

## 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 & Rabins, 1984: pp.1–6)

The story of Mary above is a real one and gives us a glimpse into the world of a person with dementia and their family. Thankfully though, the future is bright. Dementia no longer needs to be viewed in terms of doom and gloom. This is because much more is now understood about dementia and how those who have dementia can be supported to 'live well' with the condition.

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'**. This approach could help you enormously. As a health or social care worker or an informal carer, you may sometimes be faced with behaviour you find difficult to understand and perhaps even challenging. This course aims to 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**.

By taking the time to understand the **needs, feelings and life history** of the person, you should be able to achieve a deeper insight into their 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 – a person who just happens to have dementia.

## Content

This course has seven units. These have been grouped together into three modules as follows:

### Module A

**Unit 1: Dementia awareness**

**Unit 2: The person-centred approach to the care and support of individuals with dementia**

### Module B

**Unit 3: Understand the factors that can influence communication and interaction with individuals who have dementia**

**Unit 4: Understand equality, diversity and inclusion in dementia care**

### Module C

**Unit 5: Understand the administration of medication to individuals with dementia using a person-centred approach**

**Unit 6: Understand behaviour in the context of dementia**

**Unit 7: Understand the benefits of engaging in activities in social care**

## Welcome

Now let's begin. Welcome to Module A of your dementia care course. There are two units in this module as follows:

**Unit 1: Dementia awareness**

**Unit 2: The person-centred approach to the care and support of individuals with dementia**

## Assessment

Each unit is split into a number of sections. At the end of each section you will be asked to complete the assessment questions for that section. These questions can be found in your assessment booklet for Module A.

When you have completed all the assessment questions for this module, you should submit them to your assessor for marking and feedback.

***Good luck with your studies!***



## Introduction to Unit 1

This first unit of your course is probably the most factual. 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. **Section 2** devotes itself to an explanation of 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, we used to view 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 may life better or actually more disabling.

## Understanding dementia

In this section you will learn about:

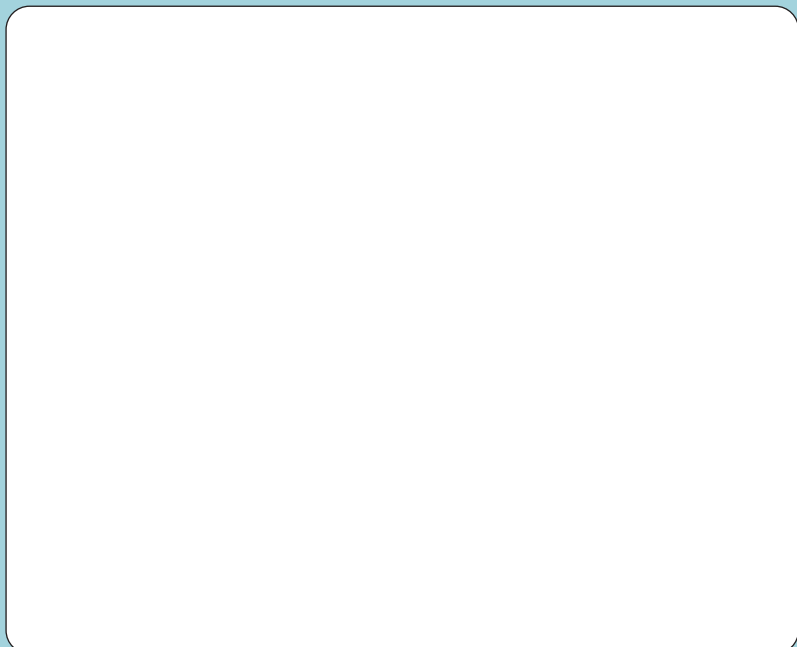
- **What is dementia?**
- **Some facts and figures about dementia**
- **The symptoms of dementia**
- **Understanding memory loss**
- **Understanding how key functions of the brain are affected by dementia**
- **Conditions that are mistaken for dementia**

## 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 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.

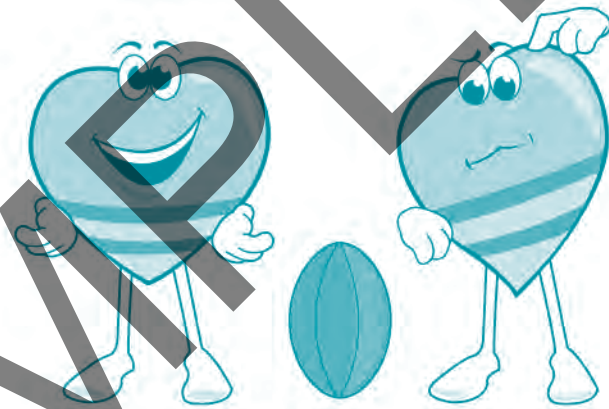


The term 'dementia' is often misunderstood. Dementia is not a disease or illness in itself. It is in fact a **broad term used to describe a range of signs and symptoms which involve a progressive decline in a person's mental abilities.**

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.
- **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 you will explore more about these drugs in Unit 5 of this course.
- 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).

## 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.

### 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 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.

**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 what they are seeing may be impaired.

**Difficulties with abstract thinking**

Dementia can also lead to problems in what is called 'abstract thinking'. This means 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 on a cold day. The ability to plan and organise may also deteriorate with damage to these areas.

**Loss of initiative**

We all become tired and lethargic from time to time. However, a person with dementia may become very passive, sitting in front of the television for long periods or sleeping more than usual. They may also appear to lose interest in previously enjoyed hobbies.

**Changes in behaviour**

At some stage, the decline in the mental powers discussed so far may be accompanied by changes in behaviour. Dementia can cause a person to become confused, suspicious or withdrawn. Changes may also include fearfulness, aggression or generally acting out of character.

It is generally accepted that dementia is indicated by memory loss and a decline in at least one other main cognitive (mental) function described above, for example, judgement or perception.

**Key point** 

**Although people with dementia may have various symptoms in common, it is vital to appreciate that each person's experience of dementia will be unique to them.**



# Certificate in the Principles of Dementia Care

## Module A

After completing your assessment please return it to your tutor/assessor

### 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 for the units – just this assessment.
- If you require any assistance or guidance please contact your tutor/assessor.

### PERSONAL DETAILS

Name \_\_\_\_\_

Contact address \_\_\_\_\_  
\_\_\_\_\_

Postcode \_\_\_\_\_

Telephone no. (evening) \_\_\_\_\_ (day) \_\_\_\_\_

Email (home) \_\_\_\_\_ (work) \_\_\_\_\_

### CANDIDATE STATEMENT

I certify that I have read Units 1 and 2 (Module A) and completed all sections in this assessment.

I confirm that this is my own work.

Signature \_\_\_\_\_ Date \_\_\_\_\_

For office use only

Candidate ref: \_\_\_\_\_

Assessor: \_\_\_\_\_

IV: \_\_\_\_\_

Passed

Date \_\_\_\_\_

Re-submit

Date \_\_\_\_\_

Tutor feedback:

Written

Telephone

Personal tutorial

SAMPLE

**Assessment 1.1: 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 assessor's use.)

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

2. Complete the table below. (3.4)

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?	

3. In the space below, identify and then describe five common signs and symptoms of dementia.  
(3.2)

a)

b)

c)

d)

e)

SAMPLE