

Dementia and Long Term Condition Management

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Lecturer	Muhammad khan
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Student Name:	S. M. Tasnim Ahmed
Student ID:	2507419

Abstract: This booklet will provide an overall idea about dementia and its management, as well as focus on the long-term condition management of this disease.

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1.Introduction

Dementia is a reversible neurological syndrome (Arnold & Kumar, 1993). Basically, dementia affects one's memory, thinking level, and the ability to perform everyday tasks. It is one of the prime problems going on globally. It is a long-term condition because it is chronic and its duration is longer. As the world's population is growing day by day, dementia is also a growing concern (Larson & Langa, 2008). The new and advanced health care system is facing problems due to the increase in long-term conditions like dementia. Therefore, according to the World Health Organization, Dementia needs to be in focus as it is rising day by day (Wortmann, 2012). As well as in the United Kingdom, approximately one million people are suffering from dementia (Wimo et al., 2023). So, this booklet's main focus is to give an overall description of dementia, its effects on the world, as well as the way in which it can be treated. Moreover, it will also provide information about the management options of

dementia. This booklet will give an overview of the practice, which is based on proper evidence. Then it will give an idea about the national and international plans for this long-term condition. Adding to this, this booklet will describe the NHS long-term plan from 2019 to 2029. Furthermore, this booklet is arranged for health and social care individuals as well as service users.

2. Basic Idea about Dementia

2.1 What is Dementia

Dementia is basically an umbrella term for a group of signs (Graham, 1996). In dementia, there is a decline in the brain's actual working process, and people forget normal things (Basting, 2009). As well as in dementia, there is a change in the basic cognitive function of the individuals (Bäckman et al., 2004). For example, they face problems in remembering random easy things, having problems in solving daily problems, etc. It causes neurological damage day by day. The brain stops working slowly. Therefore, it results in the death of human brain cells. These types of synaptic consequences cause abnormal behaviour and mood swings, as people can't work properly. According to the World Health

Organization, there is a definition of dementia. According to the WHO, dementia refers to a chronic condition that causes mental dysfunction beyond normal ageing. This condition needs appropriate care and regular support. As well as this, this type of condition has a diverse management system.

2.2 Classification of Dementia

Dementia is classified into several types based on the causes and function. The types of dementia are:

Alzheimer's Disease: Alzheimer's disease is a type of dementia, and it is the most common. This disease is caused by amyloid plaques and tau protein. When these plaques and proteins gradually progress, Alzheimer's disease starts to grow in the human body (Selkoe, 1991).

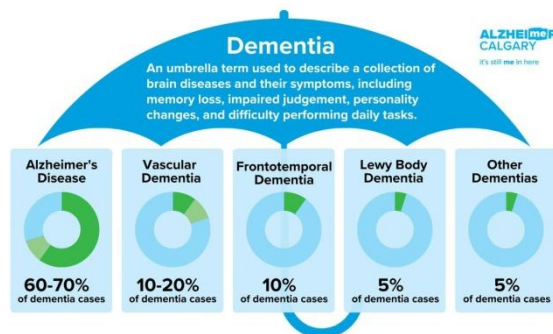
Vascular dementia: Another type of dementia is vascular dementia. When blood flow is not properly maintained, this disease occurs. In this type of dementia, impaired blood flow to the brain causes brain dysfunction. The symptoms of vascular dementia appear slowly in a stepwise process. Most dementias occur because of stroke or vascular disease (T O'Brien & Thomas, 2015).

Lewy Body Dementia: This type of dementia occurs because of alpha synuclein deposition.

The symptoms of this type of dementia are diverse. For example, visual problems and hallucinations. Sometimes people also suffer from tremors (Walker et al., 2015).

Frontotemporal Dementia: This type of dementia mainly causes problems in the temporal lobes. There are different symptoms of this disease. It leads to personality changes as well as language problems. This disease often occurs among young people (Bang, 2015).

Mixed Dementia: Another kind of dementia is mixed type dementia. It is mainly the mixture of Alzheimer's and vascular type dementia. This type of dementia most often occurs in older people.



(Maxwell, 2022)

2.3 Frequency of Dementia

Dementia is one of the rising diseases nowadays. According to the World Health Organization,

globally more than 55 million people are suffering from this disease worldwide (World Health Statistics, 2020). Specifically, the statistics of the United Kingdom should be known. In the United Kingdom, 9 lac 44 thousand people are detected with dementia, while approximately 70,400 people with dementia are living in care homes (Wittenberg et al., 2019). The economic cost is also a concern for this. According to Public Health England, it is 34 billion pounds annually, and there is a possibility to increase it by 2030. Additionally, this disease mostly occurs in women, and it is the second main cause of death among men in England.

2.4 Risk Associated with Dementia

There are many risks associated with dementia that should come into focus. At first, people who have severe hypertension suffer from vascular problems. This problem leads to vascular dementia (Sharp et al., 2011). People who have diabetes also suffer from vascular dementia. Secondly, the people who smoke daily suffer from oxidative stress, which increases the possibility of vascular damage. Then, the people who drink alcohol have a higher risk of vascular dementia. There are many other reasons. For example, if a man is physically inactive, then it reduces blood flow to the brain (Convertino,

2007). Therefore. It causes cognitive problems. Moreover, depression and anxiety are also prime reasons for cognitive dysfunction. When people get isolated from the outer environment then it lessens cognitive function. Hence, obesity or a high cholesterol rate is also a risk factor for dementia. These diseases increase the possibility of vascular dementia.

3.Effect of Dementia

Dementia is a kind of disease that has a great impact on the families of the sufferers. This disease not only affects the sufferer's body but also many external things (Cohen, 1991). These effects are discussed below:

3.1 Physical Impact on Sufferers

One of the major impacts on the sufferer is memory loss. This memory loss can be short-term or long-term. Additionally, individuals also face problems in doing everyday tasks. For example, washing, cleaning, or eating. As well as, people sometimes lose proper cognitive function and they face problems regarding moving (Johansson et al., 2015). Individuals sometimes suffer problems regarding speaking and swallowing in the long term. Moreover, some sufferers also suffer from an infection in the

urinary tract. As well as suffering from Pneumonia.

3.2 Psychology and behavior-related Impact

One of the most common impacts of dementia is depression and anxiety (Leung et al., 2021). Most of the people who have dementia have to go through anxiety, and they feel lonely. These feelings lead them to depression. They face these symptoms at the first stage of the disease. These things happen because they become aware of the diagnosis process. Additionally, the people who suffer from dementia also face problems regarding the changes in their behavior (Feast et al., 2016). A huge change happens in their behavior. These changes involve being aggressive in normal situations, showing arrogance, and experiencing hallucinations. Most of the time, they are confused and exhibit bad behavior without any reason. Then here comes the most harmful effect of dementia, which is that people may forget their names and faces. These changes affect both their personal and professional life.

3.3 Impact on the Society

When people suffer from dementia, they cannot interact with people properly. They lag in social connections. As well as, they become isolated,

which leads to decreased participation in social life. This disease has become a social stigma, which is why the sufferers fear connecting with people.

3.4 Impact on the Economy

In the United Kingdom, many people suffer from dementia, and in care homes, the cost of caring for dementia patients is really high. According to the Alzheimer Society 2024, £13,9 billion of the total cost is due to the irresponsible care workers. Most of the carers leave the job or decrease working time when the patient has dementia.

3.5 Impact on the Families and Carers of the Sufferer

The families of the sufferers face economic problems, as taking care of the patients is a burden for them. So they are mostly dependent on the carer. Based on the Carer UK 2023, more than 700000 families of dementia sufferers don't offer proper dementia care (Lee, 2018). The families suffer from anxiety, depression, and financial problems. The NHS's main long-term plan is to give recognition to dementia carers as well as term them as partners in care. As well as they will give focus on the Care Act 2014, which is based on the carer support assessment (Fernandez et al., 2020).

3.6 Treatments based on the Evidence and Research in the UK

Research says that Dementia is not curable, but long-term proper management can reduce the symptoms (Arvanitakis et al., 2019). The symptoms of dementia can be managed by pharmacological and non-pharmacological procedures. These procedures improve the symptoms and the cognitive function. Many types of diverse teams offer these approaches.

4.1 Pharmacological Management System

Pharmacological management is beneficial for Alzheimer's disease. But studies show that these approaches are also helpful for dementia patients. These diverse pharmacological approaches are discussed below-

AChe Inhibitors or Acetylcholinesterase Inhibitors

In mild to moderate stages, ACE inhibitors like Donepezil and Galantamine are appropriate. These inhibitors reduce the symptoms. Additionally, these inhibitors improve the cholinergic-related transmission. These chemicals improve cognitive function (Deardorff et al., 2015).

Secondly, there are NMDA receptor antagonists. These antagonists help in the management of severe to mild dementia. They help in the stabilization of cognitive function as well as help in the agitation problem (Kreutzwiser&Tawfic, 2019).

Thirdly, Antipsychotic medicines also help in the management of dementia. These medications help in the betterment of mental conditions. As well as these medicines improves cognitive function. Additionally, these also control the aggression and psychosis. But these medication has some side effects like strokes and heart attack, so regular monitoring is needed (Jeste et al., 2008).

Moreover, antidepressant medicines also help in the management of dementia. As depression is a side effect of dementia, it is managed.

Therefore, the use of medicines alone cannot heal dementia. But management is successful when these pharmacological actions are combined with the support of the caregiver.

4.2 Non-Pharmacological Management

There are some non-pharmacological management system that aids in the healing of dementia care. These non-pharmacological

approaches mainly improve the quality of life. As well as these steps, they also improve the betterment of behavioral characteristics and symptoms.

Procedure	Advantages
The first one is Cognitive Stimulation Therapy	This an research or evidence based therapy which helps in the memory improvement as well as communication development (Breuil et al., 1994).
Another one is Reminiscence Therapy	In this type of therapy therapist or caregivers share stories, photos or significant life incidents to get back the memory of the patients. This therapy is used to maintain the identity of sufferers (Latha et al, 2014).
Music or Art Therapy	Music or Art can enhance the mental condition of dementia patient. These therapies give euphoric effect.
Occupation based Therapy	This therapy aids in the independence as well as adapt the patient with all kind of environment. As well as many

	safety tricks are used in this therapy (Fisher, 2013).
Nutrition and Exercise based campaign or programs	Many awareness based programs are organized to support the patients as well as campaigns with proper target is also conducted .

Hence, these are non-pharmacological approaches by which dementia can be managed. But only these therapies alone cannot heal dementia. Adding to these carer's support is also important. They should give the best support to the families to manage the disease. They should show enough support and affection to the sufferers family.

5. Theoretical Models Regarding the Management

5.1The NHS House of Care model

There is a model named House of Care, according to NHS England 2019. This is a flexible framework for managing long-term conditions. This model can manage conditions like dementia through combined and organized care. This model is based on four main components (Bennett et al., 2018). These components are given below-

The first one is specific individuals as well as carers who are involved in the planning of care giving (Barnes & Wistow, 1994).

The second one is the healthcare professionals or doctors who are committed to collaborative working (Schot et al., 2020).

Thirdly, the businesses or organizations that are supporting the whole care system.

Lastly, there is commissioning that assures the services are given to customers properly.

Therefore, in dementia, this model assures that if all the skillful individuals are involved in the care-giving, regardless of whether they are. This model aids in the development of a proper care plan, maintaining dignity and support. That's how these steps transfer from doing to model to working with the model (Anderberg et al., 2007).

5.2 Chronic Care Model or CCM

The Chronic Care Model was invented by Wagener in 1996. It is a prime international framework that is developed for the appropriate care of long-term illness. This model provides a flexible framework for the care of sufferers. This model is composed of six main components. These components are given below-

- The first one is self-management support

- Then the second one is designing a delivery system
- The third one is Design support
- The fourth one is a clinical information system
- Then there are community resources
- The last one is Health System Organisation (Stellefson et al., 2013).

Therefore, in terms of dementia, CCM mainly gives priority to giving motivation to the patients and providing collaborative support through therapist or doctors. This model mainly utilize technology for giving proper care to the patients.

5.3 Comparative study between the Models

The House of Care Model was mainly invented by the United Kingdom, while CCM is mainly an international framework. The House of Care model mainly pivots its focus on the working based on the partnership between doctors and patients. On the other hand, CCM is a system-based model that manages the long-term conditions systematically. The House of Care model mainly focuses on long-term conditions, while CCM is appropriate for diverse health systems globally. Lastly, the House of Care is for specific individuals, and it promotes personalized self-care. On the other hand, CCM gives priority

to the proper research and evidence-based support.

Hence, both models are appropriate for the management of Dementia and go with modern NHS dementia services through providing collaborative care and patient encouragement.

6. The long-term plan of the NHS

In 2019, the NHS introduced the long-term plan for the next ten years. This plan mainly focuses on the betterment of care quality and improving the final results. The care related to dementia is mainly based on giving flexible, personalized, and systemic healthcare.

6.1 Key factors related to Dementia

- The first one is Early and appropriate diagnosis. NHS pivots its focus on the two-thirds of the people suffering from dementia.
- Some advanced tools are used to detect dementia, as memory testing tools are being increased.

- Betterment of health, social, and voluntary fields. These steps will improve the quality of dementia care. As well as enhancing community-based care, it will decrease the dependency on hospitals
- Giving priority to personalized care, which mainly focuses on the choice of sufferers. The carer should be included in all types of planning.
- Providing support through GPS as well as a pharmacist. Routine diagnosis should be done for early diagnosis of cognitive dysfunction.
- The new technologies play an important role in the management of dementia. Electronic health check-ups aid in tracking signs and symptoms as well as collaborative care.
- A public health-focused campaign also aids in the management of risk factors like smoking, obesity, and physical dysfunction.
- There should be efficient support for carers and families for the success of the management.

6.2 The aim of the NHS for Dementia Management

The NHS has a long-term flexible plan for the management of dementia. According to the NHS,

by 2029, every person suffering from dementia will need a time-to-time diagnosis and post-diagnostic support. As well as they will have a personal carer to get the appropriate care. They will have a community-based support rather than institution-based care. Every person who is suffering from dementia will have an environment that is best for them.

Hence, this plan of the NHS proves their commitment to the quality of life as well as the betterment of the sufferers.

6.3 Global Dementia Policy

The framework of the NHS goes well with the long-term plan of the WHO Global Action. This plan gives priority to the welfare of people with dementia as well as increasing the possibility of healing or reducing the symptoms.

7. PCC or Person Centered Care

In high-quality dementia management, person-centered care is paramount. This type of care involves the interference of a specific individual as well as giving preference to their opinion. The main principle of this system is prioritizing individuals' opinions. The steps involve using advanced technologies to give cognitive support.

As well as maintaining better communication (Kim & Park, 2017).

8.End of Life Care

This type of unique care mainly focuses on the complex and psychological needs of sufferers. This care is given at the final stage of dementia. Emotional and mental support is a must for the sufferers in this stage. There is a term called Advanced Care planning, which involves giving priority to the opinions of the individuals at the advanced stage and providing a proper Dementia friendly environment.

9.Future recommendations for this Condition

According to the research, Early diagnosis, Utilization of advanced technology, and proper support can improve the condition of this long-term disease. Additionally, increasing public awareness and organizing a campaign can also aid in the betterment of dementia management. These steps will increase the possibility of a sustainable healthcare system regarding long-term conditions.

10.Conclusion

In conclusion, Dementia is a complex condition that affects not only patients but also their families and carers. There is no specific treatment for dementia, but many modern technologies and theories suggest that person-centered care, as well as evidence-based pharmacological treatment, can reduce the symptoms. There are many therapies which are effective, for example, Cognitive stimulation therapy, Music or Art therapy. Adding to these, there are many theoretical models like the House of Care and the Chronic Care model, which also aid in the management.

Therefore, the NHS plan for the next ten years mainly focuses on the early detection, personal care, and care based on the support of the overall society. So, through giving a proper environment for the management, giving motivation to the patients and carers, these problems can be solved. The people who are suffering from dementia have the right to live with proper treatment and management. Hence, for a meaningful life, the management of this condition should be proper. Because every life matters and every condition should be of concern.

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