

task 2 Assignment-report- Masuma Begum-1915403

by Masuma Begum

Submission date: 12-Jul-2023 11:26AM (UTC+0100)

Submission ID: 210125013

File name: 29840_Masuma_Begum_task_2_Assignment-report-Masuma_Begum-1915403_503804_57758494.docx (57.29K)

Word count: 4299

Character count: 27732



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

1

Student name: Masuma Begum

Student I.D: 1915403

1

Programme: BSc Health and Social Care

Module: Mental Disorders and Psychopathology

Module code: BMHP6006_BIRM

Lecturer: Alice Clayton

Assignment Title: Assessment 2 – Written Report

Contents:

Contents:.....	2
Introduction:.....	3
Definition and Classification:.....	3
Diagnosis:	4
Treatments:.....	6
Measurement of rehabilitation:	8
Recommendations for future practice:	10
Conclusion:	11
References:.....	13

Introduction:

Public Health England (2021) reports that currently there are 850,000 individuals with dementia in the UK, with a projected ⁶¹increase to over a million cases by 2025 and 2 ⁴⁶million cases by 2050. Globally, the number of people with dementia is expected to surpass 150 million by 2050 (Public Health England, 2021). The purpose of this report is to thoroughly analyse and assess the classification and diagnosis of dementia based on the ICD-10, Chapter 5, and the DSM-5. It addresses the dementia diagnosis process, various types of dementia, and the treatment options available to those diagnosed with dementia in the United Kingdom. The report additionally explores the historical and current support and treatment provided to those diagnosed with dementia in the United Kingdom. It provides future recommendations that will assist in providing the most effective care to service users following a review of existing barriers that discourage on-time diagnosis, treatment, and rehabilitation practises, as well as a deeper look into prospective improvements in enhancing the quality of life and care for individuals affected by dementia.

Definition and Classification:

Dementia (F00-F03) is a syndrome induced by a brain disorder, according to ICD 10 Chapter 5 (2010) The ICD-10 classification standards are utilised throughout the NHS to categorise interventions, surgical procedures, diseases, and other health conditions. These classifications provide valuable insights on population health and trends, as well as aid in the development of public health initiatives and services (NHS, 2023). Dementia chronic or progressive disorder that disrupts numerous upper cortical processes such as memory decline, reasoning, direction, comprehension, computation, learning ability, language, and judgement (ICD, 2010). Furthermore, cognitive deficiencies are typically followed, occasionally preceded, by an absence of control over one's emotions, social conduct, or motivation, according to the ICD 10 (2010). Dementia can also occur ³⁰in patients experiencing Alzheimer's disease, cerebrovascular disease, or additional disorders which impact the neurological system (ICD, 2010).

Dementia is a term that encompasses various degenerative brain illnesses (ICD 10, 2019; WHO, 2022). Dementia is capable of affecting individuals of any age; however, it is more common in individuals over the age of 65 (Dementia talking point, 2023). According to Dementia UK (2023), there are approximately two hundred various kinds of dementia, including Lewy body dementia, Alzheimer's disease, frontotemporal dementia, vascular dementia, and mixed dementia being the most common. All types of dementia interfere with memory, thinking, and communication due to the dysfunction of brain cells in specific areas. Doctors use the term "dementia" to describe symptoms like memory loss, disorientation, and difficulty speaking and understanding that develop over time (CDC, 2019; Dementia UK, 2023; NHS, 2020a; Schickltanz and Leibing, 2021).

The DSM-5 is a framework used for diagnosing neurocognitive disorders, including dementia, and aims to provide criteria that establish a common language for clinicians and researchers in the field (Sachdev et al., 2014). The DSM-5, released in 2013 by the American Psychiatric Association, changed the term for dementia to "major neurocognitive disorder" and recognized early stages of cognitive decline as "mild neurocognitive disorder" (Dementia Australia, 2020). This was done to reduce the negative associations with dementia and align diagnostic criteria with current clinical practice. According to the DSM-5, dementia is classified as a neurocognitive disorder, which is distinct from mental illness (Dementia Australia, 2020). Sachdev et al., (2014) claims dementia is characterized by a decline in brain function caused by physical abnormalities in the brain. Neurocognitive disorders impact cognitive abilities such as attention, memory, language, and social skills, they are acquired conditions rather than present from birth and can be caused by various brain-affecting conditions.

Diagnosis:

According to the Department of Health and Social Care (2001), and Fleming et al., (2011), the earliest detection of dementia is critical since it allows patients to obtain the necessary care and assistance they need to enhance their health outcomes. The

DSM-5 is the primary tool used for psychiatric diagnoses by both psychiatrists and general practitioners (Sharma et al., 2015). The NHS (2020a) claims, according to a study conducted by the Alzheimer's Society, while gaining an accurate and precise diagnosis can be immensely useful, more than half of those with dementia symptoms delay seeking help due to their fear and denial of the disease. According to the NHS (2020), dementia cannot be diagnosed with a single test; rather, it requires a series of tests and examinations performed by a general practitioner or a specialist at a memory clinic or hospital. In addition, one potential drawback of effectively diagnosing dementia is the possibility of misdiagnosis. This is because early-stage dementia can be difficult to detect as cognitive decline can also be caused by other disorders like depression or anxiety (NHS, 2020a). The Department of Health and Social Care (2001) subsequently claims, due to the severe effects of the disorder, early onset dementia can be tricky to identify and support those who are affected and their family. The older person can notice the first signs of dementia themselves, their family, carer, neighbours, or anyone who knows them closely (Department of Health and Social Care, 2001).

Individuals experiencing memory problems, difficulty communicating, struggling with complex tasks, or feeling confused should consult their doctor, who will assess their symptoms and overall health (NHS, 2020a). According to Alzheimer's Society (2023), in the early stages of diagnosing dementia, various tests are conducted to determine the cause of the symptoms. A GP or healthcare professional at the GP surgery initially assesses the patient, and if dementia is suspected, the patient is referred to a local memory service with specialized medical staff (Alzheimer's Society, 2023). A referral may be considered based on the patient's age, symptoms, and local resources, the patient's needs will determine whether a geriatrician, elderly's psychiatrist, adult general psychiatrist, geriatrician, or neurologist is recommended (Alzheimer's Society, 2023). Other professionals involved in the diagnoses assessment process includes mental health nurses, psychologists, occupational therapists, and social workers (Alzheimer's Society, 2023). During the diagnostic process, a memory test and brain scan may be conducted, after the diagnosis a care plan is created for the patient, additionally, the patient is signposted to the care and support according to their needs (Alzheimer's Society, 2023).

According to the ³³ Department of Health and Social Care (2001), The UK's ⁵⁷ National Service Framework for Older People highlights the importance of early detection of dementia for families and emphasizes the need to inform and support the ⁵⁷ individuals with dementia and their caregivers. It also states ⁶⁷ that those diagnosed with dementia should be evaluated for their social care and additional requirements (Department of Health and Social Care, 2001). Therefore, GP referrals include Dementia adviser support who offers guidance and help to those diagnosed ⁶⁸ with dementia and their caregivers (Alzheimer's Society, 2023). Although ⁶⁶ the current rate of 50% may not be accurate due to incomplete records, there is still room for advancement by raising awareness of early, mild forms of dementia diagnoses in primary care, the effectiveness of identifying dementia needs to improve (Black et al., 2015). Additionally, knowing how dementia manifests differently depending on a person's socioeconomic background and ethnicity could prove useful. It is also crucial to comprehend the diagnostic criteria for dementia and how to distinguish it from mild cognitive impairment (Black et al., 2015).

Treatments:

Dementia treatment is an important but underserved aspect of neurological care for the elderly, there are currently no medications to cure neurodegenerative dementia, however, doctors can assist patients to manage their cognitive and behavioural symptoms with prescribed medications (Tisher and Salardini, 2019). The NHS dementia guide (NHS, 2020b), states that dementia care and treatment focus on the individual's needs through a person-centred care approach. Although dementia cannot be cured or ⁵⁶ reversed, there are medications available to alleviate symptoms, these medications ⁵⁶ work by preventing the breakdown of a substance in the brain that aids in nerve cell communication (NHS, 2020b).

They come in different forms, such as tablets or patches, ³⁰ Acetylcholinesterase inhibitors, such as Donepezil, Rivastigmine, and galantamine ⁴⁹ are used in many forms of dementia like Lewy body dementia and Parkinson's disease dementia. Memantine

is an alternative medication for those who cannot take or tolerate the inhibitors, as it blocks certain brain chemicals (NHS, 2020b). Salamon and Bhandari (2022) claim Memantine ³¹ aids in the modulation of a separate brain chemical required for learning and memory, and used for moderate to severe dementia, doctors may prescribe memantine in combination with donepezil ⁶⁵ in a combination medication called Namzaric. Patients with Parkinson's disease or Lewy body dementia may be given cholinesterase inhibitors to address hallucinations or difficult behaviour, the effectiveness of Memantine for these types of dementia is uncertain, additionally, various therapeutic approaches are available for individuals with dementia to manage memory loss and associated emotions (Age Space, 2023). These therapies may involve professionals, family members, and caregivers (Alzheimer's Society, 2022).

Psychosocial therapies may be as helpful as medications, and both can be used in conjunction with one another to treat dementia symptoms. It has been demonstrated that the cognitive-based treatment for dementia known as Cognitive Stimulation Therapy (CST), which is administered over a period of seven weeks, improves the quality of life and cognition while being cost-effective (Aguirre et al., 2010). CST focuses on engaging and stimulating people with dementia's cognitive capacities. It consists of tasks and exercises that encourage critical thinking, concentration, communication, and memory. ³⁹ CST is most offered to people with mild to severe dementia and is usually delivered by NHS trusts and memory clinics (Alzheimer's Society, 2022). ⁶³ Cognitive rehabilitation is a therapy that helps individuals with dementia learn new skills or rediscover old ones to improve their memory and overall quality of life (Alzheimer's Society, 2022).

Cognitive behavioural therapy (CBT) helps them manage emotional and psychological issues, while cognitive rehab therapy focuses on improving information processing abilities (Healthline Media LLC and Hammond, 2023). Life story work therapy involves creating a personal record of important life experiences, but it can sometimes bring up difficult memories and cause distress (Alzheimer's Society, 2022). According to Raina, et al. (2008) ⁵¹ a systematic review and meta-analysis of randomised controlled clinical trials review of different treatments for severe dementia revealed that medication can

potentially improve symptoms and daily functioning, while also non-medication interventions may reduce behavioural symptoms. Combining both medication and psychosocial care may be the most effective approach for this vulnerable population (Raina, et al., 2008).

According to Black et al. (2015) senior clinical leads have raised staff awareness regarding dementia and the unique needs of patients, and acute hospitals have created environments that are dementia-friendly, antipsychotic drug usage has decreased as a result, which has in turn decreased the frequency of adverse events such falls, Parkinson's disease, cognitive decline, and stroke. Since the 1800s, dementia treatments, and healthcare provisions have seen major advancements. Dementia was not always associated with aging in the past, but it was frequently used as an excuse for admittance to mental hospitals (Munsun, 2020). Inhumane and unsuccessful therapies, such as shackles, bloodletting, purging, and ice baths, were administered to dementia patients while they were segregated in rigid Victorian asylums. Electrocution and lobotomies were two of the most frightening procedures, and staff members frequently mistreated patients (Munsun, 2020).

Overall, a recent study from the National Academies of Science, Engineering, and Medicine examined over 50 years of research on approaches to supporting people with dementia, revealed that nonpharmacologic therapies such as cognitive stimulation training, exercise, and therapy had a favourable effect on cognitive, functional, and behavioural symptoms (Wagner, et al., 2021). This study demonstrates that these therapies can effectively treat, manage, and possibly prevent unfavourable outcomes linked with dementia (Wagner, et al., 2021).

Measurement of rehabilitation:

According to the UN Convention on the Rights of Persons with Disabilities, individuals with dementia have the right to receive rehabilitation services in order to maintain their

independence (United Nations, 2006). The World Health Organisation also emphasizes the importance of rehabilitation in addressing dementia globally, as it can improve the independence and engagement of patients (Gupta et al., 2021). In contrast, monitoring of rehabilitation is also vital, for this purpose, after a diagnosis, a group of healthcare experts working under the direction of a clinician design individualised rehabilitation plans for every patient (Alzheimer's Society, 2022; NHS England, 2020). The yearly reviews consist of conversations about the patient's well-being, a check-up on their medications, an assessment of any new symptoms or changes in behaviour, and the creation of a future care plan to improve support and care for individuals with dementia and their families and caregivers. (Alzheimer's Society, 2022; NHS England, 2020).

¹ The CCG Improvement and Assessment Framework encompasses indicators for dementia diagnosis and post-diagnostic support, emphasizing the importance of annual health reviews to acknowledge and accommodate any alterations in needs and preferences (NHS England, 2020). According to ⁶²Brooker et al. (1998), Over the course of three years, the Dementia Care Mapping audit tool (DCM) was employed in various healthcare facilities, including day hospitals, assessment wards, respite care units, and continuing care units. A total of 1,614 hours were spent implementing the DCM, and the results reflected, improved treatment quality and encouraging health outcomes, audits conducted during the same period showed that intensive care units with better care plans and happier carers. However, a significant number of workers found DCM to be anxiety-inducing, despite recognizing its usefulness in enhancing treatment, however, the NHS views the DCM tool as a suitable auditing method for dementia care facilities ⁵⁴(Brooker et al., 1998).

Furthermore, Innes and Surr (2001) claim that DCM research of 76 dementia patients living in six care facilities across England revealed commonalities in their well-being and behavioural patterns. The study documented instances of "putting down" dementia patients as well as cases where their well-being was improved, additionally, it revealed that their physical care needs were achieved however, their psychological needs were ignored (Innes and Surr, 2001). Additionally, despite the fact that the

¹³ Dementia Care Mapping (DCM) tool is a widely used, staff-led, psychosocial intervention that assists in assessing the success and effectiveness of dementia care, effectiveness ¹³ evaluations in care homes have produced mixed results, with difficulties with implementation identified (Griffiths et al., 2021). According to Griffiths et al. (2021), recent studies suggest, many care homes may not have the skilled workers, staffing, resources, or leadership support needed to effectively implement and sustain changes in dementia care using the DCM approach, additionally, this could be a drawback to assessing the effectiveness of dementia care. As a result, changes ¹³ to the DCM tool, process, and training may be required to minimise its complexity and burden and raise the likelihood of successful adoption (Griffiths et al., 2021).

³⁶ However, a recent study from the National Academies of Science, Engineering, and Medicine examined over 50 years of research on approaches to supporting people with dementia, revealed that nonpharmacologic therapies such as cognitive stimulation training, exercise, and therapy had a favourable effect on cognitive, functional, and behavioural symptoms. The present study demonstrates that these therapies can effectively treat, manage, and possibly prevent unfavourable outcomes linked with dementia.

Recommendations for future practice:

According to GOV.UK (2022), a recent survey reflects, only 34% of adults in the UK believe they can reduce their risk of dementia, which is why greater awareness regarding preventative measures for Dementia should be implemented in the first instance, implementing comprehensive approaches to encourage people of all ages to engage in physical activity, maintain a healthy diet and weight, reduce alcohol consumption, quit smoking, stay socially active, and manage diabetes and high blood pressure. Additionally, multiple studies demonstrate access to adequate healthcare for people with dementia may be limited by factors such as locality and ethnic background and the discrepancies in dementia care that patients and unpaid carers experience. To overcome these concerns, it is recommended that more dementia-specific training

be provided to all healthcare staff, and that efforts focusing on medicine and reablement should be promoted in order to improve dementia care for all (Giebel, 2020).

Furthermore, to provide best practices for service users, the challenges that prevent service users from receiving the highest quality care possible, it is recommended that policymakers take action to enhance health outcomes. The need for policymakers to address issues like societal stigma, limited patient involvement and access to healthcare, inadequate understanding of cultural and linguistic needs, a lack of qualified professionals, competing healthcare goals, and insufficient resources is one crucial recommendation (Bernstein, et al., 2022). A further suggestion is to compel primary care providers to recognise mild cognitive decline and monitor patients to ensure that those who progress to dementia ³⁹ are diagnosed in the early stages of Dementia (Alzheimer's Society, 2021).

Conclusion:

In conclusion, the term "dementia" ⁴¹ is used to describe a variety of degenerative neurological disorders (ICD 10, 2019; WHO, 2022), that can affect individuals of all ages, although is more common among individuals over the age of 65 (Dementia talking point, 2023). It is occasionally imposed by illnesses such as Alzheimer's or cerebrovascular disease (ICD, 2010). Neurocognitive disorders can be identified using the DSM-5, early detection of the disease is crucial for enhancing the quality of life (Sachdev et al., 2014). The diagnoses process involves a mix of assessments and tests, performed by medical experts, to correctly diagnose dementia (NHS, 2020a). However, one potential drawback of effectively diagnosing dementia is the possibility of misdiagnosis, this is because early-stage dementia can be difficult to detect as cognitive decline can also be caused by other disorders like depression or anxiety (NHS, 2020b). While dementia is not curable, medication and methods of therapy are available to help relieve symptoms (NHS, 2020b). The CCG Improvement and Assessment Framework contains dementia diagnostic and post-diagnostic support indicators, which reinforces the necessity of annual health evaluations to reflect any

variations in needs and preferences (NHS England, 2020). Annual assessments must be conducted to assess the effectiveness and success of rehabilitation for individuals experiencing dementia (United Nations, 2006; NHS England, 2020; Alzheimer's Society, 2022).

A study on dementia patients in care facilities discovered that their well-being and behaviours were similar; nevertheless, the study revealed that some patients were treated poorly while others had increased well-being, their physical needs were prioritised, while psychological needs were ignored (Innes and Surr, 2001). The usefulness of the Dementia Care Mapping (DCM) instrument, which evaluates dementia care, has been inconsistent in nursing homes due to difficulties with implementation and a lack of resources (Griffiths et al., 2021). Overall, upon reviewing the challenges that prevent service users from receiving the highest quality care possible, it is recommended that policymakers take action to enhance health outcomes (Bernstein, et al., 2022). The need for policymakers to address issues like societal stigma, limited patient involvement and access to healthcare, inadequate understanding of cultural and linguistic needs, a lack of qualified professionals, competing healthcare goals, and insufficient resources is one crucial recommendation (Bernstein, et al., 2022).

References:

Age Space (2023) *6 best dementia treatments | dementia medication & therapy - age space*. Available at: <https://www.agespace.org/dementia/treatments-used-dementia> (Accessed: 04 July 2023).

³ Aguirre, E., Spector, A., Hoe, J., Russell, I.T., Knapp, M., Woods, R.T. and Orrell, M. (2010) 'Maintenance Cognitive Stimulation Therapy (CST) for dementia: A single-blind, multi-centre, randomized controlled trial of Maintenance CST vs. CST for dementia', *Trials*, 11(1), pp.1-10. Available at: [Maintenance Cognitive Stimulation Therapy \(CST\) for dementia: A single-blind, multi-centre, randomized controlled trial of Maintenance CST vs. CST for dementia | Trials | Full Text \(biomedcentral.com\)](https://doi.org/10.1186/1745-6215-11-1) (Accessed: 04 July 2023).

Alzheimer's Society (2023) *Alzheimer's Society: How to get a dementia diagnosis*. Available at: <https://www.alzheimers.org.uk/about-dementia/symptoms-and-diagnosis/dementia-diagnosis/how-to-get-dementia-diagnosis> (Accessed: 04 July 2023).

²³ Alzheimer's Society (2021) *Increasing access to a dementia diagnosis, Alzheimer's Society*. Available at: <https://www.alzheimers.org.uk/about-us/policy-and-influencing/increasing-access-dementia-diagnosis> (Accessed: 08 July 2023).

²⁰ Alzheimer's Society (2022a) *GP Annual Review with a person with dementia, GP annual review with a person with dementia*. Available at: <https://www.alzheimers.org.uk/get-support/help-with-dementia-care/gp-annual-review-person-dementia> (Accessed: 07 July 2023).

²¹ Alzheimer's Society (2022b) *Therapy and approaches for memory loss support*, Alzheimer's Society. Available at: <https://www.alzheimers.org.uk/about-dementia/symptoms-and-diagnosis/symptoms/approaches-therapy-memory-loss> (Accessed: 04 July 2023).

² Bernstein Sideman, A., Al-Rousan, T., Tsoy, E., Piña Escudero, S.D., Pintado-Caipa, M., Kanjanapong, S., Mbakile-Mahlanza, L., Okada de Oliveira, M., la Cruz-Puebla, D., Zygouris, S. and Ashour Mohamed, A. (2022) 'Facilitators and barriers to dementia assessment and diagnosis: Perspectives from dementia experts within a global health context', *Frontiers in Neurology*, 13, p.232. ²⁶ Available at: [Frontiers | Facilitators and Barriers to Dementia Assessment and Diagnosis: Perspectives From Dementia Experts Within a Global Health Context \(frontiersin.org\)](https://www.frontiersin.org/articles/10.3389/fnol.2022.884441/full) (Accessed: 08 July 2023).

¹⁹ Black, N., Dixon, J., Tan, S. and Knapp, M. (2015) 'Improving healthcare for people with dementia in England: Good progress but more to do', *Journal of the Royal Society of Medicine*. ⁴⁷ Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4698833/> (Accessed: 05 July 2023).

⁵ Brooker, D., Foster, N., Banner, A., Payne, M. and Jackson, L. (1998) *The efficacy of Dementia Care Mapping as an audit tool: Report of a 3-year British NHS evaluation*. Available at: ⁵ [The efficacy of Dementia Care Mapping as an audit tool: Report of a 3-year British NHS evaluation \(tandfonline.com\)](https://www.tandfonline.com/doi/full/10.1080/0963823981000165331) (Accessed: 08 July 2023).

⁸ Dementia Australia (2020) *Dementia Q&A 11 - diagnostic criteria for Dementia*. Available at: https://www.dementia.org.au/sites/default/files/helpsheets/Helpsheet-DementiaQandA11-DiagnosticCriteriaForDementia_english.pdf ¹ (Accessed: 04 July 2023).

Dementia Talking Point (2023) *Dementia Talking Point*. Available at:
<http://forum.alzheimers.org.uk/> (Accessed: 04 July 2023).

¹² Dementia UK (2023) 'Dementia UK: What is dementia?', *Dementia UK*. Available at:
https://www.dementiauk.org/about-dementia/dementia-information/what-is-dementia/?msclkid=ea18943be04f1425711df0981d6e093e&utm_source=bing&utm_medium=cpc&utm_campaign=Dementia+%5BTier+2%5D&utm_term=dementia&utm_content=Dementia (Accessed: 04 July 2023).

¹⁸ Department of Health and Social Care (2001) *National Service Framework: Older people*, GOV.UK. Available at: <https://www.gov.uk/government/publications/quality-standards-for-care-services-for-older-people> (Accessed: 04 July 2023).

¹ Fleming, K.C., Adams, A.C. and Petersen, R.C. (1995) 'Dementia: diagnosis and evaluation', *Mayo Clinic Proceedings*, 70(11) pp.1093-1107. Elsevier. ⁴³ Available at:
<https://www.sciencedirect.com/science/article/abs/pii/S0025619611644479>
(Accessed: 04 July 2023).

²⁵ Giebel, C. (2020) 'Current dementia care: what are the difficulties and how can we advance care globally?', *BMC health services research*, 20, pp.1-3. ⁴⁰ Available at:
["Current dementia care: what are the difficulties and how can we advance care globally?" | SpringerLink](#) (Accessed: 08 July 2023).

⁵² GOV. UK (2022) *Dementia: Applying all our health*, GOV.UK- ⁷ Office for Health Improvement & Disparities: *Guidance Dementia: applying All Our Health*. Available at: <https://www.gov.uk/government/publications/dementia-applying-all-our-health/dementia-applying-all-our-health> (Accessed: 08 July 2023).

⁶ Griffiths, A.W., Robinson, O.C., Shoesmith, E., Kelley, R. and Surr, C.A. (2021) *Staff experiences of implementing Dementia Care Mapping to improve the quality of dementia care in care homes: a qualitative process evaluation*. *BMC Health Services Research*, 21(1), pp.1-10. Available at: [Staff experiences of implementing Dementia Care Mapping to improve the quality of dementia care in care homes: a qualitative process evaluation - PubMed \(nih.gov\)](#) (Accessed: 08 July 2023).

Gupta, A., Prakash, N.B. and Sannyasi, G. (2021) 'Rehabilitation in dementia', *Indian Journal of psychological medicine*. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8543618/#bibr19-02537176211033316> (Accessed: 06 July 2023).

Healthline Media LLC and Hammond, N. (2023) 'Frontal lobe: Functions, structure, damage, and more', *Healthline*. Available at: <https://www.healthline.com/human-body-maps/frontal-lobe#anatomy> (Accessed: 04 July 2023).

²⁴ ICD (2010) *International Statistical Classification of Diseases and Related Health Problems 10th Revision (ICD-10) Version for 2010 Chapter V*, *World Health Organization*. Available at: <https://icd.who.int/browse10/2010/en> (Accessed: 03 July 2023).

ICD.WHO.int. (2019) *ICD-10 Version:2019*. Available at: <https://icd.who.int/browse10/2019/en#/F00-F09> (Accessed 04 July 2023).

Innes, A. and Surr, C. (2001) 'Measuring the well-being of people with dementia living in formal care settings: the use of Dementia Care Mapping', *Aging & mental health*, 5(3), pp.258-268. Available at: [Measuring the well-being of people with dementia living in formal care settings: The use of Dementia Care Mapping: Aging & Mental Health: Vol 5, No 3 \(tandfonline.com\)](#) (Accessed: 08 July 2023).

¹
Munsun, S. (2020) 'A brief history of dementia', *Carehome.co.uk*. Available at:
[https://www.carehome.co.uk/advice/a-brief-history-of-](https://www.carehome.co.uk/advice/a-brief-history-of-dementia#Victorian%20Asylums)
[dementia#Victorian%20Asylums](https://www.carehome.co.uk/advice/a-brief-history-of-dementia#Victorian%20Asylums) (Accessed: 04 July 2023).

¹
NHS (2020a) 'NHS: How to get a dementia diagnosis -Dementia guide', *NHS choices*. Available at: <https://www.nhs.uk/conditions/dementia/diagnosis/> (Accessed: 04 July 2023).

³⁵
NHS (2020b) 'What are the treatments for dementia? -Dementia guide', *NHS choices*. Available at: <https://www.nhs.uk/conditions/dementia/treatment/> (Accessed: 04 July 2023).

⁵³
NHS (2023) 'Clinical Classifications', *NHS choices*. Available at:
[https://digital.nhs.uk/services/terminology-and-classifications/clinical-](https://digital.nhs.uk/services/terminology-and-classifications/clinical-classifications#what-the-classifications-are-for)
[classifications#what-the-classifications-are-for](https://digital.nhs.uk/services/terminology-and-classifications/clinical-classifications#what-the-classifications-are-for) (Accessed: 08 July 2023).

¹⁷
NHS England (2020) *NHS England Dementia: Good personalised care and support planning*. Available at: [https://www.england.nhs.uk/wp-](https://www.england.nhs.uk/wp-content/uploads/2020/02/FINAL-Update_Dementia-Good-Care-Planning.pdf)
[content/uploads/2020/02/FINAL-Update_Dementia-Good-Care-Planning.pdf](https://www.england.nhs.uk/wp-content/uploads/2020/02/FINAL-Update_Dementia-Good-Care-Planning.pdf)
(Accessed: 08 July 2023).

¹⁰
Public Health England (2021) *Health matters: midlife approaches to reduce dementia risk*. GOV.UK. Available at: [https://www.gov.uk/government/publications/health-](https://www.gov.uk/government/publications/health-matters-midlife-approaches-to-reduce-dementia-risk/health-matters-midlife-approaches-to-reduce-dementia-risk)
[matters-midlife-approaches-to-reduce-dementia-risk/health-matters-midlife-](https://www.gov.uk/government/publications/health-matters-midlife-approaches-to-reduce-dementia-risk/health-matters-midlife-approaches-to-reduce-dementia-risk)
[approaches-to-reduce-dementia-risk](https://www.gov.uk/government/publications/health-matters-midlife-approaches-to-reduce-dementia-risk/health-matters-midlife-approaches-to-reduce-dementia-risk) (Accessed: 04 July 2023).

⁹
Raina, P., Santaguida, P., Ismaila, A., Patterson, C., Cowan, D., Levine, M., Booker, L. and Oremus, M. (2008) 'Effectiveness of cholinesterase inhibitors and memantine for treating dementia: evidence review for a clinical practice guideline', *Annals of*

²⁷
internal medicine, 148(5), pp.379-397. Available at: [Effectiveness of treatments for people living with severe dementia: A systematic review and meta-analysis of randomised controlled clinical trials - ScienceDirect](#) (Accessed: 04 July 2023).

¹⁵
 Sachdev, P.S, Blacker. D, Blazer, D.G, Ganguli. M., Jeste, D.V. Paulsen, J.S. and Petersen. R.C. (2014) *Classifying neurocognitive disorders: The DSM-5 approach*, *Nature News*. Available at: <https://www.nature.com/articles/nrneurol.2014.181> (Accessed: 03 July 2023).

⁶⁰
 Salamon, M. and Bhandari, S. (2022) 'Dementia treatments: Medication, therapy, diet, and exercise', ³⁷*WebMD: What Are the Treatments for Dementia?* Available at: <https://www.webmd.com/alzheimers/dementia-treatments-overview#1-1> ¹ (Accessed: 04 July 2023).

Schickltanz, S. and Leibling, A. (2021) *Preventing dementia? critical perspectives on a new paradigm of preparing for old age*. New York: Berghahn. Available at: <https://doi.org/10.1515/9781789209105> ¹¹ (Accessed: 03 July 2023).

Sharma, N., Mishra, R. and Mishra, D. (2015) 'The fifth edition of diagnostic and statistical manual of mental disorders (DSM-5): what is new for the pediatrician', *Indian Pediatr*, 52(2), pp.141-3. Available at: [Updates.pmd \(psu.edu\)](#) (Accessed: 04 July ²⁸23).

Tisher, A. and Salardini, A. (2019) 'A comprehensive update on treatment of dementia', *Seminars in neurology*, 39(2) pp. 167-178. Thieme Medical Publishers. Available at: [Thieme E-Journals - Seminars in Neurology / Abstract \(thieme-connect.com\)](#) ⁴⁴ (Accessed: 04 July 2023).

²²
 United Nations (2006) *Convention on the rights of persons with disabilities and optional protocol*. Available at:

<https://www.un.org/disabilities/documents/convention/convoptprot-e.pdf> (Accessed: 06 July 2023).

¹⁴ Wagner, L.M., Van Haitsma, K., Kolanowski, A. and Spetz, J. (2021) Recommendations to deliver person-centered long-term care for persons living with dementia. *Journal of the American Medical Directors Association*, 22(7), pp.1366-1370. Available at: [Recommendations to Deliver Person-Centered Long-Term Care for Persons Living With Dementia - ScienceDirect](#) (Accessed: 08 July 2023).

task 2 Assignment-report-Masuma Begum-1915403

ORIGINALITY REPORT

36%

SIMILARITY INDEX

29%

INTERNET SOURCES

16%

PUBLICATIONS

30%

STUDENT PAPERS

PRIMARY SOURCES

1	Submitted to University of Wales, Lampeter Student Paper	4%
2	Submitted to University of Bedfordshire Student Paper	1%
3	link.springer.com Internet Source	1%
4	Submitted to Queen's University of Belfast Student Paper	1%
5	www.brad.ac.uk Internet Source	1%
6	Submitted to University of Glamorgan Student Paper	1%
7	Submitted to Canterbury Christ Church University Student Paper	1%
8	Submitted to University Of Tasmania Student Paper	1%
9	www.epainassist.com Internet Source	1%

10	Submitted to Hugh Baird College Student Paper	1 %
11	Submitted to Bradford College, West Yorkshire Student Paper	1 %
12	Submitted to University of Nottingham Student Paper	1 %
13	eprints.leedsbeckett.ac.uk Internet Source	1 %
14	Submitted to University of Stirling Student Paper	1 %
15	Submitted to University of the Southern Caribbean Student Paper	1 %
16	Submitted to Park Lane College Student Paper	1 %
17	Submitted to Sussex Coast College Hastings Student Paper	1 %
18	Submitted to National University of Ireland, Galway Student Paper	1 %
19	www.coursehero.com Internet Source	1 %
20	Submitted to De Montfort University Student Paper	1 %

21	Submitted to Lincoln College, Lincolnshire Student Paper	1 %
22	Submitted to Kingston University Student Paper	1 %
23	Submitted to University of Northumbria at Newcastle Student Paper	1 %
24	handwiki.org Internet Source	1 %
25	Submitted to Croydon College Student Paper	1 %
26	Submitted to Middlesex University Student Paper	1 %
27	Submitted to Staffordshire University Student Paper	1 %
28	Submitted to The University of the West of Scotland Student Paper	1 %
29	www.citethisforme.com Internet Source	1 %
30	"Principles and Practice of Geriatric Psychiatry", Wiley, 2010 Publication	<1 %
31	Submitted to Cardiff University Student Paper	<1 %

32	pubmed.ncbi.nlm.nih.gov Internet Source	<1 %
33	unsworks.unsw.edu.au Internet Source	<1 %
34	Submitted to London Metropolitan University Student Paper	<1 %
35	Submitted to West Lothian College Student Paper	<1 %
36	cmda.org Internet Source	<1 %
37	youthmedicaljournal.org Internet Source	<1 %
38	Submitted to The Open College Student Paper	<1 %
39	www.alzheimers.org.uk Internet Source	<1 %
40	Submitted to Leeds Trinity and All Saints Student Paper	<1 %
41	www.lsr-online.org Internet Source	<1 %
42	Submitted to University of Essex Student Paper	<1 %
43	Submitted to A. B. Paterson College Student Paper	<1 %

44	Submitted to Liverpool John Moores University Student Paper	<1 %
45	Submitted to Pace University Student Paper	<1 %
46	errak.iliensale.com Internet Source	<1 %
47	Submitted to uwe Student Paper	<1 %
48	academic-master.com Internet Source	<1 %
49	www.healthline.com Internet Source	<1 %
50	www.researchgate.net Internet Source	<1 %
51	www.wjgnet.com Internet Source	<1 %
52	Submitted to University of Hong Kong Student Paper	<1 %
53	www.cambridge.org Internet Source	<1 %
54	FIONA KELLY. "Recognising and supporting self in dementia: a new way to facilitate a	<1 %

person-centred approach to dementia care",
Ageing and Society, 2009
Publication

55	discovery.ucl.ac.uk Internet Source	<1 %
56	dta.com.au Internet Source	<1 %
57	www.atrainceu.com Internet Source	<1 %
58	www.tepou.co.nz Internet Source	<1 %
59	"Research in Clinical Pragmatics", Springer Science and Business Media LLC, 2017 Publication	<1 %
60	Submitted to Adam Smith College Student Paper	<1 %
61	eprints.staffs.ac.uk Internet Source	<1 %
62	pure.roehampton.ac.uk Internet Source	<1 %
63	quieora.ink Internet Source	<1 %
64	scholar.sun.ac.za Internet Source	<1 %

www.cyrilseniorcare.com

65

Internet Source

<1 %

66

www.ncbi.nlm.nih.gov

Internet Source

<1 %

67

www.pjp.psychreg.org

Internet Source

<1 %

68

www.un.org

Internet Source

<1 %

69

Saila Sormunen, Päivi Topo, Ulla Eloniemi-Sulkava, Outi Räikkönen, Anneli Sarvimäki.
"Inappropriate treatment of people with dementia in residential and day care", Aging & Mental Health, 2007

Publication

<1 %

Exclude quotes Off

Exclude matches Off

Exclude bibliography Off