

Common Health Conditions

Module A

SAMPLE

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About the Level 2 Certificate in Common Health Conditions

Health and social care workers need to have a good understanding of a wide range of illnesses and health conditions. Each individual that you support will be different and each will have their own set of health issues and concerns. This can be extremely challenging.

Each of these conditions will present with its own set of symptoms. Each will have its own treatment plan. What's more, you will need to be aware of the different strategies that can be used to best support the person with the difficulties they encounter. On the one hand, this can make for an extremely varied, rewarding and interesting work role. On the other hand, knowing how to appropriately support people with such differing conditions can feel a little daunting.

This course is designed to give you a sound overview of some of the most common health conditions among older people. You will look at arthritis, stroke, dementia, Parkinson's disease, and sensory loss (both hearing and visual impairments). You will examine the signs, symptoms and treatments for each one. You will also explore a range of strategies, some of which you can put into practice yourself, that can dramatically improve the quality of life of someone living with one or a number of these conditions.

Course content

This course has six units. They have been grouped together in three modules as follows:

Module A

Unit 1: Arthritis awareness (D/505/8491)

Unit 2: Stroke awareness (F/503/7150)

Module B

Unit 3: Dementia awareness (J/601/2874)

Unit 4: Parkinson's disease awareness (F/505/8497)

Module C

Unit 5: Sensory loss awareness (F/601/3442)

Unit 6: Understand how to contribute to monitoring the health of individuals affected by health conditions (H/505/5382)



Unit 1

Arthritis awareness

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In this unit you will look at one of the leading causes of long-term physical disability in the UK – arthritis. This condition affects around 10 million people, including 12,000 children. It is the most common cause of chronic pain in the UK. In fact, one in every five visits to a GP is concerned with the symptoms of arthritis, such as joint pain, stiffness, fatigue and impaired mobility.

Receiving a diagnosis of an arthritic condition still strikes fear into many people. Some believe that arthritis will automatically lead to disability and dependency. However, this is no longer the case. With early diagnosis and treatment, most types of arthritis can be successfully managed and further damage to the joints can be prevented. Although there is no cure, medication, physical therapies and simple lifestyle changes can help the person to control their pain, maintain their mobility and preserve their independence.

This unit aims to raise your awareness of the most common types of arthritis and the symptoms that these can cause. You will explore the various treatment options and support services that are available. You will also look at strategies that individuals can use themselves to manage the pain associated with their arthritis and how lifestyle changes can help people to manage their symptoms.

Content

This unit contains three sections:

Section 1: Understanding arthritis

Section 2: Treatment and support

Section 3: The experience of living with arthritis and strategies to manage the condition

Section 1

Understanding arthritis

In this section you will learn about:

- What is arthritis?
- The most common types of arthritis
- The signs and symptoms of the most common types of arthritis
- Understanding how arthritis affects the joints
- The possible causes of arthritis
- The risk factors for developing arthritis

What is arthritis?

Arthritis means **inflammation of the joints**. It is derived from the Greek words 'arthros' (meaning joint) and 'itis' (meaning inflammation). There are many different types of arthritis, and the nature and severity of their symptoms can vary greatly. According to some estimates there are over 100 conditions or diseases of the musculoskeletal system that could be classified as arthritis. Arthritis is also sometimes referred to as rheumatic disease or rheumatism. However, the word 'rheumatic' has a much broader meaning. It refers to aches and pains in bones, muscles and tendons, not just in the joints.



Unit 2

Stroke awareness



Every year approximately 152,000 people in the UK have a stroke. This equates to one stroke every five minutes! Some of these strokes are so devastating that the person sadly dies. However, there are over one million stroke survivors in this country. With specialist support, some have been able to recover completely. More than half have some degree of disability that affects their daily life.

Treating a potential stroke as a medical emergency is vital. Minutes matter! Prompt action can help to minimise the damage caused to the brain and the likelihood of long-term disability. As the popular saying in stroke care goes, 'Time is brain!'

Would you be able to recognise the signs that a person is having or has had a stroke? This unit aims to raise your awareness of what happens during a stroke and explains how to recognise the signs and symptoms. You will explore the common risk factors for stroke and the steps that can be taken to reduce the risk of having a stroke (or a further stroke). You will also learn about the importance of effective stroke care management and the support that is available to stroke survivors and their families.

Content

This unit contains three sections:

- Section 1: Understanding stroke and the signs of stroke**
- Section 2: Managing the risk factors for stroke**
- Section 3: The importance of an emergency response to stroke and effective stroke care management**

Section 1

Understanding stroke and the signs of stroke

In this section you will learn about:

- What is a 'stroke'?
- The different types of stroke
- Transient ischaemic attacks (TIAs)
- Conditions that may be mistaken for stroke
- The changes in the brain associated with stroke
- The signs and symptoms of stroke
- The changes that an individual may experience as a result of stroke

What is a 'stroke'?

The brain depends upon a constant flow of blood. Blood contains the oxygen and nutrients that the brain needs to function correctly. Four main arteries (major blood vessels) pass through between the front of the neck and the backbone and deliver this blood to specific parts of the brain through a dense network of smaller blood vessels.

A stroke occurs when an artery to the brain is either blocked (usually by a clot) or bursts. Both events disrupt the blood supply to the brain, causing brain cells and brain tissue to become damaged or die. In some cases this can lead to lasting brain damage and disability. It can also lead to death.



A stroke is a brain attack – it happens quickly and strikes suddenly. It occurs when a blood vessel to the brain is either blocked or bursts.



A DENSE NETWORK OF BLOOD VESSELS DELIVERS BLOOD AND NUTRIENTS TO THE BRAIN.

The different types of stroke

There are **two main types of stroke** and these have a number of distinct **stages**:

- **Ischaemic stroke** – This is the most common type of stroke, accounting for about 85% of all cases. These happen when a blood vessel is **blocked by a clot** or becomes too narrow for blood to get through to the brain. The **reduced blood flow** causes **brain cells in the area to die from a lack of oxygen**.
- **Haemorrhagic stroke** – This is a less common type of stroke, accounting for around 15% of all cases. These happen when a **blood vessel bursts**, causing **blood to leak** in or around the brain. This blood **irritates brain tissue, causing it to swell**. This swelling puts severe pressure on nearby brain tissue, reduces blood flow and **kills brain cells**.

Ischaemic stroke

In many situations, blood clotting is beneficial. For example, when you are bleeding from a wound, blood clots work to slow and eventually stop the bleeding. However, in the case of stroke, blood clots are highly dangerous

Unit 3

Dementia awareness

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The number of people living with dementia is increasing all the time. It is predicted that by 2025 over one million people in the UK will have some type of dementia. In all likelihood this will be Alzheimer's disease. And dementia doesn't just affect the individual – their family, friends and carers are also companions on the emotional roller-coaster that is dementia. Indeed, around 25 million people in the UK have a relative or close friend with the condition.

Despite worrying statistics such as these, the future is bright. Dementia no longer needs to be thought about with pessimism or despondency. Much more is now understood about the condition and how those who have dementia can be supported. As you will learn in this unit, an approach known as 'person-centred care' has helped to transform the quality of care that many people with dementia now receive.

This unit aims to enhance your understanding of the different types of dementia and how these can affect the individual. This will help you to understand the difficulties that people with dementia face. You will also look at the factors that can shape a person's experience of living with dementia and how the words, attitudes and actions of others can sometimes make life harder for people with the condition.

Content

This unit contains three sections:

Section 1: Understanding dementia

Section 2: The different types of dementia

Section 3: The experience of living with dementia

Section 1

Understanding dementia

In this section you will learn about:

- What is 'dementia'?
- The signs and symptoms of dementia
- Understanding memory loss
- Understanding how key functions of the brain are affected by dementia
- Conditions that may be mistaken for dementia

What is 'dementia'?

The term 'dementia' is often misunderstood. Dementia is not a disease in itself. Dementia is actually **a broad term used to describe a number of symptoms that involve a progressive decline in a person's mental abilities.**

This decline affects a person's ability to remember, make rational judgements and communicate.

This decline is the result of damage caused to the brain by specific brain diseases (such as Alzheimer's disease, the most common type of dementia), or by a trauma within the brain (such as a stroke). Whatever the cause of a person's dementia, the end result is the same – the brain cells (neurons) of a person with dementia die at a significantly higher rate than for people without the condition.

Although we all lose a certain number of brain cells during the course of our life, the rate of cell death and damage as a result of a dementia is much more rapid. This damage interferes with the ability of brain cells to communicate with each other. When brain cells cannot communicate normally, thinking and behaviour (amongst many other functions) can be affected.



Key point



Dementia is progressive and degenerative. This means that the symptoms will gradually get worse. As more and more brain cells are damaged or die, the more difficult day-to-day life becomes for the person with dementia.

The signs and symptoms of dementia

Below is an overview of some of the most common signs and symptoms of dementia. You may recognise some of them from your own experiences of supporting people with the condition. It is important to note, however, that no two people will share the same set of symptoms. This overview is intended to give you a general guide as to what difficulties a person with dementia may encounter.

It is generally accepted that dementia is indicated by memory loss and a decline in at least one other main cognitive (mental) function described below.

Memory loss

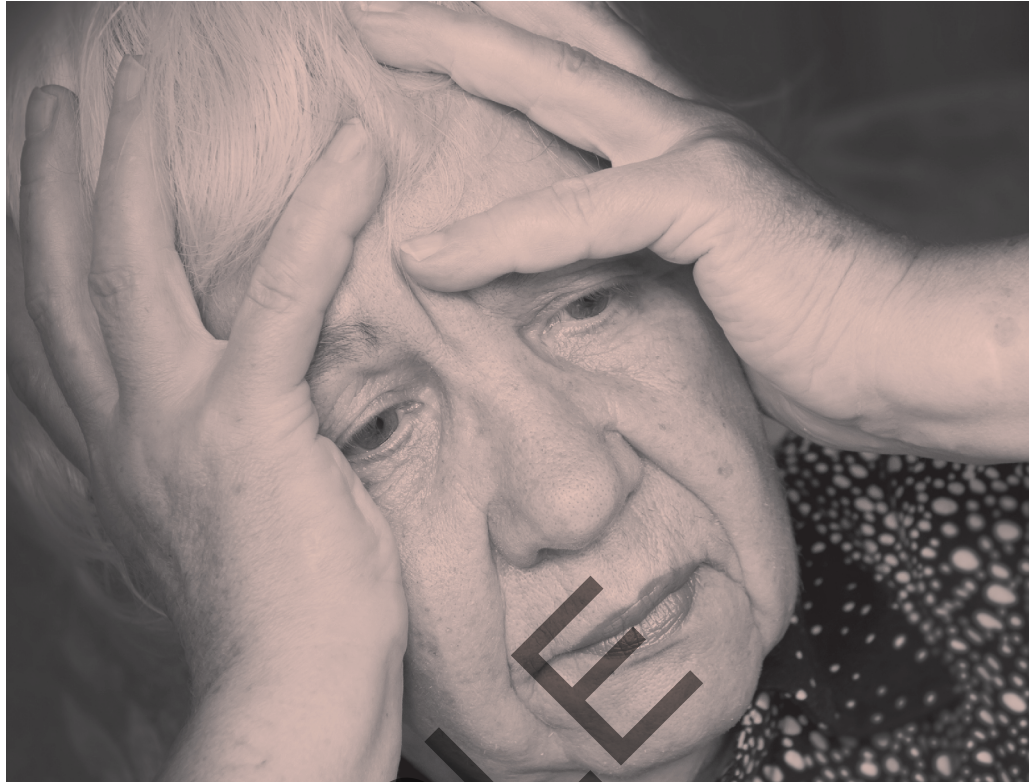
We are all forgetful at times. However, with dementia forgetfulness is more routine and progressively more obvious. Memory loss is the most common feature of dementia, and it is the memory of recent events that is affected first. As you will see later in this section, the capacity to remember incidents and events from further back in time (long-term memory) usually stays intact until the later stages of dementia.

Disorientation

People with dementia often become disoriented and confused regarding time, place and direction. Momentarily forgetting the day of the week is common to all of us. A person with dementia may not be aware of the time, date or day. They can become lost in familiar places such as their own home or street, or forget how they got to a certain place and not know the way back.

Difficulties in performing familiar tasks or movements

Although we all suffer from a 'mental block' from time to time, this is usually a brief and temporary experience. A person with dementia may reach a stage where they are unable to start or complete tasks that they once were able to do almost automatically. For example, a person may no longer remember the series of steps involved in getting dressed and undressed.



Difficulties with language

Difficulty in finding the correct word is also typically seen among people with dementia. Everyone has trouble finding the correct word sometimes: a person with dementia may frequently forget simple words, or substitute inappropriate words in their place. This can make verbal communication difficult.

Difficulties with perception

The ability to 'make sense' of the world is often distorted with dementia. Although a person's eyesight may be well preserved, the brain's ability to accurately interpret and understand what they are seeing may be impaired.

Difficulties with abstract thinking

Dementia can also lead to problems with what is called 'abstract thinking' (a person's ability to think a process through). For example, calculations that once seemed easy to work out may now seem completely impossible. This is due to dementia affecting the person's ability to remember what numbers are and how to use them.

Poor or decreased judgement

There are specific areas of the brain responsible for making judgements and decisions. Damage to these areas can affect what are known as our 'reasoning skills'. For example, a person may wear several layers of clothes on a hot day or very few clothes on a cold day. The ability to plan and organise may also deteriorate with damage to these areas.

Unit 4

Parkinson's disease awareness

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After Alzheimer's disease, Parkinson's disease is the second most common neurodegenerative disorder worldwide. In the United Kingdom alone around 130,000 people have been diagnosed with the condition; that's around 1 in 500 people. Newly diagnosed cases are equivalent to someone in the UK being told they have Parkinson's disease each hour of the day.

Despite worrying statistics such as these, the future is relatively bright. Although there is currently no cure for Parkinson's disease, advances in medicines now mean that many of its symptoms can be successfully managed. With the right support and treatment, people with Parkinson's disease can live a full and active life.

This unit aims to enhance your understanding of Parkinson's disease. It will explore the various treatment options and support that are available. It will also give you an insight into the day-to-day experience of living with the condition and how care providers can best support the individual as their condition progresses.

Content

This unit contains three sections:

Section 1: Understanding Parkinson's disease

Section 2: Treatment and support

Section 3: The experience of living with Parkinson's disease and strategies to manage the condition

Section 1

Understanding Parkinson's disease

In this section you will learn about:

- What is Parkinson's disease?
- The main signs and symptoms of Parkinson's disease
- The causes of Parkinson's disease
- The risk factors for developing Parkinson's disease
- Other conditions that may be mistaken for Parkinson's disease
- Younger people with Parkinson's disease

What is Parkinson's disease?

Parkinson's disease is a **progressive and chronic neurological condition** that primarily affects a person's movement. Its most well-known and perhaps most obvious characteristics are tremors (involuntary shaking of particular parts of the body), muscle stiffness and slower physical movements.

'Progressive' means that the symptoms of Parkinson's disease will gradually get worse. Each person is affected differently, and therefore the rate of progression varies greatly between individuals.

'Chronic' means that Parkinson's disease is likely to be a long-term condition. In fact, people can live for many years with the condition. Unfortunately, at this point in time, there is no known cure.

Younger people with Parkinson's disease

"I turned myself around. In fact, Parkinson's has made me a better person. A better husband, father and overall human being. Life delivered me a catastrophe, but I found a richness of soul."

MICHAEL J. FOX (ACTOR AND WRITER)

Although the risk of developing Parkinson's increases significantly from the age of 50, some people develop the condition much earlier in life. In fact, one in 20 people diagnosed with Parkinson's disease are under the age of 40.

When Parkinson's is diagnosed in somebody under the age of 50 it is referred to as **'early onset'** or **'young onset Parkinson's disease'** (YOPD). The term **'traditional onset Parkinson's disease'** is used to refer to people diagnosed from the age of 50 onwards.

Both young onset and traditional onset Parkinson's have a number of **similarities**. Both are progressive and long-term conditions. At some point, younger people usually experience the same 'classic' symptoms of Parkinson's as older people do – tremors, muscle stiffness and slowness of movement. The same treatments appear to be effective for both younger and older people with the condition.



THE HOLLYWOOD ACTOR MICHAEL J. FOX WAS DIAGNOSED WITH PARKINSON'S DISEASE AT THE AGE OF JUST 30.

Unit 5

Sensory loss awareness

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Sensory loss can seriously impact upon a person's quality of life if appropriate support is not accessed. It can affect their confidence in navigating their way around their environment. It can also impede their ability to effectively communicate with others. As a result, many people with sight or hearing loss experience loneliness, frustration and sometimes isolation. Fortunately, health and social care workers are ideally placed to improve these experiences.

Throughout this unit the term 'sensory loss' is used to refer to sight and/or hearing loss. If you are working in health and social care, you may be supporting people who are trying to cope with a loss of one or both of these senses.

This unit aims to develop your awareness of sensory loss. You will look at some of the conditions that can lead to sight and hearing loss and how to recognise some of the indicators. You will examine how certain factors can make life harder for people with sensory loss and how these can be addressed. Finally, you will learn about how to effectively communicate with and support people with sensory loss.

Content

This unit contains two sections:

Section 1: Understanding sensory loss

Section 2: Supporting individuals who have sensory loss

Section 1

Understanding sensory loss

In this section you will learn about:

- What is sensory loss?
- The causes of sight loss
- The causes of hearing loss
- Congenital causes of sensory loss
- Some facts and figures about sensory loss
- The signs and indicators of sensory loss
- Reporting concerns about sensory loss
- Obtaining additional advice and support

What is sensory loss?

Let us begin by looking at the key terms that are used in this unit. There are three main types of sensory loss: **sight loss, hearing loss and dual sensory loss**. However, as you will see below, there are wide variations in each individual's level of impairment.

- **Sight loss** – This includes people who are partially sighted and people who are registered as blind. The term 'visual impairment' is also sometimes used to describe people with some sort of sight loss.
- **Hearing loss** – This includes people who are deaf and people who are hard of hearing (for example, people who need to use hearing aids). The term 'hearing impairment' may also be used to describe people who have some type of hearing loss. Deafness is often described as mild, moderate, severe or profound.
- **Dual sensory loss** – This refers to people who have a combination of both hearing and sight loss. This is also known as 'deafblindness'. This is a broad group. Although some people are completely deaf and blind, most people with dual sensory loss will have some degree of vision and hearing.

Key point

Even if two people have the same type of sensory loss, their experience of living with their impairment and their coping mechanisms will be different. No two people with sensory loss are ever the same.

The causes of sight loss

A number of conditions can cause sight loss. Some examples are provided below.

Macular degeneration

The macular is a small part of the retina at the back of the eye. It is responsible for central vision – what a person can see directly in front of them – as well as the ability to see colour. By damaging this area, macular degeneration affects the ability to read, write, drive or recognise faces from a distance.



DRY AMD CAN CAUSE A BLANK PATCH TO APPEAR IN THE CENTRE OF A PERSON'S VISION.

Macular degeneration is often called ‘age-related macular degeneration’ (AMD) because it is most common in people who are over the age of 50. Around one-third of people who are over the age of 75 have signs of AMD. There are two types of AMD – ‘wet’ and ‘dry’. Dry AMD is by far the most common. It usually develops very slowly, and at its worst can cause a blank patch in the centre of the person’s vision. However, as it does not affect peripheral vision (what a person can see from the sides of their eyes) it never leads to total blindness.

Glaucoma

Glaucoma is a term used for a range of eye conditions affecting vision. Glaucoma can cause blindness if it is not effectively treated. It occurs when the fluid in the eye cannot drain properly, resulting in a build-up of pressure that can damage the optic nerve.

Diabetes-related eye conditions

Diabetes can affect the eye in several ways. The most serious eye condition associated with diabetes is **diabetic retinopathy**. There are usually three stages to this condition, according to the severity of symptoms. In the third (most critical) stage it can cause the tiny blood vessels that supply the retina to become blocked. It can also affect the lens of the eye, causing blurred vision or cataracts.

Cataracts

Sometimes as we age the lens within the eye becomes thickened and cloudy; this is known as a cataract. People often compare the effects to looking through frosted glass. The condition is very common in older people, and many people over the age of 60 have some level of cataract. The vast majority of people can be treated successfully through an operation to remove the cloudy lens.

Stroke

Up to two-thirds of people experience some sort of sight loss after a stroke. This is often temporary and full sight may return, though the sight loss experienced may affect the individual when they are trying to mobilise during their recovery period. The visual disturbances caused by a stroke are quite complex and vary between individuals. They can affect the range of vision, eye movements or the brain’s ability to process information.

Unit 6

Understand how to contribute to monitoring the health of individuals affected by health conditions



All the health conditions you have studied in this course require some type of monitoring activity. This final unit looks at how these and other health conditions can be monitored in general terms. Monitoring a person's physical health and emotional well-being is a vital part of health-care. It helps health professionals to determine whether a person is improving or deteriorating, and how they are responding to different treatments.

Even if you are not responsible for carrying out formal observations, it is still important that you have an awareness of how and why the health and well-being of individuals needs to be closely monitored and what to do if a change in a person's condition causes you concern.

In this unit you will explore some of the methods of monitoring health. You will look at a range of common physical measurements as well as some of the more informal ways of observing changes in a person's condition. You will find out about how monitoring activities should be recorded and how individuals should be supported throughout these activities. You will also learn about how to respond to sudden changes in a person's condition and what actions should be taken.

Content

This unit contains two sections:

- Section 1: Monitoring individuals with health conditions**
- Section 2: Recording observations and responding to changes in the individual's condition**



TAKING A BLOOD GLUCOSE MEASUREMENT.

Recording and reporting the findings of observations

It is vital that staff understand how the results of observations should be recorded and reported. If observations need to be monitored regularly, these are usually recorded on a specific chart.

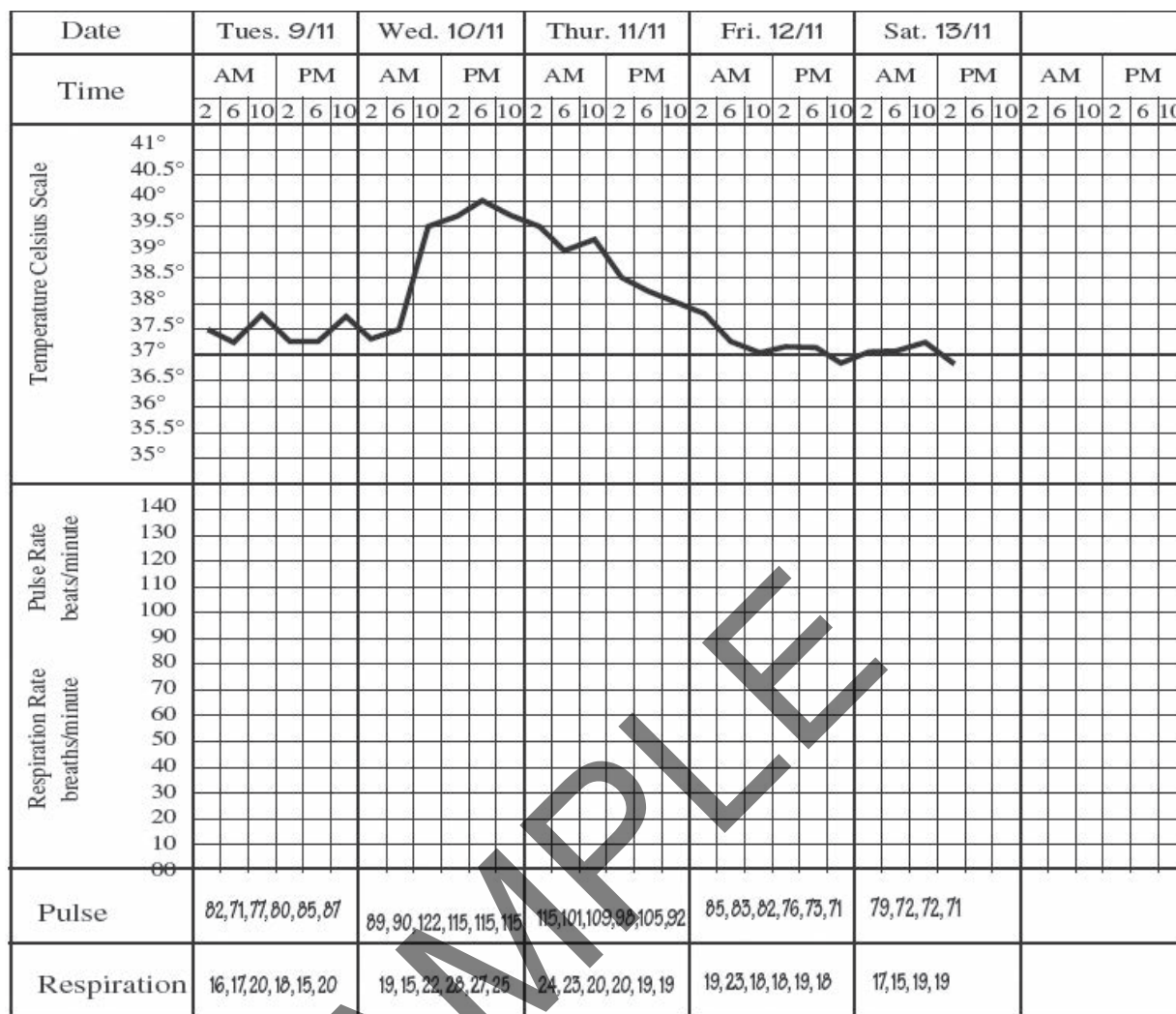
Below are some examples of the types of charts that are commonly used in care settings.

Temperature, pulse and respirations (TPR) charts

When temperature, pulse and respirations are being monitored, the readings are usually plotted on a graph against specified times. This provides a visual aid and any trends or sudden changes can easily be seen.

Once the observations have been taken the readings should be recorded at the time. The readings should be accurate, legible and written in black ink. There should be no doubt about what the reading was. The time and date of the observation should be clearly documented.

After comparing the measurements with previous results, any difference (such as a rise in temperature or fast pulse reading) should be reported. The findings and actions taken should also be recorded in the person's care/support plan.



AN EXAMPLE OF A TPR CHART.

Fluid balance charts

Fluid intake and output is recorded on a fluid balance chart. Intake should only be recorded once you are sure of the amount of fluid that has been taken.

It helps to know the volume of fluid that a standard cup, drinking glass and jug holds. For example, a standard teacup holds 150 ml, while a standard mug or drinking glass hold approximately 200–250 ml.

All output should be measured, where possible. Individuals can be encouraged to pass urine into a receptacle so that it can be accurately measured. A measuring jug specifically for this purpose is used for measuring urine. Catheter drainage bags also show the volume of fluid contained. Recording exact output will not be possible if an individual passes urine into a toilet or has been incontinent. In these cases, the fact that they have passed urine should be recorded.

Fluid balance is totalled over 24 hours and the total output is subtracted from the intake.