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Introduction

Dementia is a disease that is increasing rapidly with time and is affecting a vast section of the population in the UK reflecting the severity of its potential. This essay will help in getting practical knowledge about the incidence rate both in the UK and worldwide. Additionally, this essay will also discuss the associated risk factors, public measures that are prevalent, and the short and long-term results of the diseases within a health or social care setting.

Overview of dementia

Dementia is a word used to describe poor memory, thinking, or decision-making that affects people performing daily tasks instead of a distinct illness. Cognition deterioration is a common symptom of dementia, and cognitive impairment is one of the initial indications of the onset of this disease (Dementia UK, 2022). Despite the fact that dementia primarily impacts elderly people, it isn't only about the aspect of ageing that is responsible. Dementia can be the outcome of issues in the central nervous system that affects the brain or it can also be due to any injury because of meeting an accident.

Level of incidence both worldwide and in the UK

More than half accounting for about 52% of the population in the UK is familiar with an individual who received a diagnosis. Amongst the population the elderly people mostly the grandparent or parents gets affected accounting for 13% or 17%. By 2030, there will be greater than a million individuals living with dementia, and then by 2050, there will be approximately 1.6 million (GOV.UK, 2022).

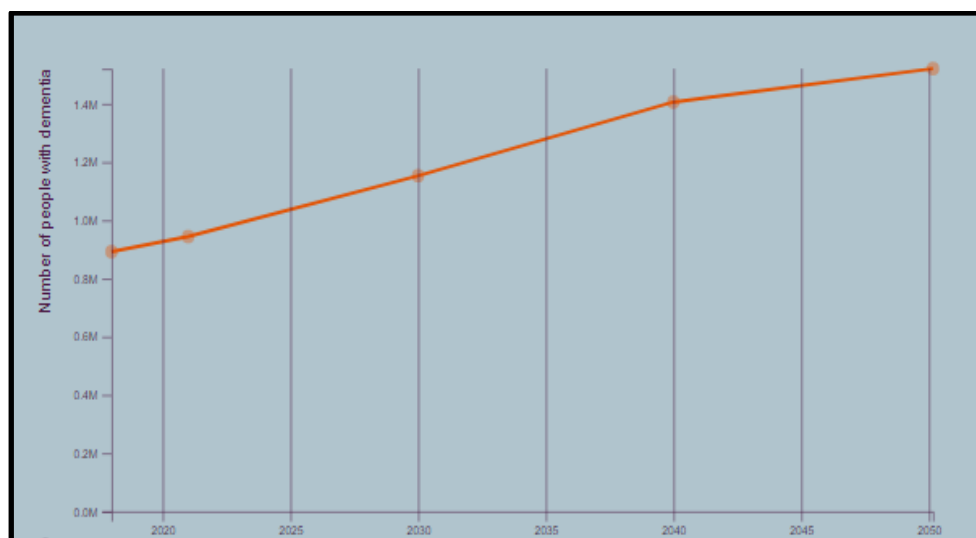


Figure 1: Frequency estimates for dementia in the UK to 2050

(Source: Dementia Statistics Hub, 2022)

By 2020, there will be more than 55 million individuals suffering from dementia globally. By the year 2030, there shall be 78 million people, and by the year 2050, there shall be 139 million people (Dementia Statistics Hub, 2022). Poorer countries will account for the majority of the growth. By 2050, 71% of dementia patients would reside in middle- and low-income nations, up from the current 60%. All of these are indicators that if remain unaddressed the severity of this disease will keep on rising.

Dementia: public measures, risk factors and associated short and long-term impacts

Public measures for dementia in the UK

Not only can dementia be disastrous for the individual who has it, but it could also have a catastrophic impact on their families as well as the rest of society. Dementia is the biggest cause of mortality in England and has no known effective form of treatment. Only 34% of persons in the UK believe that dementia risk can be decreased (Francis and Hanna, 2022) Physicians and other healthcare providers may influence the threat-prone population level by using whole-system methods to motivate people of various ages to sustain lifestyle behaviours. The *Alzheimer's Society's* operating in the UK lists regional dementia services that assist people who are suffering from dementia.

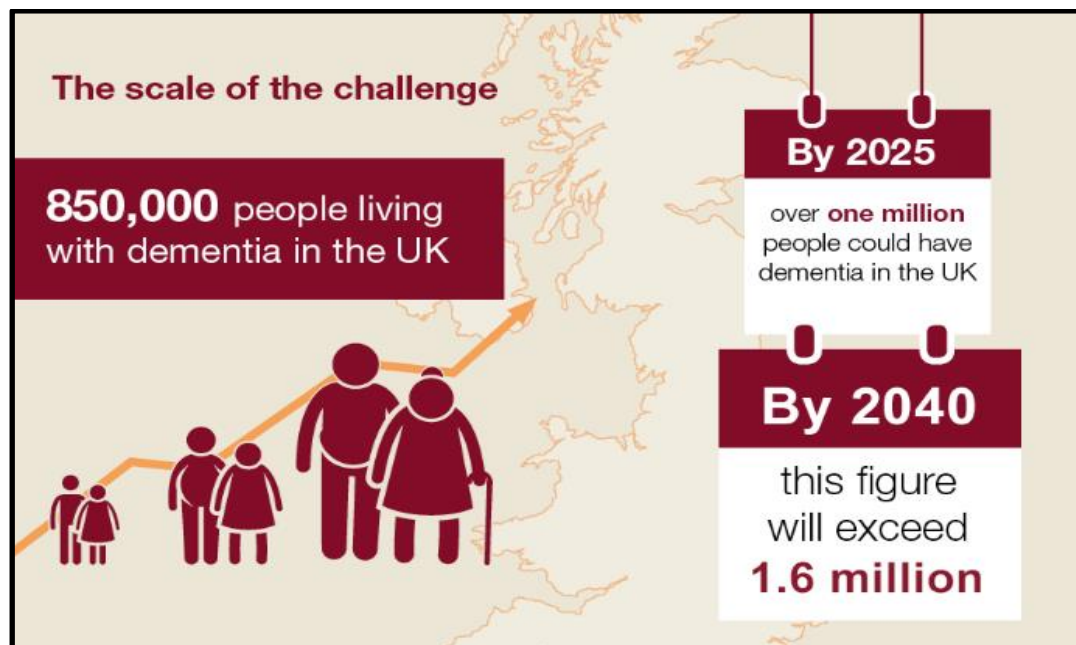


Figure 2: Rate of incidence of dementia in the UK

(Source: Gov. UK, 2022)

The *Health and Social Care Setting* in the UK constantly works towards assisting people in fighting dementia. On the UK website of the *National Health Service (NHS)*, some guidelines are provided and constantly updated by the Government as a part of the public measures to help people and their families combat the disease (NHS, 2022). In addition to

this, the NHS operating in the UK region also ensures that In 15 languages, the pamphlet is accessible for the **NHS Health Check dementia**. The goal of **Public Health England (PHE)** is to lower dementia frequency and severity.

The government in the UK has a plan for the upcoming ten years that would be beneficial as well as effective in putting forth attention to discovering breakthrough treatments and cutting-edge research and technology for addressing the issues of dementia (Alzheimer's disease International, 2022). Dementia patients could be mentally impaired and incapable of executing certain actions. The UK government also gives out **national charity** for giving financial help to the families of people who are suffering from dementia so that they do not lose the balance of their social life and cognition. The law in England and Wales safeguards persons who lack the psychological ability to take decisions known as the **Mental Capacity Act**. In connection with this, the **psychosocial theory** helps in a better understanding of the mental state of patients suffering from dementia and also accordingly build up social relationships to ensure quality life within the health and social care setting (Dementia Statistics Hub, 2022).

Risk factors of dementia

A circumstance that is recognized to raise a person's likelihood of having an illness is referred to by the term "risk factor." There are certain risk factors of dementia that cannot be eliminated or minimised, but numerous other factors could be mitigated with the correct assistance and proper line of treatment over the course of time (Bosco *et al.*, 2020). There are numerous recognised dementia risk factors but certain variables significantly enhance the probability that an individual may get the illness, others just modestly raise the overall probability. Amongst various risk factors that are associated with dementia, age and genetics are often the two main risk factors for dementia. The risk factors prevalent with dementia are the following:

- Although it is not always the matter of ageing that dementia is experienced but the most significant risk factor is **age**. As an individual become older, the risk of dementia doubles. Many instances mostly impact adults who are or above the age of 65.
- An individual has a higher likelihood to get dementia if the biological parents or siblings have the disease. This is reflective of the fact that **gene** is yet another risk factor that affects the level of incidence of dementia (Licher *et al.*, 2019).
- **Reduced health condition** especially of the **heart** alleviates the risk of developing or worsening dementia in people. Smoking, hypertension, elevated blood pressure, and blood cholesterol undermine the health condition affecting the heart which affects the

central nervous system. This affects the brain which is the primarily responsible organ for dementia.

- A feeling of **isolation** and a **depressive mind-state** is a massive risk that affects mental well-being, diminishes confidence and affects the mind the most (Bosco *et al.*, 2020).
- In case of a **brain injury** dementia can also occur resulting in the loss of memory or a poor capacity to remember stuff.
- **Other health issues** like **Down syndrome** also hold the potential of imparting risk for the onset of dementia among people. It is also perceived that people suffering from Down syndrome are highly probable to acquire the issue of dementia.
- The factors such as **economic factors** also have a great hold of imparting risk for dementia. This is because poor financial condition, lifestyle and both **physical and mental well-being** come under threat reflecting disturbed well-being. This also influences or modifies the **background** and **daily lifestyle**. Daily lifestyle involves the pattern of foods that are consumed, eating habits involving the time at which meals are taken and the habit of performing daily exercises (Licher *et al.*, 2019). All of these factors when combined make a great deal of risk for developing dementia among people and make them suffer to a great extent.

All of these factors not only raise the risk of occurrence of the disease but also if not paid enough consideration or importance to control it, makes it difficult to treat dementia. Therefore the prevalent risk factors must be paid enough attention and importance and ways must be adopted and implemented to control such factors effectively and efficiently (Bosco *et al.*, 2020). Identification of the risks and working on them makes it easier for healthcare professionals as well as the caregivers to safeguard people suffering from dementia and also enhance the status of public health both in the UK and on a global scale.

Short-term public health consequences of dementia in a health or social care setting

A disease that imparts affects the cognitive ability of an individual is perceived to have both short-term and long-term impacts. **Dementia UK** is one such health and social care setting operating in the UK that is constantly working to provide support and assistance to families that are undergoing the issues of dementia. By incorporating innovation and proper medical assistance the care setting puts further efforts into battling dementia (Freedman *et al.*, 2018). For this reason, it is of utmost importance to identify the short-term public health effects of dementia and they are discussed below:

- **Reduced nutrition** is one of the first impacts that dementia imparts because the disease affects mental stability. This reduces the willingness or tendency to consume food and eventually develops a neglecting attitude towards food.
- **Challenges** are also imparted **in carrying out daily life activities** because the initial symptoms are the habits of forgetting things and not being able to remember them. This becomes difficult for the family members to manage the patient both physical and mental state (Landeiro *et al.*, 2018). Within a health and social care setting, initially, it requires patience and extreme coordination to undermine the issues and help the person execute life with undergoing minimal complications.
- The tendency to forget things and inattentiveness bring about changes in the personality of the person reflecting **behavioural change** and **personality modification**. Vulnerability rises which make the person suffering from dementia mentally fragile slowly losing self-confidence and onset of sudden anger (Moscoso *et al.*, 2019).

Long-term public health consequences of dementia in a health or social care setting

Dementia for a prolonged time makes mental and physical well-being severely down and difficult to manage at times within a health and social care setting. The long-term health consequences of people suffering from dementia in a health or social care setting are as follows:

- **Psychological balance breaks down** because the person loses interest in life activities, becomes depressed, and is also highly irritable. This drastic shift in the psychological aspect makes it difficult to make the person feel better and regain self-confidence (Tori *et al.*, 2020). The caregivers in the caregiving setting find it difficult to manage the extremities and quick changes in behaviour where long-term dementia also raises **aggression**.
- In case of severity, it turns out to be **Alzheimer's**, especially for elderly people. This intensifies the underlying medical conditions of the people at that stage (Moscoso *et al.*, 2019).
- Long-term impacts have a significant role in causing other health issues and affecting other body organs in the body other than the brain and mind. **Issues** in the **circulatory system** and **poor condition of the heart** which might also lead to stroke are often perceived. In addition to this, it also results in the occurrence of **diabetes** in many patients who have been found to suffer from dementia for a long time (Harrison *et al.*, 2019). This is because people having long-term dementia have been found to develop

all the mentioned health conditions reflecting more likelihood in comparison o the normal population.

Overall the health conditions of the people suffering from this condition of dementia decline the public health condition considerably at a significant rate (Landeiro *et al.*, 2018). Impairment of memory undermined mental conditions making it difficult for the healthcare workers at the health and social care facility to enhance the well-being of the community and also safeguard them from the severity.

Conclusion

In a nutshell, it can be said that dementia holds great potential in raising its harmful impacts in the upcoming years not only in the UK but also on a global scale. Dementia has turned out to be the major cause of death raising the rate of mortality in the country. In UK there are about 31,850 deaths estimated in the UK because of dementia. Out of the entire population, 62% of the population are women while about 38% of the remaining population are males who are found to suffer from dementia. All these are indicative of the fact that the level of incidence of dementia is rising every day in the UK and similar is also the scenario for a global context where dementia patients are being registered more than before.

Several risk factors are prevalent amongst which lifestyle and feelings of loneliness and depression trigger dementia the most. Identifying the risk factors and paying importance to managing and2 controlling the risk factors helps in managing health issues and reducing both short-term and long-term impacts. Short-term effects include adverse scenarios on the level of nutrition of people suffering from dementia along with issues in remembering things and carrying out tasks in daily life. In addition to this, the long-term effects include prolonged and severe conditions of mental stability leading to depression and issues like anger issues and anxiety. Dementia UK is one of the many health and social care settings in the UK constantly working on dementia along with the UK government to upraise public measures present and safeguard people against the disease.

Reference list

- Alzheimer's Disease International (2022) *Dementia Statistics*, [Online].Available at: <https://www.alzint.org/about/dementia-facts-figures/dementia-statistics/>, (Accessed: 26 October 2022)
- Bosco, A., Jones, K.A., Di Lorito, C., Stephan, B.C., Orrell, M. and Oliveira, D., (2020) Changing lifestyle for dementia risk reduction: Inductive content analysis of a national UK survey. *PloS one*, 15(5), p.e0233039.
- Dementia Statistics Hub (2022) *Prevalence projections in the UK*, [Online].Available at: <https://www.dementiastatistics.org/statistics/prevalence-projections-in-the-uk-2/>, (Accessed: 26 October 2022)
- Dementia UK (2022) *About dementia*, [Online].Available at: <https://www.dementiauk.org/about-dementia/>, (Accessed: 26 October 2022)
- Francis, N. and Hanna, P., (2022) Informal carer experiences of UK dementia services—A systematic review. *Journal of Psychiatric and Mental Health Nursing*, 29(1), pp.116-129.
- Freedman, V.A., Kasper, J.D., Spillman, B.C. and Plassman, B.L., (2018) Short-term changes in the prevalence of probable dementia: An analysis of the 2011–2015 National Health and Aging Trends Study. *The Journals of Gerontology: Series B*, 73(suppl_1), pp.S48-S56.
- GOV.UK (2022) *Dementia: applying All Our Health*, [Online].Available at: <https://www.gov.uk/government/publications/dementia-applying-all-our-health/dementia-applying-all-our-health>, (Accessed: 26 October 2022)
- GOV.UK (2022) *Health matters: midlife approaches to reduce dementia risk*, [Online].Available at: <https://www.gov.uk/government/publications/health-matters-midlife-approaches-to-reduce-dementia-risk/health-matters-midlife-approaches-to-reduce-dementia-risk>, (Accessed: 26 October 2022)
- GOV.UK (2022) *Statistical commentary: dementia profile, March 2021 update*, [Online].Available at: <https://www.gov.uk/government/statistics/dementia-profile-updates/statistical-commentary-dementia-profile-march-2021-update>, (Accessed: 26 October 2022)
- Harrison, S.L., Cations, M., Jessop, T., Hilmer, S.N., Sawan, M. and Brodaty, H., (2019) Approaches to deprescribing psychotropic medications for changed behaviours in long-term care residents living with dementia. *Drugs & ageing*, 36(2), pp.125-136.
- Landeiro, F., Walsh, K., Ghinai, I., Mughal, S., Nye, E., Wace, H., Roberts, N., Lecomte, P., Wittenberg, R., Wolstenholme, J. and Handels, R., (2018) Measuring quality of life of people

with predementia and dementia and their caregivers: a systematic review protocol. *BMJ open*, 8(3), p.e019082.

Licher, S., Ahmad, S., Karamujić-Čomić, H., Voortman, T., Leening, M.J., Ikram, M.A. and Ikram, M.K., (2019) Genetic predisposition, modifiable-risk-factor profile and long-term dementia risk in the general population. *Nature medicine*, 25(9), pp.1364-1369.

Moscoso, A., Silva-Rodríguez, J., Aldrey, J.M., Cortés, J., Fernández-Ferreiro, A., Gómez-Lado, N., Ruibal, Á., Aguiar, P. and Alzheimer's Disease Neuroimaging Initiative, (2019) Prediction of Alzheimer's disease dementia with MRI beyond the short-term: Implications for the design of predictive models. *NeuroImage: Clinical*, 23, p.101837.

NHS (2022) *About Dementia*, [Online]. Available at: <https://www.nhs.uk/conditions/dementia/about/>, (Accessed: 26 October 2022)

Tori, K., Kalligeros, M., Nanda, A., Shehadeh, F., van Aalst, R., Chit, A. and Mylonakis, E., (2020) Association between dementia and psychiatric disorders in long-term care residents: an observational clinical study. *Medicine*, 99(31), p.e21412.