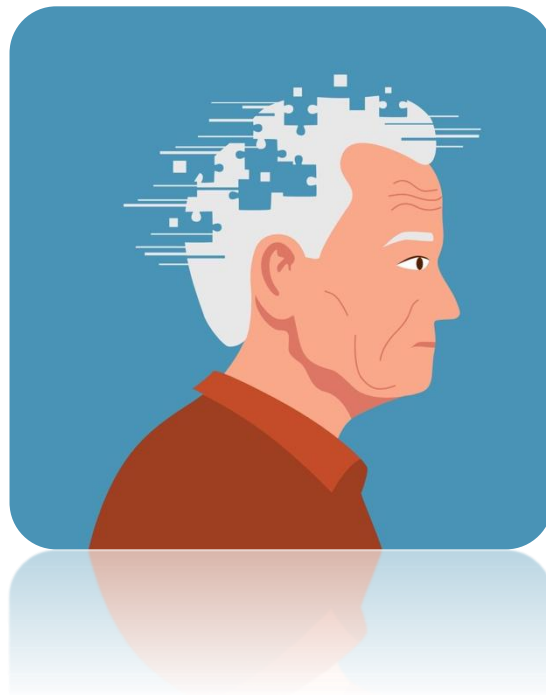




Prifysgol Cymru
Y Drindod Dewi Sant
University of Wales
Trinity Saint David

Dementia

as a Long-Term Condition



Student Name: Jhanvi Gajjar

Student Number: 2541774

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Lecturer's Name: Muhammad Khan

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Table of Contents

1. Introduction, Definition and Burden of Dementia	2
2. Physical, Psychological and Social Impact of Dementia	3
3. Impact of Dementia on Families and Informal Caregivers	5
4. Evidence-Based Management and Treatment of Dementia.....	6
5. Models and Frameworks Supporting Dementia Care	7
6. Policy Context and Contemporary Challenges in Dementia Care	8
7. Recommendations for Person-Centred Care, Self-Management and End-of-Life Care	9
CONCLUSION.....	10
Reference.....	11

1. Introduction, Definition and Burden of Dementia

Dementia may be defined as a progressive syndrome characterised by cognitive and neurological disorders which result in a loss of the patient's capacity to perform daily activities due to impaired memory, cognition, behaviour and functions. Although often associated with older patients, dementia does not occur as a natural outcome of ageing; however, it arises because of certain diseases of the brain, namely, Alzheimer's disease, vascular dementia, Lewy body dementia, and frontotemporal dementia (World Health Organization, 2025).

According to modern literature, dementia is viewed as a complex disease that requires an approach to its treatment more complex than the biomedical one. As the approaches to the treatment of dementia traditionally revolved around the degeneration processes in the patient's brain, modern research shows the importance of psychological and environmental factors for the prognosis and outcome. Consequently, dementia needs a transition to person-centered care programs in order to improve the patient's life.

Global prevalence

Dementia is considered one of the largest problems of global public health in the 21st century. In accordance with current statistics, there were more than 57 million people suffering from dementia in 2021 all over the globe.(WHO 2025)

At the same time, the number of people who have dementia is expected to increase to 153 million in 2050 due to population aging and life expectancy growth (Nichols et al., 2022). However, such reasoning regarding the causes of the problem cannot be considered adequate. Numerous studies have been conducted to prove the relationship between the disease and modifiable risk factors, which means that a significant portion of the problem is preventable (Livingston et al., 2024).

UK prevalence

The dementia crisis represents a significant issue in terms of health and social care in the UK. Currently, one million people in the country suffer from the disease, with forecasts estimating a large increase in the future years to come (Alzheimer's Society, 2024). In addition, dementia is expected to be the main reason for death in the UK in the future (Alzheimer's Society, 2026).

Indicator	Estimate
Global prevalence (2021)	57 million people
Projected global prevalence (2050)	153 million people
UK prevalence (2024)	Approximately 1 million people
Annual global economic cost	> US\$1.3 trillion

Source: Nichols et al. (2022); Alzheimer's Society (2024); WHO (2025)

Table 1: Global and UK Dementia Prevalence

Risk factors/ aetiology

It is caused by the interaction of several etiologic agents, including genetics, biology, lifestyle, and

Non-modifiable risk factors	Modifiable risk factors
Increasing age	Hypertension
Family history	Diabetes
APOE ε4 gene	Obesity
Rare inherited gene mutations	Smoking
	Physical inactivity
	Excessive alcohol use
	Hearing loss
	Depression
	Social isolation
	Low educational attainment

Table 2 Major risk factor for dementia

Adapted from Livingston et al. (2024) and World Health Organization (2025).

environment, as opposed to a single one. It usually starts years before any manifestation of symptoms through progressive neural tissue damage leading to impairments in memory, cognitive abilities, and functions (Livingston et al., 2024). Thus, there is a need for understanding both the etiologies of the disease and the risk factors that increase the probability of their occurrence.

The cause of dementia depends on its type. The majority of the diseases' causes is Alzheimer's disease, accounting for 60-70% of cases, which is due to deposition of amyloid-beta and

tau proteins causing death of neurons (World Health Organization, 2025). Vascular dementia occurs because of impaired blood flow, often due to a stroke or vascular brain damage. Other types of dementia, such as Lewy body dementia and frontotemporal dementia, occur due to the deposit of certain proteins or damage to brain areas responsible for particular functions of an individual (National Institute for Health and Care Excellence, 2022).

Ageing is the strongest risk factor; however, dementia is not an inevitable outcome of the process. Some people have a genetic predisposition to the disease, especially if they have an APOEε4allele(apolipoprotein) (Scheltens et al., 2021). However, data suggest that about 45% of dementia cases could be potentially prevented or delayed through the reduction of modifiable risk factors during the lifetime of an individual. They are hypertension, diabetes, obesity, smoking, inactivity, drinking, hearing problems, depression, isolation, and lack of education (Livingston et al., 2024).

2. Physical, Psychological and Social Impact of Dementia

The consequences of dementia are numerous, as they have an impact on various aspects of one's life – physical, psychological, and social. While it is generally assumed that the effects of dementia are associated with the decreased mental abilities, modern science has proved that dementia needs to be considered a complex chronic disease

Physical Impact

However, as dementia advances, patients often develop deficits in their abilities to function, move around, and maintain independence. Issues with carrying out daily activities, such as hygiene, dressing, feeding, and taking medications, cause patients to rely more on help from family members and health care providers (NICE, 2022). In addition, advanced dementia is usually associated with frailty, balance problems, and increased vulnerability to falls, which represent significant reasons for admission to hospitals.

Moreover, people diagnosed with dementia also suffer from comorbidities, such as heart diseases or diabetes. According to Bunn et al. (2020), the presence of both dementia and multimorbidity makes treatment adherence problematic and thus suggests the importance of adopting a holistic approach to treatment rather than considering dementia just as a neurological condition.

Psychological Impact

The psychological effects of dementia tend to be quite significant. People are known to develop increased levels of anxiety, depression, frustration, and fear due to worries related to their ability to remain independent in the future (Górska et al., 2023). In addition to that, cognitive impairment can influence the individual's self-respect and personal identity, making a person feel vulnerable and out of control.

In contrast, it should be noted that psychological issues are not necessarily determined by

neurodegenerative processes alone. Consistent with the person-centered approach proposed by Kitwood, emotional state is greatly determined by the quality of social interactions and respect that people receive (Kitwood, 2019). Thus, negative influences like stigmatisation, discrimination, and social isolation might worsen the individual's psychological well-being.

Social Impact

The early stages of dementia are bound to have negative impacts on people's social circles. Difficulties with communication skills and reduced cognitive functions will most likely lead to reduced engagement in social activities. The high possibility of experiencing loneliness among patients can therefore be predicted (World Health Organization, 2025). Social isolation may further affect mental health.

Social Model of Disability provides a powerful critique of disability through the claim that many of the problems that face people with dementia result not from their cognitive disability but from the lack of a favorable social context and barriers in the social environment.

Despite the inclusion of dementia-friendly society measures in policies, access to these measures is erratic for people with dementia within the United Kingdom (Alzheimer's Society, 2024). Therefore, improvements in the social environment and supporting structures might be just as important as any other kind of treatment.

In general, physical, psychological and social consequences of dementia are interrelated. Therefore, in order to provide successful treatment, a person-centred approach is needed.

3. Impact of Dementia on Families and Informal Caregivers

The impacts of dementia are not only felt by the diagnosed individual but affect the family and non-professional caregiver of the patient. With the progression of dementia and growing dependence of the patient, family members take upon themselves the role of providing personal care, managing medications, taking care of finances, providing emotional support and decision-making for the patient. In such cases, caregiving becomes physically, emotionally and financially exhausting for the caregiver (Brodaty and Donkin, 2022).

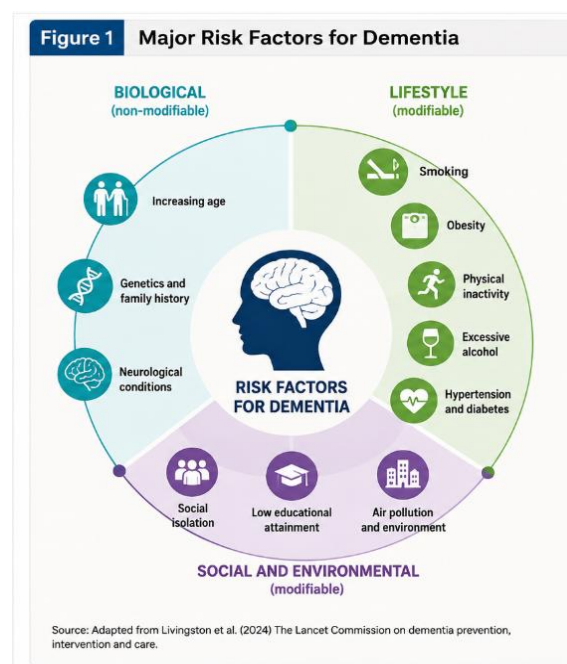


Figure 1 Figure 1: Major Risk Factors for Dementia (Adapted from Livingston et al., 2024, p. 575).

In addition, caregivers often experience psychological problems. There is significant evidence of higher rates of anxiety, depression, and caregiver burden among dementia caregivers than those of other chronic illnesses (Del-Pino-Casado et al., 2021). Dementia caregiving-related stress may be exacerbated by observing cognitive decline in the patient and may lead to anticipatory grief long before the patient passes away.

Also, caregiving can have an impact on working and financial situation of the caregivers, as well as on their social lives. Caregivers tend to shorten working hours or leave their jobs due to their caregiving obligations, leading to reduced incomes in the family (Alzheimer's Society, 2024).

Domain	Impact on Person with Dementia	Impact on Family Caregiver
Physical	Functional decline	Physical exhaustion
Psychological	Anxiety, depression	Stress, caregiver burden
Social	Isolation	Reduced social participation
Economic	Care costs	Loss of income/employment

Table 2. Multidimensional impact of dementia on individuals and family caregivers.

Source: Del-Pino-Casado et al. (2021); Greenwood and Smith (2020)

This means that dementia management will require taking into account the family as an essential part of the care process. The care of caregivers is important not only to preserve their health but also to benefit patients themselves.

4. Evidence-Based Management and Treatment of Dementia

The management of dementia includes the improvement of the quality of life, maintenance of independence, and reduction of symptoms' effect on the patient and his or her family members.

Considering the fact that dementia subtypes are mostly progressive and irreversible, modern practices include symptom management, psychosocial intervention, and personalized care, but not the curing of the disease (NICE, 2022).

Pharmacotherapy is an integral part of dementia treatment. Individuals who suffer from mild to moderate Alzheimer's disease receive acetylcholinesterase inhibitors, such as donepezil, rivastigmine, and galantamine, to improve cognitive functions and abilities to perform activities of daily living (NICE, 2022). For moderate to severe cases when cholinesterase inhibitors cannot be used, memantine may be prescribed. However, all the evidence demonstrates that these drugs provide only a temporary slowing of symptoms progression (Breijyeh and Karaman, 2020).

Thus, more researches are devoted to non-pharmacological therapies. The effectiveness of CST in improving cognitive functioning, communication skills, and quality of life has been proved (Lobbia et al., 2021). Physical activity is associated with increased mobility, functional ability, and psychological well-being, but the influence on cognitive decline is still uncertain (Nuzum et al., 2020).

Person-centred care has become an essential approach in dementia care management. Being based on Kitwood's concept of personhood, the person-centered approach is aimed at taking into account people's needs and preferences, and not just the problems

and symptoms. Researches confirm the potential for improving well-being and reducing behavioral and psychological symptoms of dementia in patients through person-centered approach (Fazio et al., 2020). However, the successful implementation of the approach depends largely on the number of staff and other organizational factors.

An urgent issue in dementia care is the inconsistency between current practice and the evidence base. Although the current recommendations promote integration and multidisciplinary care teams, there are significant regional variations in the services provided, causing inequalities in diagnosis, treatment, and post-diagnosis care (NHS England, 2024).

Feature	Kitwood Person-Centred Care	WHO ICOPE Framework
Focus	Individual personhood	Integrated care systems
Aim	Maintain dignity and identity	Maintain intrinsic capacity
Strength	Holistic and personalised	Population-based approach
Limitation	Resource intensive	Implementation challenges

Table 3Table 3. Evidence-based interventions for dementia management.

Source: Kitwood (2019); WHO (2022)

To sum up, good dementia management includes pharmacological treatment, psychosocial interventions and person-centred support. Although there is currently no medication that could cure the disease, studies demonstrate that a holistic approach to its treatment can improve well-being significantly.

5. Models and Frameworks Supporting Dementia Care

In order for successful dementia care to take place, an approach needs to be formulated that takes into consideration not only the biological, but also psychological and social issues faced by people who have been diagnosed with dementia.

UK Model: Kitwood's Person-Centred Care Framework

The concept of Person-Centered Care (PCC) introduced by Kitwood has been extensively used in dementia care in the UK. According to Kitwood (2019), the traditional biomedical approach to treatment, which considers all issues faced by people with dementia due to brain damage, should be reconsidered in light of the fact that well-being depends on social relations and the perception of one's self.

The idea of person-centred care includes values of respect, dignity, autonomy, and individualized plan of action for each patient. Health practitioners are advised to see a patient beyond their illness since this kind of approach may contribute to well-being of patients, improve behavioral and psychological problems, and

increase their satisfaction (Fazio et al., 2020). That is why PCC continues to be an important aspect of NHS and NICE guidelines for dementia.

Nevertheless, even being approved at the political level, the implementation of this framework raises certain difficulties. The implementation process can be affected by organizational factors, lack of personnel, and time constraints. Thus, despite being quite powerful on the theoretical level, person-centred care depends on organisational circumstances greatly.

International Model: WHO Integrated Care for Older People (ICOPE)

Internationally, the Integrated Care for Older People (ICOPE) Model by the World Health Organization offers a complete solution for managing long-term conditions like dementia. ICOPE relies on principles such as early intervention, integrated service provision, community care, and maintaining intrinsic capacity as people age (WHO, 2022).

Unlike traditional disease-focused models, ICOPE emphasizes coordinating care by considering the interactions between health and social care sectors. It also looks at the connections between the physical, mental, and social aspects of patients' wellbeing. This approach aligns with the modern understanding of dementia as a complex condition.

6. Policy Context and Contemporary Challenges in Dementia Care

The increasing number of people living with dementia has made it one of the UK's most pressing health and social care challenges. In response, the government and healthcare organisations have introduced national policies designed to improve diagnosis, treatment and ongoing support for individuals with dementia and their families. These policies acknowledge that dementia care extends beyond medical intervention and requires effective coordination between health and social care services.

Two key documents shaping current practice are the NHS Long Term Plan and NICE Guideline NG97. Both promote early diagnosis, person-centred care, multidisciplinary working and greater support for informal carers (NICE, 2022; NHS England, 2019). Rather than focusing solely on the medical aspects of dementia, they encourage services to consider the wider physical, psychological and social needs of each individual.

Early diagnosis remains one of the main priorities within national policy because it gives people with dementia and their families more time to understand the condition, access appropriate services and make informed decisions about future care. However, achieving timely diagnosis continues to be difficult in many parts of the UK. Access to specialist assessment and post-diagnostic support varies considerably between

regions, meaning that some individuals receive comprehensive support while others experience lengthy waiting times and limited community services (Alzheimer's Society, 2024). This variation raises concerns about equality of access to dementia care.

Although integrated care is widely recognised as essential, translating policy into everyday practice is often more complex. Health and social care providers frequently work across different systems and organisational structures, which can make communication and continuity of care difficult. These challenges are particularly evident when people move between hospitals, community services and residential care settings, increasing the risk of fragmented care and poorer experiences for patients and their families (Manthorpe and Iliffe, 2021).

Workforce capacity presents another significant obstacle. As the prevalence of dementia continues to increase, so does demand for professionals with the knowledge and skills needed to deliver high-quality care. However, staffing shortages, limited opportunities for specialist training and ongoing financial pressures can restrict organisations' ability to provide the level of person-centred support recommended in national guidance. Unless these issues are addressed through sustained investment, policy ambitions may be difficult to achieve consistently across services.

Another area of concern is the reliance on unpaid family carers. While relatives often provide invaluable emotional and practical support, many experience

considerable physical, emotional and financial strain. The availability of support for carers also varies between local areas, raising questions about whether current policy provides sufficient long-term assistance for those undertaking substantial caring responsibilities.

Overall, current dementia policy provides a clear framework for improving standards of care. Nevertheless, differences in service provision, workforce pressures and continued reliance on informal carers suggest that further action is needed if national policy is to deliver consistent improvements across the UK.

7. Recommendations for Person-Centred Care, Self-Management and End-of-Life Care

Dementia affects far more than memory and cognitive function, influencing a person's emotional wellbeing, physical health, relationships and independence. For this reason, care should reflect the whole person rather than focusing only on the disease itself. Evidence continues to support person-centred care as the most effective approach because it recognises each individual's values, preferences and life experiences when planning treatment and support (Fazio et al., 2020).

One practical recommendation is that everyone diagnosed with dementia should receive an individualised care plan that is reviewed regularly as their needs change. Whenever possible,

people with dementia should remain actively involved in decisions about their care, allowing services to respect their preferences and promote autonomy for as long as possible. In practice, however, achieving genuinely person-centred care depends on adequate staffing, appropriate training and strong organisational commitment.

Although dementia is progressive, many people in the early stages can still play an active role in managing their condition. Cognitive stimulation therapy, regular physical activity, social engagement and education programmes have all been associated with maintaining independence and improving quality of life (Lobbia et al., 2021). As the disease progresses, increasing support from family members and healthcare professionals is usually required. Self-management should therefore be viewed as a partnership between the individual, carers and healthcare professionals rather than an expectation that people manage alone.

End-of-life care also deserves greater attention within dementia services. National guidance increasingly recognises dementia as a life-limiting condition and highlights the importance of advance care planning alongside timely access to palliative care. Despite this, discussions about future care are often postponed until the later stages of the illness, when communication and decision-making may become more difficult. Encouraging earlier conversations and improving healthcare professionals' confidence in discussing end-of-life issues could help

Figure 2 Dementia Care Pathway



Source: Adapted from NICE (2022) NG97; NHS England (2019) The NHS Long Term Plan.

ensure that care reflects the individual's wishes and provides greater support for families during this stage of the disease.

Figure 2 Figure 2. Simplified dementia care pathway

(NICE 2022)

CONCLUSION

Dementia is an intricate chronic illness with major impacts on the physical, psychological and social well-being of patients, their families and the health care system. The increasing numbers of patients suffering from dementia have posed many challenges for health and social care, thus calling for more evidence-based and patient-cantered approaches in the care. Despite the fact that there is no cure for dementia at the moment, proper care can significantly enhance the lives of the patients,

maintaining their independence and improving their well-being.

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