

Written Report

by Marilena Anghel

Submission date: 21-Jul-2023 12:48PM (UTC+0100)

Submission ID: 210508648

File name: 27277_Marilena_Anghel_Written_Report_503804_1287859011.docx (30.75K)

Word count: 3248

Character count: 21571

MODULE ¹² **Title: Mental Disorders and
Psychopathology**

MODULE CODE: BMHP6006_BIRM

**Assignment Title: Assessment 2
Written Report**

Module Lecturer: Donna Holder

Submission Date: 21/07/2023

Student Name: Marilena Anghel

Table of Contents

Table of Contents	2
1. Introduction	3
2. Classification and Diagnosis	4
3. Treatment Provision	6
4. Measurement of Rehabilitation	8
5. Conclusion and Recommendations	10
6. References	13

1. Introduction

Dementia's prevalence influences mental health and social work. Symptoms include memory loss, disorientation, mood swings, and difficulty accomplishing daily duties. As dementia incidence grows, it becomes more important to define, diagnose, treat, and rehabilitate dementia patients. To define Dementia, the research relied primarily on the ICD-11. With the ICD-11, Dementia is better understood and managed (Fung et al., 2020). ICD-11 principles are used to examine the classification, diagnosis, treatment, and rehabilitative evaluation of Dementia critically. This method of researching Dementia may benefit mental health and social services. This research may benefit dementia patients and their caregivers because it identifies areas for improvement and provides evidence-based recommendations. The paper achieves these objectives using pertinent academic literature, textbooks, and data. It will investigate how Dementia is classified, diagnosed, available treatments, and how their efficacy is measured.

Understanding Classifying Dementia is necessary. The patient-centered ICD-11 system is a reliable classification instrument. It acknowledges that there are numerous dementia types and identifiers. Critically evaluating the ICD-11 categorization criteria might help you comprehend the subtypes and their diagnostic aspects. Dementia treatment requires accurate diagnosis. Cognitive deterioration is assessed and excluded during diagnosis. The ICD-11 recommends considering cognitive, functional, and behavioral domains to diagnose Dementia. Healthcare practitioners may ensure prompt and accurate dementia diagnosis by thoroughly analyzing ICD-11 diagnostic processes. Dementia treatment is varied. Using pharmaceutical, non-pharmacological, and psychological therapies, the ICD-11 emphasizes person-centered care (Parfenov et al., 2020). Critically examining ICD-11 therapy choices provides a complete grasp of their effectiveness, limits, and future improvements. Dementia patients benefit from rehabilitation. Rehabilitation outcomes must be measured to assess progress and treatments. ICD-11 criteria examine rehabilitation results in cognition, function, behavior, and quality of life (Brodaty and Donkin, 2022). Healthcare practitioners may accurately and meaningfully evaluate

dementia rehabilitation results by critically assessing ICD-11 measuring tools and techniques.

2. Classification and Diagnosis

Dementia, defined by cognitive decline and functional deficits, has several forms and symptoms. For successful treatment and intervention, accurate categorization and diagnosis are essential. The International Categorization of Diseases (ICD) version 11 (ICD-11) offers a comprehensive framework for categorizing Dementia, stressing a person-centered approach and recognizing the diversity of manifestations. The ICD-11 diagnostic criteria reflect the main characteristics of dementia while taking individual differences into account. Cognitive decline, functional decline, and evidence of underlying brain disease are prerequisites. Cognitive impairment is tested by memory, focus, executive functions, language, and visuospatial ability. Functional evaluation reveals how cognitive impairment affects everyday activities (Popescu et al., 2022). These criteria will help doctors diagnose and treat patients better.

The ICD-11 dementia categorization includes subgroups and specifiers in addition to basic criteria. Dementia subcategories include Alzheimer's, vascular, Lewy body, and frontotemporal. These categories reveal dementia's causes and course, enabling personalized therapy and prognoses. With the aid of qualifiers such as severity, behavioral abnormalities, and specific cognitive deficits, the illness can be defined more precisely (Brodaty and Donkin, 2022). A comprehensive evaluation using a variety of assessment instruments and techniques is a component of the dementia diagnostic procedure. The MMSE and MoCA are used to measure mental health. These tools evaluate cognitive impairment and identify its severity (Prados et al., 2022). The Activities of Daily Living (ADL) scale, for example, assesses a person's independence in performing everyday tasks and thus provides crucial insight into the practical effects of cognitive impairment. Clinical interviews with the person and their caregivers are essential for acquiring detailed information regarding cognitive deficits' development, progression, and effect. Collateral information from family members or close acquaintances may give valuable insights into behavioral, emotional, and everyday functioning issues (Prentice et

al., 2021). The combination of cognitive examinations, functional evaluations, and clinical interviews allows for a full assessment of Dementia, guaranteeing a comprehensive picture of the individual's mental and functioning capacities.

The subject of dementia diagnosis is constantly developing, with continuing research adding to the diagnostic process's accuracy and limits. MRI and PET are advanced neuroimaging methods that may identify brain abnormalities connected to distinct dementia subtypes. Structure and functional brain imaging may reveal brain shrinkage, vascular abnormalities, and the presence of abnormal protein deposits. Biomarkers, such as cerebrospinal fluid analysis and genetic testing, can improve diagnostic accuracy and early detection. However, difficulties remain in correctly identifying Dementia, especially in its early stages. The presence of overlapping symptoms with other illnesses, such as depression or moderate cognitive impairment, might make diagnosis more difficult. Individual differences in clinical presentation contribute to the complication. Researchers are investigating several assessment modalities, such as neuroimaging and biomarkers, to improve diagnosis accuracy and distinguish between dementia subtypes (Page and Pretorius, 2021). Developing technologies such as machine learning algorithms and artificial intelligence offer promise in enhancing diagnostic accuracy and forecasting disease progression.

Efforts are also being made to enhance diagnostic criteria's cultural sensitivity and applicability. Recognizing the impact of cultural and social variables on symptom presentation and interpretation is critical for accurate diagnosis and appropriate dementia care. Assessment methods and diagnostic criteria that have been culturally adapted may assist in overcoming gaps in diagnosis and treatment provision across various groups. In addition, advances in genetics and genomics have revealed genetic risk factors connected with Dementia subtypes (Farina et al., 2020). Individuals and their families may benefit from genetic testing, especially for family types of Dementia, to help with accurate diagnosis, prognosis, and counseling. The ICD-11 classification and diagnosis of Dementia give a comprehensive framework for understanding and evaluating this complicated condition. The diagnostic criteria, subtypes, and specifiers allow for a person-

centered approach and help healthcare practitioners effectively diagnose people with Dementia. A comprehensive examination may combine cognitive exams, functional evaluations, and clinical interviews (Van Haeften-van Dijk et al., 2020). Ongoing research and breakthroughs in neuroimaging, biomarkers, and new technologies show great potential for enhancing diagnostic accuracy, early diagnosis, and individualized dementia care.

3. Treatment Provision

Dementia patients may choose among evidence-based therapy, medicines, and interventions. As Dementia is more understood, treatment techniques strive to meet patients' particular requirements. This section will analyze the various treatment options, assess their efficacy and limits, describe the historical backdrop of mental health services in the UK for people with Dementia, and provide ideas for enhancing therapy. Evidence-based therapy is essential for dementia management. CST group activities increase thinking, memory, and social skills. In dementia patients, CST improves cognition, quality of life, and communication. Cognitive rehabilitation improves certain cognitive domains via specialized therapies, compensatory methods, and contextual changes (Prentice et al., 2021). These interventions have improved cognitive function and functional independence.

Psychological therapies are crucial to meeting the psychological and emotional requirements of dementia patients. Person-centered care, which tailors care plans to individual preferences, talents, and life experiences, is commonly seen as beneficial. It gives dementia patients dignity, autonomy, and a feeling of self. Support groups and dementia-friendly communities allow people with Dementia and their carers to interact, exchange stories, and get practical assistance. Pharmacological treatments for dementia symptoms are another option. Donepezil, rivastigmine, and galantamine cure cognitive issues. These medications boost brain cholinergic neurotransmission (Farina et al., 2020). Their efficacy varies; side effects such as gastrointestinal problems might restrict their tolerance.

Aggression, agitation, and psychosis caused by Dementia may be treated with antipsychotics. In Alzheimer's patients, they increase mortality and cardiovascular events. Thus, antipsychotics should only be used in severe cases after carefully weighing their pros and cons. Dementia therapy has changed significantly throughout the UK's mental health history. In the past, people with Dementia were institutionalized in huge mental facilities. However, advances in knowledge and person-centered treatment have led to a move toward community-based care approaches (Page and Pretorius, 2021). The Mental Health Act (1983) and its revisions have protected the rights and well-being of people with Dementia, encouraging their dignity and participation.

The Care Act (2014) promotes person-centered dementia care planning, evaluation, and support. Local authorities must evaluate and provide services and assistance to people with Dementia under the act. Due to this regulatory framework, memory clinics, dementia-friendly communities, and home-based care services have developed (Zhou et al., 2021). Dementia therapy has improved, yet there is always room for improvement. First and first, healthcare professionals, carers, and the general public must be educated on Dementia. Healthcare personnel can deliver the best treatment and support with enhanced training programs (Esang and Gupta, 2021). Better ¹integration of health and social care systems is needed to ensure dementia patients' smooth transitions and continuity of care.

Early identification and management need better access to specialized services like memory clinics and interdisciplinary teams. Diagnostic tools, neuroimaging, and biomarker testing must be more accessible and affordable. Innovative pharmacological and non-pharmacological therapeutic methods need increasing research funding. Non-pharmacological dementia treatments are becoming more popular as research advances. Music therapy may improve dementia patients' cognitive performance, mood, and social participation (Cummings et al., 2022). Using individualized music playlists to reduce agitation, improve communication, and boost well-being has shown encouraging outcomes. Art and memory therapy has also improved self-expression, behavioral symptoms, and identity in dementia patients (Prentice et al., 2021). These non-pharmacological alternatives allow artistic expression and emotional connection.

In addition to individual treatment options, it is essential to address social and systemic variables that affect dementia care. Caregivers need help and respite to manage the difficulties of caring for someone with Dementia. Funding and resources must be committed to providing such support services. Reduce dementia stigma and boost awareness to create a caring and inclusive environment. Dementia-friendly communities, where businesses, public spaces, and community members are educated and attentive to dementia needs, may help establish a more inclusive society where persons with Dementia may live with dignity and independence. ²² People with Dementia need a multidisciplinary approach (Van Haefen-van Dijk et al., 2020). Healthcare professionals, academics, legislators, and community groups must work together to build comprehensive dementia care models. Encourage interdisciplinary research collaborations to better understand the condition's processes, explore innovative technologies and therapeutics, and develop partnerships to put research results into clinical practice (Esang and Gupta, 2021). Working together improves dementia care, quality of life, and well-being.

4. Measurement of Rehabilitation

Measuring rehabilitation outcomes in people with Dementia is critical for determining the efficacy of therapies and tracking their progress. Various evaluation instruments, outcome measures, and scales have been created to evaluate rehabilitation in dementia care, guided by the ICD-11 standards and recommendations. This section will examine how rehabilitation for people with Dementia is measured using ICD-11, analyze the assessment tools and outcome measures used, critically evaluate current approaches to measuring rehabilitation outcomes, and make recommendations for improving measurement in dementia care.

ICD-11 recommends assessing cognitive ability, ADLs, ²³ social participation, and quality of ¹⁴ life to measure dementia rehabilitation success. The Mini-Mental State Examination (MMSE) and Montreal Cognitive Assessment (MoCA) measure cognitive capacity and track changes. These standardized assessments offer a systematic way of diagnosing and monitoring cognitive impairment (Cummings et al., 2022). Furthermore, functional

18 tests, such as the Alzheimer's Disease Cooperative Study-tasks of Daily Living (ADCS-ADL) scale, examine a person's capacity to do daily tasks independently (Esang and Gupta, 2021). These measurements aid in the identification of functional limits, the tracking of changes in practical skills, and the formulation of focused rehabilitation therapies.

Outcome metrics and scales assess larger rehabilitation areas in Dementia patients. QoL-AD measures medicines' subjective well-being and quality of life. Assessing physical health, emotions, relationships, and self-esteem. The NPI measures dementia-related behavioral and psychological symptoms. The tool sets treatments for agitation, depression, and psychosis. While these evaluation methods and outcome metrics give helpful information about the rehabilitation process, they have certain limitations. One restriction is the dependence on subjective self-report or caregiver reports, which may add bias and inaccuracy. The exams also evaluate deficits rather than strengths and skills (World Health Organization, 2019). Due to the complexity and multidimensionality of dementia care, a more full and person-centered evaluation that covers cognitive, functional, emotional, social, and meaningful activities is needed.

A more complete and diversified method of measuring rehabilitation results in dementia care is required. Validated metrics that reflect the individual's subjective experiences, satisfaction with treatment, and a sense of purpose must be used to give a more comprehensive perspective of rehabilitation results. For example, wearable gadgets and digital platforms may provide objective and real-time data on physical activity, sleep habits, and social contacts, allowing for a more nuanced evaluation of rehabilitation progress. Furthermore, qualitative approaches such as interviews and focus groups may give valuable insights into an individual's life experiences, preferences, and aspirations, complementing the measuring process.

It is critical to ensure the practicality and feasibility of measuring in real-world contexts and enhance the instruments and measurements utilized. Healthcare personnel and caregivers should get training and instruction to guarantee accurate and trustworthy data

gathering. Standardizing assessment techniques and standards may improve measurement consistency and comparability across care settings (Cummings et al., 2022). Furthermore, including people with Dementia and their caregivers in creating and enhancing assessment instruments may help ensure that the assessments are meaningful, relevant, and person-centered.

Measuring rehabilitative outcomes in dementia care is critical for directing person-centered care and assessing the efficacy of treatments. We can improve the measurement of rehabilitation outcomes and, ultimately, the quality of care provided to people with Dementia (World Health Organization, 2019). It is possible by taking a comprehensive, multidimensional, and person-centered approach to measurement, incorporating validated measures, leveraging technology, and involving people with Dementia and their caregivers.

5. Conclusion and Recommendations

In conclusion, this report has examined Dementia's categorization, diagnosis, therapy, and rehabilitation assessment according to ICD-11 recommendations. Engaging with relevant scientific material and using ICD-11 as a significant reference has led to a cohesive and thorough knowledge of Dementia. The results show that mental health and social care must address Dementia and use ICD-11 as a resource. The ICD-11 offers a comprehensive framework for comprehending the numerous forms and subtypes of Dementia, enabling accurate diagnosis and suitable therapies. This categorization system promotes uniformity and simplifies communication among healthcare practitioners, researchers, and policymakers. It improves knowledge of Dementia and helps design subtype-specific treatments.

Dementia patients must be diagnosed to begin treatment. Healthcare practitioners may examine cognitive functioning, functional skills, and behavioral symptoms using standardized assessment methods and interviews. Such evaluations improve Dementia diagnostic accuracy and reliability, allowing focused treatment methods. However, diagnostic criteria have limits and may be affected by subjective variables. To diagnose

and treat Dementia early, further research is required. Dementia treatment is complicated. Evidence-based drugs, treatments, and interventions may treat cognitive, functional, and behavioral problems. Current treatment methods are ineffective. Thus, more research and innovation are needed. Targeted therapies for dementia patients are crucial. It involves studying non-pharmacological treatments such as cognitive rehabilitation programs, behavioral therapy, and psychosocial support to improve well-being and ¹quality of life. In addition, including dementia patients and their carers in treatment planning may improve results and person-centered care. Legislation has shaped dementia therapy in the UK. ¹⁶ The Mental Health Act 1983 and the Mental Capacity Act 2005 protect Dementia patients' rights and well-being. These legal amendments have led to a move toward person-centered treatment, stressing autonomy, dignity, and Dementia patients' participation in decision-making. However, these legal frameworks require continuing examination and revision to meet new difficulties and ensure they match with increasing dementia care best practices.

The report recommends ways to improve dementia therapy based on its results. First, healthcare professionals, caregivers, and the general public need more knowledge and education about Dementia and its effects. Stigma, early identification, and prompt treatments may be reduced. Dementia education should improve diagnosis, encourage a person-centered approach to treatment, and increase awareness of the numerous kinds and subtypes. Second, there should be an attempt to encourage person-centered care that respects the particular needs and preferences of dementia patients. Deliver complete and coordinated care; this entails building collaborative relationships between healthcare professionals, carers, and support services. The individual's symptoms, preferences, and stage of Dementia should be considered while designing treatments. This method recognizes the variability of the dementia population and tailors therapy to individual requirements. Targeted solutions for Dementia symptoms and problems should be supported via research and innovation. It might entail investigating innovative treatment techniques, using technology for remote monitoring and assistance, and developing relationships between academics, industry, and healthcare practitioners. Assessment instruments and outcome measures must be continuously assessed and improved to

guarantee their validity, reliability, and relevance in evaluating rehabilitation results. It includes continuing validation research, measuring instrument improvements, and clinical recommendations that include evolving evidence-based procedures.

In conclusion, this study has covered dementia classification, diagnosis, therapy, and rehabilitation assessment according to ICD-11. We can improve ¹care for people with Dementia by addressing mental health and social care and using ICD-11. Awareness, person-centered methods, research and innovation, and constant review of assessment instruments and outcome indicators are suggestions to enhance dementia care. By following these guidelines, we can create an atmosphere that promotes the dignity and well-being of dementia patients and ensures they get the care they need.

6. References

- ¹¹ Brodaty, H. and Donkin, M., 2022. Family caregivers of people with Dementia. *Dialogues in clinical neuroscience*.
- ⁹ Cummings, J.L., Goldman, D.P., Simmons-Stern, N.R. and Ponton, E., 2022. The costs of developing treatments for Alzheimer's disease: A retrospective exploration. *Alzheimer's & Dementia*, 18(3), pp.469-477.
- ⁵ Esang, M. and Gupta, M., 2021. Aducanumab as a novel treatment for Alzheimer's disease: A decade of hope, controversies, and the future. *Cureus*, 13(8).
- ² Farina, N., Ibnidris, A., Alladi, S., Comas-Herrera, A., Albanese, E., Docrat, S., Ferri, C.P., Freeman, E., Govia, I., Jacobs, R. and Astudillo-Garcia, C.I., 2020. A systematic review and meta-analysis of dementia prevalence in seven developing countries: A STRiDE project. *Global public health*, 15(12), pp.1878-1893.
- ⁶ Fung, K.W., Xu, J. and Bodenreider, O., 2020. The new International Classification of Diseases 11th edition: a comparative analysis with ICD-10 and ICD-10-CM. *Journal of the American Medical Informatics Association*, 27(5), pp.738-746.
- ²⁰ Page, M.J. and Pretorius, E., 2021, October. Platelet behavior contributes to neuropathologies, focusing on Alzheimer's and Parkinson's disease. In *Seminars in Thrombosis and Hemostasis* (Vol. 48, No. 03, pp. 382-404). 333 Seventh Avenue, 18th Floor, New York, NY 10001, USA: Thieme Medical Publishers, Inc.
- ¹³ Parfenov, V.A., Zakharov, V.V., Kabaeva, A.R. and Vakhnina, N.V., 2020. A systematic review of subjective cognitive decline as a predictor of future cognitive decline. *Dementia & Neuropsychologia*, 14, pp.248-257.
- ⁵ Popescu, M.H., Celik, C., MEAa, V.D. and Jakob, R., 2022. Preliminary Validation of a Rule-Based System for Mortality Coding Using ICD-11. *Challenges of Trustable AI and Added-Value on Health*, p.679.
- ⁸ Prados, M.J., Liu, Y., Jun, H., Lam, J. and Mattke, S., 2022. Projecting the long-term societal value of a disease-modifying treatment for Alzheimer's disease in the United States. *Alzheimer's & Dementia*, 18(1), pp.142-151.
- ⁷ Prentice, J.L., Schaeffer, M.J., Wall, A.K. and Callahan, B.L., 2021. A systematic review and comparison of neurocognitive features of late-life attention-deficit/hyperactivity

disorder and Dementia with Lewy bodies. *Journal of Geriatric Psychiatry and Neurology*, 34(5), pp.466-481.

3 van Haeften-van Dijk, A.M., Meiland, F.J., Hattink, B.J., Bakker, T.J. and Dröes, R.M., 2020. A comparison of a community-based dementia support program and nursing home-based day care: Effects on carer needs, emotional burden and quality of life. *Dementia*, 19(8), pp.2836-2856.

17 World Health Organization, 2019. Risk reduction of cognitive decline and dementia: WHO guidelines.

Zhou, Y., Ishado, E., O'Hara, A., Borson, S. and Sadak, T., 2021. Developing a unifying model of resilience in dementia caregiving: a scoping review and content analysis. *Journal of Applied Gerontology*, 40(10), pp.1377-1388.

Written Report

ORIGINALITY REPORT

17%

SIMILARITY INDEX

16%

INTERNET SOURCES

10%

PUBLICATIONS

13%

STUDENT PAPERS

PRIMARY SOURCES

1

wels.open.ac.uk

Internet Source

2%

2

Submitted to University of Stirling

Student Paper

2%

3

Submitted to University of Worcester

Student Paper

1%

4

Submitted to University of Derby

Student Paper

1%

5

Submitted to University of Sheffield

Student Paper

1%

6

Submitted to Milton Keynes College

Student Paper

1%

7

psyc.ucalgary.ca

Internet Source

1%

8

Submitted to University of Reading

Student Paper

1%

9

Submitted to The University of Manchester

Student Paper

1%

10	Submitted to Adtalem Global Education Student Paper	1 %
11	www.citethisforme.com Internet Source	<1 %
12	Submitted to University of Wales, Lampeter Student Paper	<1 %
13	www.frontiersin.org Internet Source	<1 %
14	pubmed.ncbi.nlm.nih.gov Internet Source	<1 %
15	ses.library.usyd.edu.au Internet Source	<1 %
16	www.cqc.org.uk Internet Source	<1 %
17	www.medrxiv.org Internet Source	<1 %
18	icer.org Internet Source	<1 %
19	my.uni.li Internet Source	<1 %
20	Douglas B. Kell, Etheresia Pretorius. "The potential role of ischaemia-reperfusion injury in chronic, relapsing diseases such as rheumatoid arthritis, Long COVID, and	<1 %

ME/CFS: evidence, mechanisms, and therapeutic implications", Biochemical Journal, 2022

Publication

21	researchr.org Internet Source	<1 %
22	www.cambridge.org Internet Source	<1 %
23	research.vu.nl Internet Source	<1 %

Exclude quotes Off
Exclude bibliography Off

Exclude matches Off