tangles in the brain. A gradual decline in cognitive function, particularly in memory and other cognitive abilities, is necessary for an accurate diagnosis of dementia in Alzheimer's disease (Bai & Dong, 2021).

The code number F02.8 applies to more specific types of dementia, including Lewy body and frontotemporal dementia. This code is used when a dementia has a specific cause or etiology listed in the diagnostic report but does not fall under one of the previous categories. It permits the categorization of diverse dementias connected to various neurodegenerative diseases (Pieruccini-Faria et al., 2021).

It is significant to remember that the ICD-11 classification of dementia offers diversity and flexibility in diagnosis. It recognizes the variety of dementia and the need to consider its many manifestations and root causes. The ICD-11 offers a more precise classification and diagnosis of dementia, essential for research, treatment, and comprehension of the condition. It provides codes for various subtypes (Reed et al., 2019).

The codes mentioned above are used to record different forms and causes of dementia based on available information and clinical judgment. This approach acknowledges the diversity of dementia and allows for flexibility in the diagnosis and classification process.

The classification of dementia in the ICD-11 results from ongoing studies and advancements in the technology surrounding the condition, which is worth emphasizing. An upgraded and updated version of the classification system, the ICD-11, was introduced in 2018, considering new information and data. With dementia included, it seeks to establish a systematic and widely recognized framework for classifying mental diseases (Reed et al., 2019)

The following major features are included in dementia diagnosis criteria

- Evidence of cognitive deterioration from a former level of competence.
- At least two cognitive domains are impaired (for example, memory, language, attention, or executive function).
- Significant hindrance with regular activities and functioning.
- Exclusion of cognitive abnormalities caused solely by delirium or other mental diseases.

These criteria ensure that dementia is diagnosed based on a thorough assessment of cognitive performance and the effects of cognitive decline on daily living. They also aid in the differentiation of dementia from other mental diseases or transitory cognitive deficits.

Process and Procedure of Diagnosing the mental disorder

Determining whether someone has dementia involves a comprehensive assessment that considers multiple factors. These include medical history, symptoms, cognitive abilities, physical health, and lab tests, according to Porsteinsson et al. (2021). While the diagnostic process may vary depending on the healthcare situation and provider's approach, it typically involves several steps.

To begin, healthcare providers gather complete medical information from the individual and their family to identify cognitive issues, underlying medical conditions, medications, and family history of dementia. They also conduct a clinical interview to identify symptoms, functional abilities, and impact on daily life.

A physical examination evaluates the person's general health and checks for any underlying medical conditions affecting cognitive function. A neurological assessment evaluates motor function, reflexes, coordination, and sensory abilities. It can also help detect specific types of dementia, such as Parkinsonism in Lewy body dementia and focal neurological abnormalities in vascular dementia (Iannaccone et al., 2023).

A cognitive assessment is also critical to the diagnostic process. It uses standardized tests and methods to assess multiple cognitive domains, such as memory, attention, language, visual and spatial abilities, and executive functions. These tests provide objective measurements of cognitive performance and help identify tendencies of cognitive impairment associated with dementia.

To determine if an individual meets the requirements for a dementia diagnosis, healthcare providers use guidelines such as the International Classification of Diseases version 10 (ICD-10) or the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) (First et al., 2021). Standard criteria include evidence of cognitive loss from previous stages of functioning, impairment in many cognitive areas, severe functional interference, and the exclusion of other probable causes of cognitive impairment.

Additional lab tests or imaging studies may be necessary to rule out or identify underlying medical conditions causing cognitive impairment. Examples include blood tests to examine thyroid function, vitamin levels, or infections and neuroimaging studies such as magnetic resonance imaging (MRI) or computed tomography (CT) scans to analyse brain anatomy and detect abnormalities (Hussain et al., 2022).

It is also essential to rule out other illnesses with symptoms like dementia, including reversible causes of cognitive impairment, such as drug side effects, vitamin deficiencies, metabolic problems, infections, or depression.

⁹ In some cases, specialized examinations may be necessary to identify and categorize specific types of dementia. For example, neuropsychological testing can provide precise information about cognitive strengths and weaknesses that can help differentiate various forms of dementia. Biomarker testing, such as cerebrospinal fluid analysis or positron emission tomography (PET) imaging, can also identify some types of dementia, including Alzheimer's disease (Georgakas et al., 2023).

³⁶ Dementia diagnosis often requires a multidisciplinary approach involving collaboration between healthcare professionals such as neurologists, geriatricians, psychiatrists, and neuropsychologists. This approach ensures a thorough examination, considers multiple perspectives, and draws on various areas of expertise.

A reliable diagnosis of dementia is crucial for planning management and care. Early detection and diagnosis allow individuals with dementia and their families to receive timely interventions, treatment, and counselling services. A good diagnosis also enables people to access appropriate resources, participate in clinical trials, and make informed decisions about their future care.

Current Treatment Provision

Over the years, the treatment of dementia has undergone significant progress, with a primary ³⁴ focus on managing symptoms, slowing down the progression of the disease, and improving the ⁴⁶ quality of life for individuals with dementia (Hui et al., 2021). While it is ⁴⁰ important to acknowledge that most types of dementia, including Alzheimer's disease, which is the most common cause of dementia, do not have a cure, it is important to note that available treatments and interventions are still beneficial ³² for people with dementia and their caregivers. This response provides a comprehensive overview of past and present treatment options for dementia.

Historical Treatment

Historically, the treatment options for individuals with dementia were quite limited. The primary focus was on symptom management rather than addressing the condition's root causes. Medications were often prescribed to mitigate behavioral problems, with antipsychotic drugs being utilized to reduce agitation and aggression ⁴¹ (Kim et al., 2021).

However, it is important to note that these medications do not cure dementia and may have adverse side effects. Non-pharmacological interventions, such as cognitive stimulation therapy, were introduced as an alternative. This approach provides mental and social stimulation to individuals with dementia, without the potential harmful effects of medication.

Current Treatment Provision

Medications- Medication Several drugs have been authorized to treat Alzheimer's disease, including cholinesterase inhibitors (such as donepezil, rivastigmine, and galantamine) and the NMDA receptor antagonist memantine (Chin et al., 2022). These drugs help to reduce cognitive symptoms, slow disease development, and improve quality of life. However, it is essential to remember that these drugs do not stop or reverse the underlying neurodegenerative process.

Non-pharmacological Interventions: Regarding dementia treatment, non-pharmacological approaches are essential. These interventions boost general well-being, regulate behavioural and psychological disorders, and improve cognitive performance. Cognitive stimulation treatment, reality orientation, recollection therapy, music therapy, art therapy, and physical activity are non-pharmacological approaches (Quail et al., 2020). These interventions foster independence, provide mental and social stimulation, and improve the person's overall quality of life.

Psychological & Behavioural Interventions: Specific behavioural and psychological symptoms of dementia (BPSD) work with psychological and behavioural therapies, such as cognitive behavioural therapy (CBT) and behaviour management techniques. Agitation, anger, anxiety, depression, sleep difficulties, and hallucinations are all possible symptoms of BPSD. These interventions support developing coping mechanisms, stress management, and behaviour modification in dementia patients and their carers.

Support and education for carers: Since dementia has a considerable negative impact on carers, support and education programs are offered to help family members and carers cope with the difficulties of dementia care. These services provide direction, knowledge,

and emotional support to help carers manage the demands of caregiving, lessen their workload, and improve their well-being.

Palliative Care and Supportive Interventions: As dementia worsens, people may need supportive treatments and palliative care to meet their end-of-life needs. The primary objectives of palliative care are ⁴³ to provide comfort, manage symptoms, and improve quality of life (Hickman et al., 2020). It entails a holistic strategy that covers the care's psychological, social, spiritual, and physical elements.

Lifestyle Modifications: Eating a balanced diet, exercising frequently, and managing chronic conditions are just a few lifestyle modifications that can enhance general health and well-being. (Including diabetes and hypertension), Furthermore, encouraging social and cognitive engagement. Although these changes might not be able to treat dementia directly, they can maintain brain health and possibly lower the chance of cognitive decline.

Research and Clinical Trials: New dementia treatment modalities and strategies are complete due to ongoing research and clinical trials. This research investigates novel drugs, immunotherapies, and other cutting-edge techniques that can treat diseases. Dementia patients participating in clinical trials can receive potentially game-changing therapies and enhance the science surrounding the condition (Blackburn, 2019).

When delivering dementia treatment, it is essential to remember that everyone with dementia has specific needs and preferences. To create a personalized care plan that addresses each person's specific needs and goals, healthcare professionals engage closely with patients and their carers.

Measuring disorder in relation to the means of rehabilitation

Multiple cognitive domains and functioning capacities are affected by the complicated condition known as dementia (Cipriani et al., 2020). As a result, determining the effects of dementia and evaluating the success of rehabilitation demands an all-encompassing strategy that considers different functional domains. Although dementia cannot be treated or reversed, rehabilitation programs aim to maximize functional capacities, increase independence, and enhance the general standard of life for those

with dementia. Cognitive functioning, functional capacities, psychological state, and quality of life are measured as they pertain to the dementia disorder's rehabilitation.

Cognitive evaluation techniques assess the severity of cognitive impairment and track improvements over time. These tests evaluate multiple areas, including memory, attention, language, executive functions, and visual and spatial abilities. The Mini-Mental State Examination (MMSE), as well as the Montreal Cognitive Assessment (MoCA), are two frequently utilized assessments (Engedal et al., 2021). These evaluations offer a baseline indicator of cognitive functioning and can be performed on an ongoing basis to track the development of dementia and the success of rehabilitation measures.

To evaluate the impact of dementia on daily activities and the effectiveness of treatment, it is necessary to assess functional abilities. Functional evaluations look at a person's capacity to carry out activities of daily living (ADLs) and instrumental activities of daily living (IADLs), like getting dressed, taking a bath, cooking, handling money, and operating a vehicle (Kato et al., 2021). Standardized assessment tools, like the Functional Activities Questionnaire, measure functional impairment and monitor changes over time. To assess the level of functional impairment and monitor any changes that may occur over time, standardized assessment tools like the Functional Activities Questionnaire operate. (FAQ) or the Alzheimer's Disease Cooperative Study-Activities of Daily Living (ADCS-ADL) scale.

Dementia can significantly impact mental health, leading to symptoms such as anxiety, depression, and behavioural issues. The Neuropsychiatric Inventory (NPI) and the Geriatric Depression Scale (GDS) are two assessment tools that are utilized to measure psychological symptoms and monitor changes throughout rehabilitation (Sánchez-Nieto et al., 2023). Monitoring psychological health provides information to make treatment strategy adjustments and determine the efficacy of therapies to treat behavioural and emotional symptoms.

Assessing the quality of life is crucial in determining the efficacy of dementia and rehabilitation treatments. The subjective well-being, social involvement, and contentment with many life domains are all captured through quality-of-life assessments. Tools such as the Dementia Quality of Life (DEMQOL) measure and the Quality of Life in Alzheimer's

Disease (QoL-AD) scale offer a thorough assessment of the person's subjective quality of life (Burks et al., 2021). These evaluations consider cognitive functioning, practical skills, social support, emotional stability, and physical health.

The health and contentment of carers, in addition to those of the dementia patient, are critical factors in rehabilitation. One way to evaluate the caregiver's workload, stress levels, and emotional well-being is through assessments like the Zarit Burden Interview. (Geerlings et al., 2023). These evaluations aid in determining how rehabilitation interventions affect carer outcomes and direct the distribution of resources and assistance to carers.

A person-centered methodology called Goal Attainment Scaling (GAS) accesses to evaluate the accomplishment of unique rehabilitation goals (Roberts & Abery, 2023). With the person and their caretakers, precise and measurable goals emerge. Using a scale with multiple levels signifying various levels of goal achievement, progress towards these goals seems tracked. GAS enables evaluating rehabilitation results specific to the person's individual demands and functional capabilities.

Conclusion

In conclusion, it is imperative to understand that dementia is a highly intricate mental disorder that significantly affecting multiple facets of cognitive functioning. The International Classification of Diseases Version 11 (ICD-11) offers a thorough framework for categorizing various dementia forms and phases. When the precise cause or kind of dementia is unknown, the ICD-11's principal dementia code, F03, is utilized. ICD-11 also provides codes for many forms of dementia, including Alzheimer's disease (F02.0) and vascular dementia (F01.0). Dealing with dementia is a thorough review that includes the medical history, cognitive tests, physical examination, and more. For people with dementia and the caregivers who care for them, current treatment choices concentrate on symptom management and improving quality of life. While there has been significant advancement in the measurement of dementia in connection to rehabilitation, there is still a need for development to support service users and their carers better. Here are some recommendations for enhancements:

- When dealing with dementia and rehabilitation, it is crucial to employ assessment tools that are both reliable and uniform to accurately gauge the impact of the condition and monitor progress over time (Dawes et al., 2022). These tools should encompass a wide range of cognitive abilities, functional skills, mental state, and overall quality of life to evaluate outcomes accurately and consistently across various healthcare settings. By utilizing such measures, healthcare professionals can ensure that they are providing the best possible care and support for individuals with dementia and can make informed decisions about their ongoing treatment and rehabilitation plans.
- It is essential to emphasize person-centered approaches when evaluating the success of dementia rehabilitation programs. It is essential to involve individuals who have dementia and their caregivers in the process of setting goals, making decisions, and evaluating progress. Customizing care plans according to individuals' specific needs and preferences is essential. Collaborating is the sole way to achieve more favourable outcomes and enhance their overall quality of life. Prioritizing their input and involving them in every process stage is crucial. Measurement methods can better capture service users' distinctive experiences and requirements by considering their choices, values, and personal situations. As a result, the interventions for rehabilitation become more personalized and fitting to the individual's needs.
- Because dementia is an illness that worsens over time, measuring should take place over a while. Employing longitudinal monitoring through routine evaluations enables monitoring alterations in cognitive functioning, practical skills, mental health, and overall standard of life across time (Piau et al., 2019). With the help of this longitudinal method, healthcare providers can spot patterns, assess the success of therapies, and promptly modify the care plan.

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