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**MENTAL HEALTH AND
PSYCHOPATHY (DEMENTIA)**

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MENTAL HEALTH ILLNESS: DEMENTIA

This report will examine the definition and classification of dementia as outlined in the International Classification of Diseases, 10th Revision (ICD-10). The diagnostic process and protocol for identifying the mental disorder known as dementia. This study examines the existing treatment provision for individuals with dementia, with a focus on its historical context. Additionally, it explores the methods used to measure dementia and evaluates the effectiveness of rehabilitation as a means of treatment. Based on these findings, recommendations are proposed for future improvements in dementia treatment. By exploring the impact of stigma and exclusion on their overall well-being, as well as the challenges in developing prevention strategies and allocating resources, we can emphasise the need for increased awareness and education about dementia.

The WHO predicts 152 million people will be affected by dementia by 2050, up from 82 million in 2030. The organization calls for global efforts to create dementia-friendly communities and classifies it as a critical public health concern. (WHO, 2020), Hung et al. (2021).

Dementia patients may have trouble controlling their emotions, which may change their identity (World Health Organisation, 2022). Physiological circumstances like Alzheimer's disease affect brain neurochemistry and structure, causing the symptoms (Age UK, 2021). Brain degeneration causes cognitive impairment in early-onset dementia, affecting thinking, reasoning, communication, and remembering, (ICD-10). It may affect their mood, demeanour, and personality. Different people experience dementia in different ways. Some varieties of dementia have more symptoms than others. The Young Dementia Network helps early-onset dementia patients and their families, (Knut Engedal ,2014). In 2022, 7.5% of the estimated 944,000 dementia patients in the UK, or 70,800 people, were diagnosed with young-onset dementia, which begins before 65, (Age UK, 2021), (World Health Organisation, 2022), Alzheimer's Society (2021)

DEFINITION AND INTERNATIONAL CLASSIFICATIONS

Mental disease involves cognitive, emotional, and behavioural deficits, often causing mental distress and a reduced ability to perform essential tasks. anxiety and depression are two most common conditions affecting about 970 million people, WHO (2019) In 2020, far more people experienced anxiety and depression than ever before because of the COVID-19 epidemic. Anxiety disorders are expected to rise by 26% in only one year, while the number of people suffering from major depression is predicted to rise by 28%, (Alzheimer's Society (2022).

Dementia refers to a broad category ¹⁸ of brain disorders that cause a decline in cognitive abilities, affecting memory, thinking, and behaviour. It is characterised by a progressive and irreversible loss of cognitive function, often leading to difficulties in daily activities and social interactions, (Liveincarer.org, 2017), (Alzheimer's Society 2022). The symptoms of dementia might have begun before showing, Sperling et al. (2011), may start off modest but may worsen with time because the condition is progressive. However, with the correct assistance, people with dementia may still have fulfilling life, (NICE 2018). Cognitive abilities including focus, organisation, learning, memory, language, hearing, spatial awareness, and social skills may all be impacted, (Dementia Australia, 2015).

The ICD-10 (International classification of diseases) view dementia (F00-F03), as a condition caused by brain disease that is frequently chronic or progressive in character, ICD.WHO.INT, (2010). Dementia is a degenerative illness that causes memory loss and a steady decline in cognitive abilities. Dementia refers to a broad category ¹⁸ of brain disorders that cause a decline in cognitive abilities, (Breitner 2006) affecting memory, thinking, and behaviour. It is characterised by a progressive and irreversible loss of cognitive function, often leading to difficulties in daily activities and social interactions, (WHO 2023).

³⁰ F00* - Alzheimer's disease dementia (G30.-+)

F01 - Vascular dementia F02* - Dementia in other disorders not otherwise classified.

F03 - Dementia of unknown cause.

In the DSM-5, dementia is included under Neurocognitive Disorders (NCDs). The word "neurocognitive" has been introduced to these conditions to stress the role that brain illness and impaired brain function play in causing NCD symptoms. Disorders where an acquired rather than a developmental loss in cognitive function is the major clinical feature fall within the NCD umbrella, (Dementia Australia, 2015).

CAUSES AND RISK FACTORS OF DEMENTIA.

Risk factors for dementia include age, genetics, and certain medical conditions. ³⁴ Age is the most significant risk factor, as the likelihood of developing dementia increases with advancing age.

Genetics increases the risk of developing dementia through gene mutations and predisposition. Family history and environmental factors also contribute to the condition. However, genetics alone is not a guarantee as other environmental and lifestyle factors can also influence an individual's risk. Alzheimer's disease begins years before dementia in both genetically at-risk and clinically healthy older individuals., (Dubois et al. 2010).

³⁷ Additionally, medical conditions such as high blood pressure, diabetes, and ⁴⁸ cardiovascular disease can increase the risk of developing dementia. It is important to understand these causes and risk factors in order to develop effective prevention strategies and provide appropriate care for individuals affected by dementia.

Age as a primary risk factor for dementia cannot be overlooked. As individuals get older, the likelihood of developing dementia increases significantly. This is due to the natural ageing process and the impact it has on brain health. Dementia is a common disease linked to aging, with genetics and medical conditions influencing the risk, (Dubois et al,2010). Its impact on society is growing due to rapid aging, making it a significant concern for individuals (Walter et al., 2014). Despite the variation (in incidence rates), studies have shown that more women than men suffer from Alzheimer's disease at any age (Rocca et al., 2014),this may be ⁶⁰ because women tend to live longer than men (Walter et al., 2014).

Lifestyle factors Poor nutrition, inactivity, smoking, alcohol abuse, and chronic illnesses including diabetes and high blood pressure increase dementia risk. Social isolation and cognitive deprivation can also raise dementia risk. Genetically at-risk and clinically healthy older persons shows that Alzheimer's disease (AD) begins biologically years before dementia, (Dementia Australia ,2015), (National Institute of Aging 2021).

COMMON TYPES OF DEMENTIA

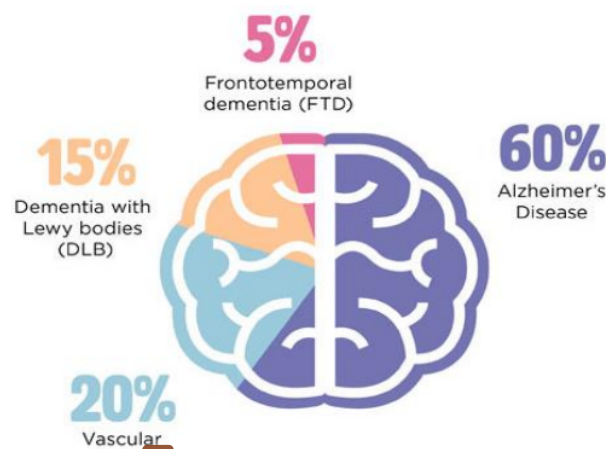


Fig 1. (Liveincarer.org, 2017)

- Alzheimer's disease accounts for 60–80% of dementia cases, causing amyloid plaques and tau tangles in the brain and affecting daily functions, (Hampel et al., 2021)

- Vascular dementia is the second most common type of dementia, accounting for about 10-20% and caused by damage to the blood vessels in the brain, leading to cognitive decline and difficulties with memory, reasoning, and communication, (Age UK, 2021). It occurs due to reduced blood flow to the brain, (National Institute on Aging 2017).

³⁵ - Lewy body dementia is often misdiagnosed as Alzheimer's disease or ²⁰ Parkinson's disease due to overlapping symptoms and is characterised by the presence of abnormal protein deposits called Lewy bodies in the brain. This can cause ²⁰ fluctuations in alertness, visual hallucinations, and problems with movement and balance, (Alzheimer's Society, 2022).

²⁸ -Frontotemporal dementia is another type of dementia that is characterised by the degeneration of nerve cells in the frontal and temporal lobes of the brain, (Age UK, 2021). This leads to changes in personality, behaviour, and language abilities. Frontotemporal dementia is less common than Alzheimer's disease or Lewy body dementia, but it is still a significant cause of dementia in individuals under the age of 65, (NHS,2017). It can be challenging to diagnose as symptoms can vary widely depending on which areas of the brain are affected.

PREVALENCE

It is anticipated that the prevalence of dementia within England's ethnic minority populations would increase by a factor of seven to eight times as the population of these communities grows, NHS England, (2021). Although statistics show that the risk of dementia rises with age, persons who are members of ethnic minority populations have a ³⁸ greater risk of developing dementia at a younger age than the general population does.

DIAGNOSIS

⁵⁵ Approximately 900.000 individuals in the UK that are living with dementia right now. The LSE (London School of Economics) forecasts released before the pandemic and the Alzheimer's Society research, after accounting for the impact of additional deaths in persons with dementia in 2020, agree with this estimation (Alzheimer's Society, 2021). Dementia is often hard to diagnose, so it's not surprising that a patient might be given a diagnosis of dementia without any further clarification as to the specific type.

Dementia can be diagnosed with recognition of the type of symptoms presented and various other tests can be done by GPs, memory clinics, and hospitals. GPs study symptoms and specialists gather a detailed history, and close friends report any

changes or difficulties noticed. The NHS (2017) states that doctors will assess symptoms and everyday impact. The methods for diagnosing and evaluating dementia have improved. In the UK, clinical usage of amyloid imaging techniques is now approved, and new data support CSF testing, (NICE,2018).

These tests cannot diagnose dementia but may signal memory difficulties requiring more study. Most tests are assessed with pen-and-paper like mental abilities, concentrated attention language, communication, orientation (time/place). However, education may impact test performance as poor readers and writers may have lower scores but not have dementia while higher-educated dementia patients score higher. GPs can also exclude additional dementia-like symptoms with blood testing to evaluate liver, kidney, heart diseases, thyroid functions and haemoglobin, diabetes, B12, folate levels are equally tested, (Flicker and Ames,2005), and urine or other tests may be ordered if the doctor suspects an infection.

Additionally, brain scans can be used to diagnose dementia. These scans can detect strokes and brain tumours that cause symptoms. MRIs can pinpoint vascular dementia's blood vessel damage and help diagnose dementia. They can show brain shrinkage in particular areas, frontotemporal dementia affects the frontal and temporal lobes, whereas early Alzheimer's affects the temporal. CT scans identify strokes and brain malignancies however brain structure is not always visible, and dementia can occur without brain scan changes, National Institute of Aging (2021)

An MRI or CT scan that is inconclusive may be followed up with a SPECT or PET scan to show any abnormality in blood flow. PET and SPECT are abbreviations for "positron emission tomography" and "single-photon emission computerised tomography," respectively, (Dimmock, 2013). Epilepsy may cause dementia; thus, a doctor may order an EEG.

In some cases, a neuropsychological evaluation may be recommended to assess cognitive abilities and identify any specific areas of impairment which involves a series of tests and assessments that measure memory, attention, language skills, and problem-solving abilities (NICE,2018).

TREATMENT

Diagnosis and treatment options for dementia can vary depending on the type of dementia and its underlying causes. For frontotemporal dementia, diagnosis often involves a comprehensive evaluation of symptoms, medical history, and cognitive tests.

Alzheimer's medications target ⁴⁴ neurochemical systems causing cognitive dysfunction and behavioural symptoms but only have short-term effects on symptoms during the clinical dementia stage, (Hampel et al., 2021).

In some cases, clinical trials may also be available as potential treatment options, ⁵⁹ Patients with mild to moderate symptoms of Alzheimer's and amyloid and tau abnormalities treated with donanemab saw a substantial slowing of clinical improvement at 76 weeks, (Sims et al., 2023).

Sustaining a balance between providing high-quality treatment and keeping costs down as the NHS is currently experiencing a shortage of resources. Successful approaches to therapy with a structured treatment plan and a person-centred care plan require knowledge of the specific form of dementia at hand. For a basic understanding of how the disease started, it is necessary to do an actual study on possible treatments. A new legal framework for adult social care was put in place thanks to the Care Act of 2014, which also established a right to assessment and support for carers.

Medication and other therapies may be available to alleviate symptoms and/or delay the progression of the disease, may be prescribed based on the specific type and stage of dementia, NHS England (2021).

Although these drugs may alleviate certain dementia-related symptoms (such as memory loss, confusion, and behavioural changes), they cannot stop the underlying brain illness from worsening, (Alzheimer's Society, 2022).

Some medications like ¹¹ cholinesterase inhibitors, Risperidone and memantine may be prescribed to help improve cognitive function and slow the progression of dementia, (Dementia Australia, 2015), (NICE, 2018).

In more advanced stages, antipsychotic medications may be used to manage severe behavioural symptoms such as aggression or hallucinations.

Supportive care and lifestyle interventions are also important components of the treatment plan for dementia. The results of a study by indicate that engaging in regular resistance training may be an effective strategy for slowing the progression of cognitive decline in healthy older adults, (Tsai et al., 2023)

This may include providing a safe and structured environment, promoting regular exercise and a healthy diet, and engaging in activities that stimulate cognitive function. These interventions can help improve overall quality of life and slow down the progression of the disease, (World Health Organisation, 2022)

Dementia patients in the early stages may benefit from cognitive behavioural therapy to help cope with the diagnosis, make plans to overcome depression. These measures may prove very helpful at initial diagnosis.

Carers may find relief from the stresses of caring for a person with dementia and improve their health and well-being through psychotherapy and psycho-educational interventions, (NICE,2018).

The demanding (hard-to-manage) behavioural patterns of people with dementia may be an appropriate focus for Behavioural Management Therapy. Wandering, agitation, and constant inquiry are all examples of such habits.

Strategies and adaptations for the environment - inspire environment-based, inventive approaches to alleviating dementia symptoms. Dementia patients thrive in low-stress, routine settings that are also comfortable and familiar, (Dementia Australia, 2015). Support groups for those living with dementia can help members build positive social networks and learn about available resources.

Activities inspired method emphasise the importance of meaningful tasks, roles, and contextual cues in promoting the autonomy of persons with memory loss.

A person with dementia in the early stages may benefit from memory training and external memory aids to maintain as much mental capacity and autonomy as possible. A new legal framework for adult social care was put in place thanks to the Care Act of 2014, which also established a right to assessment and support for carers.

Light massaging and ⁴⁷aromatherapy, music therapy, dance therapy, animal-assisted therapy, and multisensory therapy are all examples of alternative treatments.

MEASUREMENT OF REHABILITATION

People with Dementia are entitled to fundamental rights, including social inclusion and financial security, UK Government (1998). Despite impairment and evidence for exercise, vocational, and cognitive or physical rehabilitation, dementia patients are not usually provided rehabilitation programmes, (Laver et al,2020).

The results of a study conducted by some researchers indicate that engaging in regular resistance training may be an effective strategy for slowing the progression of cognitive decline in otherwise healthy older adults, Safety checks to ensure individuals can perform daily tasks without putting themselves or others in harm's way. It may not be the most pleasant ²⁹course of action, but it is in the best interests to take this course of action and these improvements can be used in practice to aid suffering service users and their care providers. If there's an unforeseen circumstance that necessitates altering the original treatment strategy. In this instance, it may be necessary to analyse whether the intended outcomes have been achieved (World Health Organisation ,2007).

By raising awareness about the importance of maintaining a healthy brain, individuals can make informed choices that support their cognitive well-being and overall brain health. Additionally, fostering a supportive and inclusive community for individuals with dementia can help reduce stigma and provide them with the necessary resources and support to live fulfilling lives.

After a diagnosis, people living with dementia typically fill care gaps themselves. Study by Laver et al. (2020) observed that younger ones clarified that personalised therapies were needed to optimise independence and quality of life and individualised rehabilitative treatment is needed by elderly respondents. Significant obstacles, such as stigma, social marginalisation, and difficulties obtaining local support services, are experienced by individuals with dementia and their informal carers. Research, therapies, education, and providing a welcoming atmosphere for persons affected by dementia are all ⁵⁷ part of the World Health Organization's worldwide action plan for 2017–2025, (World Health Organisation, 2022).

Practical tips for carers of people with dementia

Providing everyday care to the person with dementia

As the disease progresses, you may need to provide everyday care

Make sure that the person is eating and drinking

- You may need to regularly remind them to do so. Adjust their diet according to their preferences and health.

Modify the environment

- This can help reduce incontinence accidents. For example, put a picture of a toilet on the bathroom door. Remind the person to go to the bathroom regularly. Consider using incontinence aids and equipment if necessary.
- Remember, do not blame the person for accidents.



Establish routines

- Maintain routines similar to the ones that the person had before developing dementia.
- Be prepared to adapt routines as necessary as the abilities of the person change over time.

Engage the person in personal care

- Help the person do as much as they can themselves.
- Try modifying the environment, for example by switching from a shower to a sponge bath, and provide guidance.
- Be mindful of falls – use a non-slip shower or bath mat.
- The person with dementia may resist when you try to help them with personal care. Be compassionate and try to understand why.

Remember to keep inedible items, sharp objects, household chemicals and flammable items in a safe place.

For more information

iSupport Module 4 "Providing everyday care"
 Lesson 1 "Eating and drinking - more pleasant mealtimes"
 Lesson 2 "Eating, drinking and preventing health problems"
 Lesson 3 "Toileting and continence care"
 Lesson 4 "Personal care"

You may also wish to contact your local Alzheimer's Association for information related to caring for someone with dementia.

iSupport For Dementia

World Health Organization

Fig 2. (World Health organisation ,2020).

Understanding dementia is essential for many reasons. Early detection and diagnosis can improve management and therapy. Second, it enhances dementia patients' quality of life by providing proper care. Finally, understanding dementia helps raise awareness, reduce stigma, and promote empathy and inclusion in society. Most individuals fail to understand dementia's causes and progression, education to aid with their caregiving, including how to recognise and react to behavioural changes, (NICE ,2018).

Due to a lack of knowledge, dementia patients are typically stigmatised and isolated from society, affecting their well-being. Without an appropriate understanding of dementia's origins and progression, it's challenging to design effective preventative programmes and provide resources for research and support services, World Health Organisation (2021).

CONCLUSION

Dementia ⁵⁰ can have a profound impact on individuals, affecting their ability to perform daily tasks, communicate effectively, and maintain relationships. It can lead to feelings of frustration, isolation, and dependence on others for care. Additionally, the financial burden of dementia on society is significant, as it requires extensive healthcare resources and support services for both individuals with dementia and their carers (NHS England, 2021). However, ⁵⁸ with dementia, a decent quality of life may be maintained with the right help. Dementia patients can live full lives by being active and enjoying their interests. This may require family and community support. Understanding dementia can help carers keep loved ones active and involved in family and community life.

Enhancing access to healthcare and support services is also essential in reducing the risk of developing dementia. Regular check-ups, early detection, and appropriate treatment can significantly improve outcomes and slow down the progression of the disease. Furthermore, promoting research and innovation in dementia care can lead to the development of new therapies and interventions that can further enhance brain health and quality of life for individuals at risk.

RECOMMENDATIONS

It is common to overlook or sideline older people and their unique social interests (Priestley, 2003), Society fails ⁵² to address the needs and interests of younger people with disabilities like dementia. So, instead of focusing just on therapies one potential recommendation is to conduct further research to investigate the underlying causes

of these issues. It is advisable to return to the initial stage to establish the basic principles to determine the disease's root cause.

It is also important that people maintain a healthy lifestyle. According to new recommendations issued by the World Health Organisation (WHO) in 2019, individuals can lower their risk of developing dementia by engaging in regular physical activity, refraining from the damaging consumption of tobacco and alcohol, keeping their weight under control, consumption of ³⁹ a healthy diet, and maintain healthy levels of blood pressure, cholesterol, and blood sugar.

It is important for individuals to adopt a healthy lifestyle and engage in activities that promote brain health in order to reduce their risk of developing dementia, Flicker and Ames (2005).

Promoting brain health through education and lifestyle modifications can ³¹ also play a crucial role in reducing the risk of developing dementia. By raising awareness about the importance of maintaining a healthy brain, individuals can make informed choices that support their cognitive well-being and overall brain health (NICE,2018). Additionally, fostering a supportive and inclusive community for individuals with dementia can help reduce stigma and provide them with the necessary resources and support to live fulfilling lives.

Public health implications and policy considerations include the need for affordable and accessible healthcare options for individuals with dementia and their carers. Additionally, there should be increased support and resources available to help carers manage their stress and emotional well-being (NHS ,2017), Flicker and Ames (2005).

Implementing policies that prioritise dementia care and provide financial assistance can help alleviate the burden on families and ensure better overall health outcomes for those affected by the disease.

REFERENCES

- ⁹ Age UK (2021). *Dementia: The Signs, Symptoms and Types* | Age UK. [online] www.ageuk.org.uk. Available at: <https://www.ageuk.org.uk/information-advice/health-wellbeing/conditions-illnesses/dementia/understanding-dementia/> [Accessed 12 Jul. 2023].
- ⁴² Alzheimer's Research UK (2022). *Perceptions and inequalities*. [online] Dementia Statistics Hub. Available at: <https://dementiastatistics.org/perceptions-and-inequalities/> [Accessed 12 Jul. 2023].
- ¹ Alzheimer's Society (2021). *How many people have dementia in the UK? | Alzheimer's Society*. [online] www.alzheimers.org.uk. Available at: <https://www.alzheimers.org.uk/blog/how-many-people-have-dementia-uk> [Accessed 12 Jul. 2023].
- ⁴⁵ Alzheimer's Society (2022). *Diagnosing dementia: A practical guide to assessment* | Alzheimer's Society. [online] www.alzheimers.org.uk. Available at: <https://www.alzheimers.org.uk/about-dementia/symptoms-and-diagnosis/dementia-diagnosis/diagnosing-dementia-practical-guide-assessment> [Accessed 14 Jul. 2023].
- Breitner, J.C.S. (2006). Dementia—Epidemiological Considerations, Nomenclature, and a Tacit Consensus Definition. *Journal of Geriatric Psychiatry and Neurology*, [online] 19(3), pp.129–136. doi: <https://doi.org/10.1177/0891988706291081>. [Accessed 12 Jul. 2023].
- ¹³ Dementia Australia (2015). *Dementia Australia | Diagnostic criteria for dementia*. [online] Dementia.org.au. Available at: <https://www.dementia.org.au/information/for-health-professionals/clinical-resources/diagnostic-criteria-for-dementia> [Accessed 19 Jul. 2023].
- ¹⁶ Dimmock, M. (2013). *The science of medical imaging: SPECT and PET*. [online] The Conversation. Available at: <https://theconversation.com/the-science-of-medical-imaging-spect-and-pet-14086> [Accessed 20 Jul. 2023].

Dubois et al., ² (2010). Revising the definition of Alzheimer's disease: a new lexicon. *The Lancet Neurology*, 9(11), pp.1118–1127. doi: [https://doi.org/10.1016/s1474-4422\(10\)70223-4](https://doi.org/10.1016/s1474-4422(10)70223-4). [Accessed 12 Jul. 2023].

²³ Flicker, L. and Ames, D. (2005). Metabolic and endocrinological causes of dementia. *International Psychogeriatrics*, [online] 17(s1), pp. S79–S92. doi: <https://doi.org/10.1017/S1041610205001961>. [Accessed 12 Jul. ²⁵ 2023].

Hampel et al., (2021). The Amyloid- β Pathway in Alzheimer's Disease. *Molecular Psychiatry*, [online] 26(10). doi: <https://doi.org/10.1038/s41380-021-01249-0>. ⁴⁹ [Accessed 12 Jul. ¹⁷ 2023].

Gov.UK (2014). *Care Act 2014*. [online] www.legislation.gov.uk. Available at: <https://www.legislation.gov.uk/ukpga/2014/23/contents> [Accessed 19 Jul. 2023].

³ Hung et al., (2021). Creating Dementia-Friendly Communities for Social Inclusion: A Scoping Review. *Gerontology and Geriatric Medicine*, 7, p.233372142110135. doi: <https://doi.org/10.1177/23337214211013596>. [Accessed 12 Jul. 2023].

²⁴ ICD.WHO.INT. (2010). *ICD-10 Version:2010*. [online] Available at: <https://icd.who.int/browse10/2010/en#/F00> [Accessed 22 Jun. 2023].

⁵ Knut Engedal, L.H. (2014). Young Onset Dementia study – A Prospective Cohort Study of Quality of Life and Specific Needs in Persons with Young Onset Dementia and their Families. *Journal of Clinical Trials*, 05(01). Doi: <https://doi.org/10.4172/2167-0870.1000204>. [Accessed 12 Jul. 2023].

⁴ Laver et al., (2020). Rehabilitation for people with dementia: a multi-method study examining knowledge and attitudes. *BMC Geriatrics*, 20(1). doi: <https://doi.org/10.1186/s12877-020-01940-x>. [Accessed 12 Jul. 2023].

Liveincarer.org. (2017). ²⁷ *The Signs & Symptoms of Dementia [Infographic] – Live in Carer*. [online] Available at: <https://www.liveincarer.org/signs-symptoms-of-dementia/> ¹⁴ [Accessed 16 Jul. 2023].

National Institute of Aging (2021). *What Is Dementia? Symptoms, Types, and Diagnosis*. [online] National Institute on Aging. Available at: <https://www.nia.nih.gov/health/what-is-dementia> ¹⁰ [Accessed 20 Jul. 2023].

National Institute on Aging (2017). *What Happens to the Brain in Alzheimer's Disease?* [online] National Institute on Aging. Available at: <https://www.nia.nih.gov/health/what-happens-brain-alzheimers-disease> [Accessed 23 Jul. 2023].

³⁶ NHS (2017). *Dementia guide*. [online] nhs.uk. Available at: <https://www.nhs.uk/conditions/dementia/> [Accessed 12 Jul. 2023].

NHS England (2021). ¹ *What is dementia?* [online] Available at: <https://www.england.nhs.uk/wp-content/uploads/2023/05/what-is-dementia-leaflet-for-ethnic-minority-communities.pdf> [Accessed 3 Jul. 2023].

¹ NICE (2018). *Dementia: assessment, Management and Support for People Living with Dementia and Their Carers | Guidance | NICE*. [online] Nice.org.uk. Available at: <https://www.nice.org.uk/guidance/ng97> [Accessed 19 Jul. 2023].

¹² Rocca et al., (2014). Sex and gender differences in the causes of dementia: A narrative review. *Maturitas*, 79(2), pp.196–201. doi: <https://doi.org/10.1016/j.maturitas.2014.05.008>. [Accessed 12 Jul. 2023].

²² Sims et al., (2023). Donanemab in Early Symptomatic Alzheimer Disease: The TRAILBLAZER-ALZ 2 Randomized Clinical Trial. *JAMA*. [online] Doi: <https://doi.org/10.1001/jama.2023.13239>. [Accessed 12 Jul. 2023].

² Sperling et al., (2011). Toward defining the preclinical stages of Alzheimer's disease: Recommendations from the National Institute on Aging-Alzheimer's Association

workgroups on diagnostic guidelines for Alzheimer's disease. *Alzheimer's & Dementia*, 7(3), pp.280–292. Doi: <https://doi.org/10.1016/j.jalz.2011.03.003>.

⁷ Tsai et al., (2023). The effects of long-term resistance exercise on the relationship between neurocognitive performance and GH, IGF-1, and homocysteine levels in the elderly. *Frontiers in Behavioural Neuroscience*, 9. Doi: <https://doi.org/10.3389/fnbeh.2015.00023>.

⁸ Turner et al., (2015). The History of Mental Health Services in Modern England: Practitioner Memories and the Direction of Future Research. *Medical History*, 59(4), pp.599–624. Doi: <https://doi.org/10.1017/mdh.2015.48>.

¹⁹ UK Government (1998). *Human Rights Act 1998*. [online] [legislation.gov.uk](https://www.legislation.gov.uk). Available at: <https://www.legislation.gov.uk/ukpga/1998/42/contents> [Accessed 23 Jul. 2023].

⁴ Walsh, F. and Robert, M. (2023). Drug donanemab seen as turning point in dementia fight. *BBC News*. [online] 17 Jul. Available at: <https://www.bbc.co.uk/news/health-66221116> [Accessed 18 Jul. 2023].

³³ World Health Organisation (2007). *Monitoring and evaluation of mental health policies and plans*. [online] Available at: https://apps.who.int/iris/bitstream/handle/10665/43631/9789241547154_eng.pdf?sequence=1&isAllowed=y [Accessed 22 Jul. 2023].

³ World Health Organisation (2021). *Towards a dementia inclusive society*. [online] www.who.int. Available at: <https://www.who.int/publications/i/item/9789240031531> [Accessed 18 Jul. 2023].

⁶ World Health Organisation (2022). *Malta becomes first country to introduce WHO training for dementia caregivers*. [online] www.who.int. Available at: <https://www.who.int/news/item/18-02-2022-malta-becomes-first-country-to-introduce-who-training-for-dementia-caregivers> [Accessed 19 Jul. 2023].

⁴⁶ World Health organisation (2020). *Ensuring that the person with dementia continues to receive care*. [online] www.who.int. Available at: <https://www.who.int/multi->

media/details/ensuring-that-the-person-with-dementia-continues-to-receive-care
[Accessed 22 Jul. 2023].

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