

Research Topic: Management of Dementia in Elderly

Introduction:

Dementia is a progressive, degenerative brain syndrome that affects memory, thinking, behaviour and emotion. Dementia knows no social, economic, ethnic or geographical boundaries and affects people throughout the world. As dementia progresses individuals affected need care with all aspects of daily life, worldwide families mostly provide this care.

Alzheimer's disease is the most common cause of dementia and accounts for 50-60% of all cases and is caused by abnormal brain tissue changes.

Rationale of the Research:

The frequency of dementia increases with rising age from less than 2 % for the 65-69-year-olds, to 5 % for the 75-79 year-olds and to more than 20 % for the 85-89 year-olds. Every third person over 90 years of age suffers from moderate or severe dementia (Bickel, Psycho 1996, 4-8). About half of those affected by dementia suffer from Alzheimer's disease. About 5 % of people above 65 years of age, about 20 % of those over 80 years and about 30 % of those over 90 suffer from Alzheimer's disease.

The majority of people with dementia worldwide have been living in developing regions of the world. They account already for two thirds of all cases; by 2020 this proportion will have risen to three quarters.

It has shown that most people with dementia live in their own homes and are cared for by a female caregiver usually a spouse or daughter and that caring is associated with substantial psychological and financial strain.

Caregivers have to cut back on paid work or stop work altogether, informal care is often supplemented by formal paid care and people with dementia are relatively heavy consumers of health services.

In India there is no formal record of data related to dementia and neither has there been an exclusive research in this area. With the increase in longevity in our country and the rise in the incidences of dementia cases, it is therefore essential that an exclusive and extensive research be carried out on Dementia in India.

Objectives of the Research:

1. Recognition of the early symptoms of dementia

There is negligible awareness about Dementia. It is surrounded by stigma and myth. Many people associate the early symptoms of dementia as a normal consequence of ageing and therefore do not come forward for the help and support that is available. Recognising the symptoms of dementia is the first step towards receiving a diagnosis. A diagnosis can help to reduce the anxiety of people with dementia and their family, allow a greater chance to benefit from existing treatments, access resources and information and provide more time to plan for the future.

2. Research on BPSD

People with dementia usually experience behavioural and psychological symptoms of dementia (BPSD) during the course of their illness. Research on comprehensive planning for managing and preventing BPSD, and the resources required for optimal care, which can be distributed adequately and evenly. BPSD is an umbrella term for a heterogeneous group of non-cognitive symptoms that are almost ubiquitous in dementia. Rates of BPSD vary according to how symptoms are ascertained, thresholds of severity, and setting.

3.Dementia in Rural Areas

- a) There is no record of the number of older persons suffering from dementia in the rural areas. There is a dearth of awareness and negligible health support systems to recognize and manage dementia amongst the rural elderly population.
- b) Modes of delivery that have been investigated in rural areas

4. Active Research on Different models of interventions

Health Intervention: The ability to address the environment early on can improve the quality of life of the patients and provide for more successful disease management. Stable day care programs that are predictable and allows the patient to succeed in a strange environment may also help to delay transitions to higher levels of care and make those transitions smoother when they must occur. We should be aware that our interventions could improve cognition, function, and behavior

Therefore, it is essential to have a fund of knowledge that includes:

- a) Non-drug therapies for patients
- b) Emerging trends in treatments.
- c) Memory Gyms for early diagnosis.
- d) Importance of social interaction.

Infrastructural Intervention:

- a) Day Care Centres
- b) Specialised Care blocks providing 24 x 7 assistance

5. Training

- a) **Of professional caregivers.**
- b) **Of home caregivers**
- c) **In hospitals**
- d) **Volunteer caregivers**

6. How the Community can help?

Active Research on providing care and spreading awareness through community mobilization. The role of the community in maintaining and improving the quality of life of the people with dementia and their families.

7.Research on the best practices for care giving

The progression of disease can be defined along a time line with regard to decline in cognition, function, and behavior--often a decade-long march to death. These same criteria are useful in defining the environment of care necessary for patient well-being. In developing programs for families and creating care plans the research will be helpful in understanding patient's need, allocating professional resources, and designing space.

- a) **Care Aspects:** the ways in which patients interact with their environment. This will help caregivers and practitioners understand how patients may manifest their agitation, depression, psychosis, or dysfunctional behaviors.
- b) **Appropriate Care plan:** An appropriate care plan also allowing for programs and interventions that validate what the patient can still do and the skills they may still possess.
- c) **Coping skills for the family or caregiver:** Succour and activities for the families or caregivers to lessen the burden of illness placed on them.

8. Cost of Care

Dementia poses one of the most serious health-policy challenges of the new millennium. The estimated costs of care and the shouldering of the costs between the government and the

- a) Costs borne by caregiver/families of the person with dementia.
- b) Costs borne by the organisations due to the loss of productive employees who are either afflicted with dementia or are caregivers.
- c) Costs for specialized care – in institutions, NGOs and hospitals
- d) Methodologies to reduce costs and shift the burden of financial strain from the family by means of health insurance policies, subsidized care services provided by the NGOs or government.

9. Areas for Policy provision

Since, integrated policies and services across health and social sectors are essential, reliable and accurate data about the prevalence and impact of dementia in communities is required to inform better decision-making and policy formation to enable appropriate and accessible service development.

The National Policy on Older Persons has given the health care needs of older persons a high priority. The policy has emphasized the need to strengthen and expand the existing mental health services.

The topics for research is in keeping with the mandate of the policy which aims to provide health care facility to the elderly; promote research and training facilities to train geriatric care givers and organizers of services for the elderly; and create awareness regarding elderly persons to develop themselves into fully independent citizens.

The Policy also recognizes the importance of a good database on older persons and research on ageing. To encourage the same it affirms the provision of assistance for age related research activities.

Source: Unknown, But we thank who ever has written this.