

Module: Dementia

Overview

Learning objectives

- Promote respect and dignity for people with dementia.
- Know common presentations of dementia.
- Know the assessment principles of dementia.
- Know the management principles of dementia.
- Perform an assessment for dementia.
- Use effective communication skills in interactions with people with dementia.
- Assess and manage physical health concerns in dementia.
- Provide psychosocial interventions to persons with dementia and their carers.
- Deliver pharmacological interventions as needed and where appropriate.
- Plan and perform follow up for dementia.
- Refer to specialists and link with outside agencies where appropriate and available.

Key messages

- Dementia is not a normal part of ageing.
- Dementia is usually progressive – it gets worse over time.
- Symptoms of depression and delirium in older adults can mimic symptoms of dementia, therefore, a thorough assessment and regular follow-up is essential.
- It is critical to assess the carer's stress and psychosocial well-being and provide psychosocial support.
- There is much that can be done to improve symptoms and the living situation of people with dementia and their carers.
- Psychosocial interventions are the first-line treatment options for people with dementia; pharmacological interventions should not be routinely considered.
- Behavioural and psychological symptoms of dementia can be very distressing for the person and carer; therefore, developing treatment plans that address these symptoms are essential.
- Follow-up should be planned, at minimum, every three months.

Session	Learning objectives	⌚ Duration	Training activities
1. Introduction to dementia	Promote respect and dignity for people with dementia	30 minutes	Activity 1: Person's story Tell the person's story to introduce participants to what it feels like to live with dementia
	Know the common presentations of dementia Understand how dementia can impact a person's life and the life of their carer and family Know why dementia is a public health concern and understand how it can be managed in non-specialized health settings	30 minutes	Presentation to supplement the person's story Use the PowerPoint presentation to facilitate a structured discussion on: <ul style="list-style-type: none"> • Symptoms of dementia • Causes of dementia • How dementia impacts on a person's life • Why it is a public health priority
2. Assessment of dementia	Know the assessment principles of dementia	60 minutes	Activity 2: Reflecting on caring for people with dementia Give participants the opportunity to use the mhGAP-IG master chart to reflect on times they have cared for people with dementia
	Perform an assessment for dementia Use effective communication skills in interactions with people with dementia Assess the needs of carers Assess and manage physical health concerns in dementia Refer to specialists and link with outside agencies where appropriate and available	30 minutes	Activity 3: Video demonstration: Assessing for dementia Use videos/demonstration role play to show an assessment and allow participants to note: <ul style="list-style-type: none"> • Principles of assessment (all aspects covered) • Effective communication skills (what and how this is done) Activity 4: Role play: Assessment Feedback and reflection
3. Management of dementia	Know the management principles of people with dementia	30 minutes	Presentation on management interventions
	Provide psychosocial interventions to persons with dementia and their carers	30 minutes	Activity 5: Case scenarios: Treatment planning In three groups, participants practise developing a psychosocial treatment plan for a person with dementia and their carer
	Deliver pharmacological interventions as needed and where appropriate	20 minutes	Presentation on pharmacological interventions
4. Follow-up	Plan and perform follow-up	30 minutes	Activity 6: Role play: Follow-up Feedback and reflection
5. Review		15 minutes	Multiple choice questions and discussion
Total duration (without breaks) = 4 hours 35 minutes			

Step-by-step facilitator's guide

Session 1. Introduction to dementia

 1 hour

Session outline

- Introduction to dementia
- Assessment of dementia
- Management of dementia
- Follow-up
- Review

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Begin the session by briefly listing the topics that will be covered.

Activity 1: Person's story

Activity 1: Person's story

- Present a person's story of what it feels like to live with epilepsy.
- First thoughts.

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How to use the person's story:

- Introduce the activity and ensure participants have access to pens and paper.
- Tell the person's story – be creative in how you tell the story to ensure the participants are engaged.
- First thoughts – give participants time to give their immediate reflections of the story. Have they cared for people with dementia in the past?

Local terms for people with dementia

- What are the names and local terms for dementia?
- How does the community understand dementia? What do they think causes it?
- How does the community treat people with dementia?

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Write a list of local terms and descriptions for dementia and compare those with the presentations described in the mhGAP-IG Version 2.0.

(Maximum five minutes.)

What is dementia?

- Dementia is a term used to describe a large group of conditions affecting the brain which cause a progressive decline in a person's ability to function.
- It is **not** a normal part of ageing.

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Explain the points on the slide.

Emphasize that dementia is **not** a normal part of ageing. Although it generally affects people over 65, people as young as 30, 40 or 50 can have dementia.

Explain that quite often people, and especially carers, think that their loved one's decline in functioning (i.e. starting to lose their memory and their ability to carry out daily tasks) is a normal part of ageing and so rarely seek care and support.

This can cause carers and family members a lot of stress as they often do not understand why their loved one is behaving the way they are and they do not know how to manage and help the person.

Therefore, it is important to stress from the beginning of the module that caring for someone with dementia requires that you care for the carer as well.

Common presentations

People with dementia can present with problems in:

- **Cognitive function:** Confusion, memory, problems planning.
- **Emotion control:** Mood swings, personality changes.
- **Behaviour:** Wandering, aggression.
- **Physical health:** Incontinence, weight loss
- **Difficulties in performing daily activities:** Ability to cook, clean dishes.

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Explain that dementia is caused by changes in the brain.

The changes are usually chronic and progressive.

People with dementia can present with problems in different aspects of functioning, as listed on the slide.

Video

Show Alzheimer's video:

<https://www.youtube.com/watch?v=9Wv9jrk-gXc>

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Explain that the most common type of dementia is **Alzheimer's disease**.

Play a short video on Alzheimer's disease (<https://www.youtube.com/watch?v=9Wv9jrk-gXc>). The video lasts three minutes.

At the end of the video, note that Alzheimer's is the most common type of dementia (60–70% of cases). Vascular dementia (reduced blood flow to the brain) is also common, as is dementia with Lewy bodies (tiny deposits of a protein that appear in nerve cells in the brain).

Stages of dementia: Early stage

- Becoming forgetful, especially of things that have just happened.
- Some difficulty with communication (e.g. difficulty in finding words).
- Becoming lost and confused in familiar places – may lose items by putting them in unusual places and be unable to find them.
- Losing track of the time, including time of day, month, year.
- Difficulty in making decisions and handling personal finances.
- Having difficulty carrying out familiar tasks at home or work – trouble driving or forgetting how to use appliances in the kitchen.
- Mood and behaviour:
 - Less active and motivated, loses interest in activities and hobbies.
 - May show mood changes, including depression or anxiety.
 - May react unusually angrily or aggressively on occasion.

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Explain that dementia can generally be described in stages.

Talk through the points on the slide. Emphasize that these are general descriptions and will vary from person to person, but in the early stages people may present with these symptoms.

At this stage, carers may notice these symptoms but minimize or ignore them, believing they are a normal part of ageing.

Therefore, in non-specialized health settings, you may not see people with dementia until they are already in the middle stages.

Ask participants to imagine how this early stage may impact on the person's life?

Stages of dementia: Middle stage

- Becoming very forgetful, especially of recent events and people's names.
- Having difficulty comprehending time, date, place and events.
- Increasing difficulty with communication.
- Need help with personal care (i.e. toileting, dressing).
- Unable to prepare food, cook, clean or shop.
- Unable to live alone safely without considerable support.
- Behaviour changes (e.g. wandering, repeated questioning, calling out, clinging, disturbed sleeping, hallucinations).
- Inappropriate behaviour (e.g. disinhibition, aggression).

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Talk through the points on the slides emphasizing that these are general descriptions, and behaviours may vary.

Explain that because the dementia is progressing, limitations and restrictions on what the person can and can't do are much clearer in the middle stage.

Ask participants to imagine how this stage may impact on the person's life?

Stages of dementia: Late stage

- Unaware of time and place.
- May not understand what is happening around them.
- Unable to recognize relatives and friends.
- Unable to eat without assistance.
- Increasing need for assisted self-care.
- May have bladder and bowel incontinence.
- May be unable to walk or be confined to a wheelchair or bed.
- Behaviour changes may escalate and include aggression towards carer (kicking, hitting, screaming or moaning).
- Unable to find their way around in the home.

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Talk through the points on the slide and briefly explain that the presentations in the late stage are of near total dependence and inactivity.

Memory disturbances and emotion regulation is not only distressing for the person but is challenging for family members.

By the later stages the physical impact of dementia becomes more obvious.

Ask participants to imagine how this may impact on the person's life?

Human rights abuses

- People with dementia are frequently denied their human rights and freedoms.
- In many countries physical and chemical restraints are used on people with dementia.
- This is an abuse of human rights.
- Chemical and physical restraints should not be used; instead people with dementia should be treated with dignity, and psychosocial interventions should be first-line treatment.

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Explain that people with dementia are frequently denied their basic human rights and the freedoms available to others.

In many countries, physical and chemical restraints are used extensively in care facilities for elderly people and in acute-care settings, even when regulations are in place to uphold the rights of people to freedom and choice.

Impact on families and carers

Dementia is overwhelming for the families of affected people and their carers.

Physical, emotional and economic pressures can cause great stress to families and carers, which has far reaching impacts on the wider society and community.

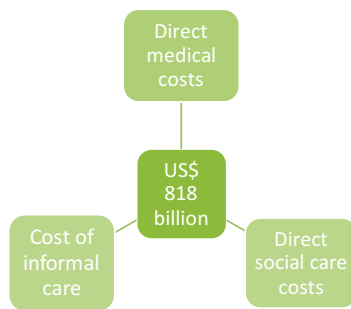
Support for families of people with dementia is required from the health, social, financial and legal systems.

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Impact on the carers

Explain that dementia is overwhelming for the person and their family and carers. Therefore, when treating individuals with dementia we have a responsibility to support the families and carers as well. The emotional and physical stress of looking after a person with dementia (especially in the middle and later stages) is difficult.

Socioeconomic impact of dementia



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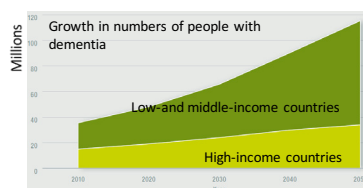
Explain that the socioeconomic impact of dementia is also overwhelming, including:

- direct medical costs
- direct social care costs
- costs of informal care (including carers having to take time off work etc.)

In 2015, the total global societal cost of dementia was estimated to be US\$ 818 billion.

Why is dementia important?

- Worldwide, around 47 million people have dementia with nearly 60% in low- and middle-income countries.
- Every year there are 9.9 million new cases.
- By 2030 there is projected to be 75 million people with dementia and 132 million by 2050.



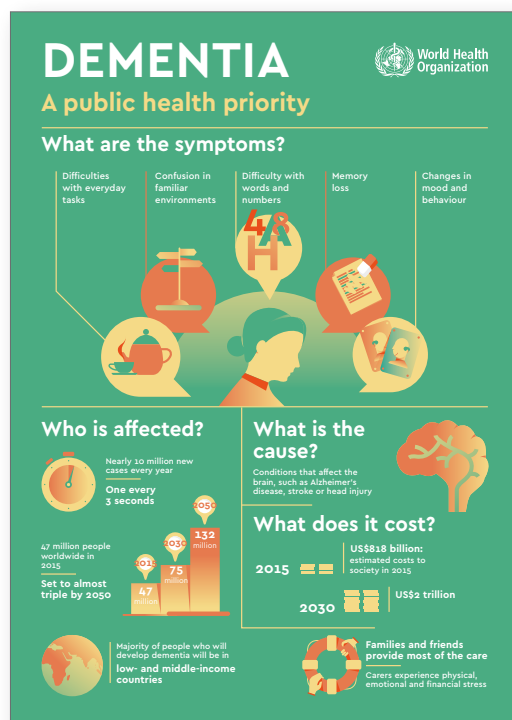
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Dementia as a public health concern

Worldwide around 47 million people have dementia. Every year there are 9.9 million new cases.

Explain that:

- Dementia is one of the major causes of disability in later life.
- Dementia is prevalent worldwide but is often misdiagnosed.
- 58% of all people with dementia worldwide live in low- and middle-income countries. By 2030, 75 million people will be living with dementia. By 2050 that number will rise to 132 million. Much of the increase is attributable to the rising number of people with dementia living in low- and-middle income countries.



Dementia in non-specialized health settings

Talk through the infographic and highlight the major findings.

Explain that although there is no cure, but with early recognition, especially in non-specialized health settings, and supportive treatment, the lives of people with dementia and their carers can be significantly improved. Physical health, cognition, activity and the well-being of the person with dementia can also be optimized.

Principles of dementia care

- Early diagnosis in order to promote early and optimal management.
- Optimizing health, cognition, activity and well-being.
- Identifying and treating accompanying physical illness.
- Detecting and treating behavioural and psychological symptoms.
- Providing information and long-term support to carers.

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Talk through the points on the slide.

预览已结束，完整报告链接和二维码如下：

https://www.yunbaogao.cn/report/index/report?reportId=5_26222

