### **Course introduction**

Often, Mary was afraid, a nameless, shapeless fear. Her impaired mind could not put a name or an explanation to her fear. People came, memories came, and then they slipped away. She could not tell what was reality and what was memory of people past.

"The bathroom was not where it was yesterday. Dressing became an insurmountable ordeal ... Mary gradually lost the ability to make sense out of what her eyes and ears told her. She worried about her things: a chair, and the china that had belonged to her mother. They said they had told her over and over again, but she could not remember where things had gone. Perhaps someone had stolen them. She had lost so much.

"Mary was glad when her family came to visit.

Sometimes she remembered their names; more often she did not. She never remembered that they had come last week, so she regularly scolded them for abandoning her ... she was glad when they didn't try to remind her of what she had just said or that they had come last week, or ask her if she remembered this person or that one. She liked it best when they just held her and loved her.

(Mace and Rabins, 1984: pp.1-6)

A diagnosis of dementia can be the beginning of a long and difficult journey. Dementia not only happens to the people who have the condition, but also to those around them. Family, friends and carers are all companions on the journey, sharing the ups and downs. The story of Mary above is a real one. It gives us a glimpse of the world of a person with dementia and the emotional roller coaster experienced by all concerned.

Thankfully, the future is bright. Dementia no longer needs to be viewed in terms of doom and gloom. Much more is now understood about the condition and how those who have dementia can be supported. Throughout this course you will learn about a relatively new approach to the support and care of people with dementia – an approach known as 'person-centred care'.

As a health and social care worker you may sometimes be faced with behaviour that you find difficult to understand and perhaps even challenging. This course will equip you with some of the knowledge and practical skills required so that you are able to respond to situations such as these in the most appropriate and supportive manner. You will be encouraged to look beyond the behaviours and symptoms to the person themselves.

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By taking the time to understand the needs and emotions of the person, you should be able to achieve a deeper insight into their individual experience of dementia. Like Mary, people with dementia don't want to be reminded of their failings or seen as 'dementia sufferers'. They want to be treated and valued as a person first and foremost, who just happens to have dementia.

### **Aims**

On completion of this course, you should:

- Appreciate the meaning of the term 'dementia' and recognise the main types of dementia.
- Understand the factors relating to an individual's experience of dementia.
- Understand the meaning of a person-centred approach to dementia care and how health and social care staff and others can implement this approach.
- Have an awareness of how a person-centred approach may be used to encourage positive communication with individuals with dementia.
- Understand ways of working with a range of individuals who have dementia to ensure diverse needs are met.

### Content

This course has four units:

**DEM 201: Dementia awareness** 

DEM 202: The person-centred approach to the care and support of individuals with dementia

DEM 205: Understand the factors that can influence communication and interaction with individuals who

have dementia

DEM 207: Understand equality, diversity and inclusion in dementia care



### Introduction

This first unit of your course is probably the most fact-based. In Section 1, you will initially look at **what the term 'dementia' actually means.** You will then move on to explore a range of common **signs and symptoms** of dementia. In order to understand dementia, it is also important to have a basic appreciation of how the **brain** links to our emotions and behaviours. Therefore, you will examine key areas of the brain and how damage to these areas may explain some of the difficulties that people with dementia experience.

'Dementia' is an umbrella term for a family of brain disorders. In Section 2 you will explore the **most common types of dementia**. In particular you will look at Alzheimer's disease, vascular dementia and dementia with Lewy bodies.

In the past, people viewed dementia in very clinical terms. We now know that there are a range of factors that can affect an individual's **experience of living with dementia**, not just medical issues. One crucial factor is how health and social care staff and others interact with and support the person. In the final section of this unit, you will therefore explore all the factors that shape a person's experience of dementia and how the **words**, **attitudes** and behaviours of others can either make life better or actually more disabling.

### **Aims**

When you have worked through this unit, you should be able to:

- Explain what is meant by the term `dementia'.
- Describe key functions of the brain that are affected by dementia.
- Explain why depression, delirium and age-related memory impairment may be mistaken for dementia.
- List the common causes of dementia.
- Outline the signs, symptoms and risk factors of the most common causes of dementia.
- Outline the medical and social models of dementia.
- Explain why dementia should be viewed as a disability.
- Describe how different individuals may experience living with dementia.
- Outline the impact that the attitudes and behaviours of others may have on an individual with dementia.

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### 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

### **Assessment**

Once you have worked through each section, including the reflective learning activities, you will need to complete a series of questions called 'Assessments'. These can be found in a separate booklet within this pack. When you have finished all of the section assessments, you should submit them to your tutor, who will give you feedback on your work.



Good luck with your studies!

### **Understanding dementia**

In this section you will learn about:

- What is dementia?
- Some facts and figures about dementia
- The 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?

You will have probably come across words like 'Alzheimer's', 'dementia' or 'senility'. You may not know what each actually means, except that it has something to do with the brain, older people and certain behaviours that you may find challenging.

### **Activity 1**

Without reading any further, write down in the space below what the term 'dementia' means to you. Don't worry if your definition is right or wrong: simply jot down what you think it means and may involve. You will return to your answer at the end of this unit.

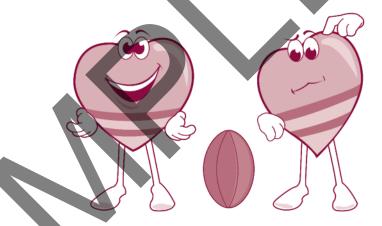


The term 'dementia' is often misunderstood. Dementia is not a disease or illness in itself. It is in fact a **broad term used to** describe a range of signs and symptoms which involve a progressive decline in a person's mental abilities.

This decline affects a person's ability to:

- remember
- make rational judgements
- communicate.

This decline is the result of damage caused to the brain by specific brain diseases (for example Alzheimer's disease), 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 extraordinary death of brain cells (neurons).



When brain cells are damaged or die in large numbers we lose the ability to function in the ways that we once did. Imagine cells in the brain as a team of rugby players, passing the ball between them, from one side of the pitch to the other. When there are lots of players the ball is passed quickly and the team is more likely to function as a collective unit. However, suddenly remove some of these players and it becomes much more difficult to pass the ball as effectively. The brain is no different: when there are lots of cells, information is passed quickly and the various parts of the brain can communicate with each other successfully.

Although we all lose a certain amount of brain cells during the course of our life, the rate of cell death as a result of dementia is much more rapid and severe.

Dementia is **progressive** and **degenerative** - meaning 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.



## Some facts and figures about dementia

- There are an estimated 820,000 people in the UK who have some form of dementia (Alzheimer's Research Trust, 2010). Throughout the world, more than 35 million people are affected.
- As people continue to live longer, the number of people who develop dementia is set to increase. By 2025, there will be over one million people with dementia in the UK. This is expected to rise to over 1.5 million by 2050 (Alzheimer's Society, 2010).
- Currently there is no cure. There are a number of drugs available that appear to temporarily slow down the progression of Alzheimer's disease. These drugs are known as 'anti-dementia drugs' and include Arcept® (donepezil hydrochloride), Reminyl® (galantamine) and Exelon® (rivastigmine). All of these act to increase the amount of chemicals in the brain that help healthy brain cells to communicate with each other. They are used by people who are in the early to middle stages of the disease.
- Ebixa® (memantine), a newer drug that acts in a different way to the others, is thought to benefit those in the middle to later stages of Alzheimer's disease.
- All of these **drugs may slow down the progression** for a few months or even a few years. However, every person responds differently to drug therapy so the benefits can vary considerably from person to person.
- **Dementia is indiscriminate.** As far as we know, it sees no distinction between race, creed, colour, social background, economic class or geographical location. However, because women statistically live longer than men, they account for two-thirds of the people who have dementia.
- The risk of developing dementia increases with age.

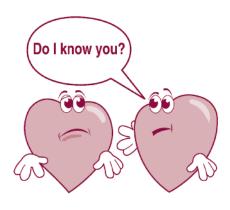
  Around one in a thousand people is diagnosed with dementia under the age of 65. This increases dramatically to around one in 50 over the age of 65 and to one in five people over the age of 80.
- Younger people can develop dementia. Although the risk of developing dementia significantly increases from the age of 65, it would be wrong to assume that dementia is exclusive to older people. In fact, dementia has been diagnosed in people in their fifties, forties and even thirties. In 2010, one study found that there are over 64,000 people under the age of 65 living with dementia in the UK (Alzheimer's Research Trust, 2010).

There is a references section in the final unit of this course if you would like to look at any of these facts and figures in more detail.

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### The 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 as a health and social care worker. Remember, no two people will share the same set of symptoms. This overview is to help give you a general guide as to what difficulties a person with dementia may encounter.

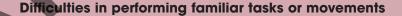


### **Memory loss**

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 the section, the capacity to remember 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.





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 which 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.

### LEVEL 2 AWARD IN AWARENESS OF DEMENTIA

# Unit DEM 201 Dementia awareness

### After completing your assessment please return it to your tutor

### **ADVICE TO ALL CANDIDATES**

Please complete your personal details and candidate statement below.

Complete all questions in this assessment.

Write your answers in the spaces provided. Add any additional work for any of the questions on plain paper and attach to this assessment.

You do not need to return your completed activities in the unit – just this assessment.

If you require any assistance or guidance please contact your tutor.

PERSONAL DETAILS			
Name			
Contact address			
Postcode			
Telephone no. (evening)	(day)		
Email (home)	(work)		
			)
CANDIDATE STATEMENT			
I certify that I have read Unit DEM 201 and completed all sections in this assessment.			
I confirm that this is my own work.			
Signature	Date		
For office use only	Passed	Tutor feedback:	
Candidate ref:	Date	Written	n
Assessor:	Re-submit	Telephone	n
IV:	Date	Personal tutorial	n

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### **Assessment DEM 201.1: Understanding dementia**

(The reference in brackets at the end of each question refers to the learning outcome within the syllabus of this qualification and is for your tutor's use.)

1. Explain what is meant by the term 'dementia'. (1.1)



State the estimated total number of people diagnosed with dementia in the UK.

What is the estimated worldwide number of people with dementia?

In terms of ratios, identify the prevalence of dementia in the following age groups:

**Under 65 years** 

Over 65 years

Over 80 years

How many people under the age of 65 are believed to be living with dementia in the UK?

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3. In the space below, list and then describe five common signs and symptoms of dementia. (3.2) a) b) c) d) e)

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