



DISCUSSION OF THE DELIVERY OF HEALTH AND SOCIAL CARE SERVICES TO PEOPLE WITH DEMENTIA

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INTRODUCTION

This essay will discuss the delivery of health and social care services to people with dementia from a bio-psychosocial perspective. Two case studies involving older adults with dementia will be briefly cited as examples. The first case study involves a male patient with advanced dementia admitted in the care home while the second one involves a female patient newly diagnosed with Alzheimer's disease. The Health & Care Professions Council (2016) requires under its Code the respect for patient confidentiality. The real identities of the patients will therefore remain anonymous.

The topic of dementia was chosen because according to Prince et al. (2014) approximately 850,000 people living in the UK suffer from dementia. It is estimated that this number will increase rapidly over the next several decades (Dementia Statistics n.d.). In fact, Lewis (2015) states that one in every three people born in 2015 will develop dementia during their lifetime. These statistics highlight the increasing problem of dementia in the UK; hence, it is important for different health and social care professionals to effectively deliver health and social care services to people with dementia. In discussing dementia care management, it is imperative to first define what it is, including its types and its stages.

BACKGROUND

The National Institute for Health and Care Excellence (NICE) (2016) defines dementia as a progressive and mainly irreversible clinical syndrome that leads to various types of impairment in mental function such as memory loss, language impairment, disorientation, self-neglect, difficulties in performing activities of daily living, changes in personality, psychiatric symptoms (e.g. depression) and out of character behaviours (e.g. aggression and problem sleeping). From this definition, it is obvious how dementia affects not only the biological or physical aspects of a person's health but also the psychological and sociological aspects. Addressing all the three domains is important because according to the World Health Organization (2018, n.p.) "health is a state of complete physical, mental and social wellbeing and not only the absence of disease or infirmity".

It is also vital to highlight that currently, there is no cure for dementia. This is partly because dementia is caused by different health conditions; hence, it is improbable that there will be a single cure for all types of dementia (NHS Choices 2018). Types of dementia include Alzheimer's disease (which is the most common), vascular dementia, dementia with Lewy bodies, frontotemporal dementia, Creutzfeldt-Jakob disease and others (Alzheimer's Society 2018a). It can be argued that the focus of care for people with dementia is to help them to more effectively cope with their condition and prevent complications and other health-related problems brought about by the gradual progression of the illness and its symptoms. NICE (2016) states that health and social care professionals should focus on maintaining patient independence as much as possible and address the patients' difficulties regarding activities of daily living to maximise functionality and lower the need for support. It is also vital to highlight that dementia care management is individualistic because every person with dementia will have different problems related to their condition and this depends on the nature and stage of their dementia. There are several assessment tools that can be used to identify the stage of a person's dementia, such as the Global Deterioration Scale for Assessment of Primary Degenerative Dementia (GDS). This is particularly useful for people with Alzheimer's disease (Dementia Care Central 2016). There is also the Functional Assessment Staging (FAST). In contrast to GDS, FAST focuses the assessment on the capacity of the person to perform activities of daily living rather than cognitive decline (Dementia Care Central 2016). Both GDS and FAST classify dementia into seven stages (Dementia Care Central 2016). There is also the Clinical Dementia Rating (CDR) Scale which classifies dementia into five stages (Dementia Care Central 2016).

In identifying and prioritising the problems of a person with dementia it is also advisable to use the Roper-Logan-Tierney 12 Activities of Living Model. It is a well-known model in the UK which applies to the nursing process and therefore serves as a guide for nurses to conduct a holistic patient assessment that will become the basis for formulating a patient's care plan (Williams 2015). In essence, this can help identify and prioritise the health-related needs of a person with dementia when it comes to difficulties in activities of daily living, which is one of the primary symptoms of dementia. NICE (2016) supports this by stating that health and social care professionals should identify the specific needs of each dementia patient arising from ill health, physical disability, communication problems, nutritional problems, and possible learning disabilities. Furthermore, they must also assess the patients' needs arising from age, ethnicity, gender, religion and personal care (NICE 2016). The care plan should also be reviewed as the needs and concerns of the patient with dementia changes as the condition progresses. NICE (2016) states that the care plan should take into consideration the changing needs of the person with dementia as well as that of his/her carers.

For instance, in the case of the male patient with advanced stage dementia, one physical problem identified in his case is limited or loss of mobility. As a result of this, the patient is frequently confined on his bed lying down and simply wears adult diapers instead of going to the toilet. Patients with dementia may gradually lose their capacity to walk or even stand, to transfer from bed to chair and vice versa, and this puts them at risk from accidental falls and slips (Alzheimer's Society 2018b). Add this to the reality that they are very forgetful and can easily get confused in their surroundings. As a consequence of this, they may also become fixed in one position for long periods of time, such as sitting on a chair or lying down on the bed which then puts them at risk from developing pressure ulcers (Alzheimer's Society 2018b). In this instance, a risk assessment for pressure sores should be conducted on the male patient using assessment tools like the Waterlow Score or the Braden Scale. This

is significant because Guy (2012) states that early detection is an important component of pressure ulcer prevention.

From the psychosocial perspective, it is safe to argue that people diagnosed with dementia will experience negative feelings concerning their diagnosis. In the case of the female patient newly diagnosed with dementia, it is important for health and social care professionals to offer the patient and her family with sufficient information to help them understand and therefore better prepare and cope with the changes that will be experienced by the patient and family as a consequence of the patient's dementia diagnosis. In support of this argument, a cross-sectional study by Lee, Roen and Thornton (2014) identified that it is important for people with dementia to be able to understand and make sense of their diagnosis because this can help them to effectively deal with the issues concerning the necessary adjustments they have to make as a consequence of their dementia. Naturally, the content of patient education that will be delivered should be based on the specific needs of the patient and her carer and family. In other words, it must be individualistic. One specific component that should be considered is the patient's living environment which can either be in the community (home setting) or in an institution (care home or hospital). Either way, NICE (2016) states that when organising the living arrangements of a patient with dementia, it is important for health and social care personnel to consider specific components like lighting, colour schemes, floor coverings, availability of assistive devices and technology, signage and the overall safety of the external environment.

Finally, it is also important to provide information and support to the patients' carers and family. This is because they are an important component which can directly impact the quality of life of the person with dementia (Brodaty and Donkin 2009). It can be argued that their capacity to cope with the patient's dementia is important in order for them to provide assistance to the patient, which ultimately enhances the patient's quality of life. Unfortunately, family caregivers also suffer from significant levels of physical and psychosocial burden as a consequence of caring for their loved ones with dementia (Brodaty and Donkin 2009); hence, health and social care professionals must also offer them care interventions and support.

CONCLUSION

Dementia care management entails addressing the biological and psychosocial impacts of the condition. It should be aimed at helping the patient maintain functionality as much as possible, avoiding complications and facilitating effective coping of the patient and family. Health and social care professionals must ensure that care interventions are individualistic which implies that the stage of the dementia and the corresponding needs and concerns of the patients must be identified first using different tools and strategies. Providing information to the patient and family is crucial as it helps them better understand dementia and therefore overcome the burden brought by dementia.

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