Dementia Awareness

Introduction
Disclaimer:
All references to individuals, groups and companies contained within these resources are fictitious and do not relate to any person or company.

These learning resources and assessment questions have been approved and endorsed by NCFE.
Dementia Awareness

We hope you find all of the information contained in this resource pack interesting and informative. This learning resource and the assessment questions have been approved by NCFE. (A complete list of the learning outcomes can be found on the last page of this resource.)

This unit is split into four sections. These are:

**Section 1: Understand what dementia is**

**Section 2: Understand key features of the theoretical models of dementia**

**Section 3: Know the most common types of dementia and their causes**

**Section 4: Understand factors relating to an individual’s experience of dementia**

As you start to read through each page you will be able to make notes and comments on things you have learnt or may want to revisit at a later stage. At the end of each section, you will be asked to go to your assessment booklet and answer the relevant questions.

Once you have answered the questions go to the next section and continue studying until all of the assessments have been completed.

Please make sure that you set aside enough time to read each section carefully, making notes and completing all of the activities. This will allow you to gain a better understanding of the subject content and will help you to answer all of the assessment questions accurately.

**Good luck with your study. Now let’s begin!**
Section 1: Understand what dementia is

Within this section, you will learn about:

• What is dementia?
• The key functions of the brain that are affected by dementia
• Other conditions that may be mistaken for dementia.

What is dementia?

The term dementia is often misunderstood and some people use the terms Alzheimer’s and dementia interchangeably thinking they mean the same thing.

STOP AND THINK!

Without reading any further, what do you think the difference is between the terms ‘dementia’ and Alzheimer’s?

Make notes in the space below. You could refer back to these notes as you discover more.
What many people don’t realise is that dementia is not actually a condition in itself but is a broad term used to describe the symptoms that occur when the brain is affected by specific diseases and conditions.

Symptoms of dementia include loss of memory, confusion and problems with speech and understanding. These symptoms occur when the brain is damaged by certain diseases, including Alzheimer’s disease or damage within the brain for example a stroke.

Source: Alzheimer’s Society 2012 www.alzheimers.org.uk

Dementia is a progressive disease, and this simply means that the symptoms will gradually get worse.

Whatever the cause of a person’s dementia, the result will be the damage and death of brain cells, also known as neurons. As the brain cells die, the individual will start to lose certain abilities and functions and day to day life will become more difficult for the person.

The key functions of the brain that are affected by dementia

Enclosed and protected by the skull, the brain is the centre of the nervous system. It weighs around 1.5kg and contains about 90 billion nerve cells. These nerve cells are responsible for transmitting nerve signals to and from the brain and are fed by a network of blood vessels that deliver oxygen and nutrients to the cells.

Dementia causes damage to the brain’s nerve cells causing them to eventually die. This then affects the cells ability to communicate with each other. This is known as neurological impairment as the loss of nerve cells causes the symptoms that are associated with dementia as the brain is unable to function in its usual way.

There are different diseases that can cause dementia and we will be looking at these within section 3.

The nature of an individual’s neurological impairment will vary from person to person and this will be dependent on the type of dementia the person has and also the area of the brain affected. We will now consider how this can affect the key functions of the brain.

This diagram highlights the different areas of the brain:
<table>
<thead>
<tr>
<th>Area of brain and key functions</th>
<th>Damage to this area of the brain could lead to:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Frontal lobe</strong>&lt;br&gt;Behaviour, personality, interpretation and movement and feeling</td>
<td>Inability to plan a sequence of complex movements&lt;br&gt;Loss of spontaneity in interacting with others&lt;br&gt;Loss of flexibility in thinking&lt;br&gt;Persistence of a single thought&lt;br&gt;Inability to focus on task&lt;br&gt;Mood changes&lt;br&gt;Changes in social behaviour&lt;br&gt;Changes in personality&lt;br&gt;Difficulty with problem solving&lt;br&gt;Inability to express language</td>
</tr>
<tr>
<td><strong>Parietal lobe</strong>&lt;br&gt;Language, spatial awareness and recognition</td>
<td>Inability to attend to more than one object at a time&lt;br&gt;Inability to name an object&lt;br&gt;Problems with reading, writing and drawing&lt;br&gt;Difficulty in distinguishing left from right&lt;br&gt;Difficulty with doing mathematics&lt;br&gt;Lack of awareness of certain body parts and/or surrounding space that can lead to difficulties in self-care&lt;br&gt;Difficulties with eye and hand coordination</td>
</tr>
<tr>
<td><strong>Temporal lobe</strong>&lt;br&gt;Memory, speech and hearing</td>
<td>Difficulty in recognising familiar faces&lt;br&gt;Difficulty in understanding spoken words&lt;br&gt;Difficulty with identification of, and verbalisation about objects&lt;br&gt;Short term memory loss&lt;br&gt;Interference with long term memory&lt;br&gt;Increased and decreased interest in sexual behaviour&lt;br&gt;Inability to categorise objects&lt;br&gt;Right lobe damage can cause persistent talking&lt;br&gt;Increased aggressive behaviour</td>
</tr>
<tr>
<td><strong>Occipital lobe</strong>&lt;br&gt;Vision</td>
<td>Defects in vision&lt;br&gt;Difficulty with locating objects in environment&lt;br&gt;Difficulty with identifying colours&lt;br&gt;Hallucinations&lt;br&gt;Visual agnosia&lt;br&gt;Difficulties with reading and writing</td>
</tr>
<tr>
<td><strong>Cerebellum</strong>&lt;br&gt;Balance, posture and movement</td>
<td>Loss of ability to coordinate fine movements&lt;br&gt;Loss of ability to walk&lt;br&gt;Inability to reach out and grab objects&lt;br&gt;Tremors&lt;br&gt;Vertigo&lt;br&gt;Slurred speech</td>
</tr>
</tbody>
</table>
Activity 1: Theory to practice

Think about a person you support that has received a diagnosis of dementia. Refer to the information about the key functions of the brain that are affected by dementia and tick those areas of the brain that you think has been affected.

- Frontal lobe
- Parietal lobe
- Temporal lobe
- Occipital lobe
- Cerebellum

The limbic system is a structure within the brain which controls memory, behaviour and emotions. This diagram illustrates a cross section of the brain showing the limbic system:

<table>
<thead>
<tr>
<th>Structures of the limbic system</th>
<th>Key functions that could be affected by dementia</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hypothalamus</td>
<td>Regulates appetite, thirst, sleeping cycles and patterns and it also regulates a person’s body temperature</td>
</tr>
<tr>
<td>Hippocampus</td>
<td>Processing of recent memory into stored memory</td>
</tr>
<tr>
<td>Thalamus</td>
<td>Muscle movement and processing sensory information</td>
</tr>
</tbody>
</table>
Other conditions that may be mistaken for dementia

If an individual starts to develop symptoms associated with memory loss it should not automatically be assumed that the person has dementia. It is important that the person is screened by their General Practitioner (GP) in order to rule out other conditions such as depression, delirium and age related memory impairment. These conditions can often be mistaken for dementia as they can also affect cognitive processes.

**Depression** is a condition which is caused by chemical imbalances in the brain. Some of the symptoms common to both Alzheimer’s and depression include:

- Loss of interest in once-enjoyable activities and hobbies
- Social withdrawal
- Memory problems
- Sleeping too much or too little
- Impaired concentration.

**Delirium** (also known as acute confusional state) is a medical condition that results in confusion and other disruptions in thinking and behaviour, including changes in perception, attention, mood and activity level. It usually takes a couple of days to develop. It is a serious condition but it can be treated if it is dealt with effectively.

**Age related memory impairment** is a natural part of the ageing process. As people get older, changes occur in all parts of the body, including the brain. As a result, some people may notice that it takes longer to learn new things, they don’t remember information as well as they did, or they lose things like their keys or spectacles.
**Activity 2: Dementia, depression, delirium and age related memory loss**

Complete the following table to identify the symptoms that are common to dementia, depression, delirium and age related memory loss.

<table>
<thead>
<tr>
<th>Symptoms that are common to depression and dementia</th>
<th>Symptoms that are common to delirium and dementia</th>
<th>Symptoms that are common to age related memory loss and dementia</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
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</tbody>
</table>

Look back over this section to check your answers to this activity.

**CONGRATULATIONS, YOU HAVE NOW COMPLETED SECTION 1. PLEASE NOW GO TO YOUR ASSESSMENT BOOKLET AND ANSWER QUESTIONS Q1, Q2 AND Q3.**
Dementia Awareness

**Section 2: Understand key features of theoretical models of dementia**

Within this section, you will learn about:

- Models of dementia
- Dementia as a disability.

**Models of dementia**

Within health and social care, a model provides a framework for exploring health and social care needs, developing ideas for care and support and putting them into practice. Within this section we will explore two important models of dementia. These are the medical model and the social model.

**The medical model of dementia**

The medical model views dementia as a clinical syndrome which is **characterised by cognitive impairment** about which nothing can be done. It focuses on the disease and places importance on treating the disease rather than the person. It focuses on the impairment as the problem. This model seeks to create dependency, restrict choice, disempower, devalue and reinforce stereotypes.

**The social model of dementia**

Unlike the medical model of dementia which focuses on the disease, the social model of dementia focuses on the individual and seeks to ensure the person’s skills, capabilities and achievements are retained.

The social model of care seeks to understand the emotions and behaviours of the person with dementia by placing him or her within the context of his or her social circumstances and biography. By learning about each person with dementia as an individual, with his or her own history and background, care and support can be designed to be more appropriate to individual needs.

**STOP AND THINK!**

Think about how you would feel if you developed dementia and the people who were supporting you demonstrated no respect for you as a person and the focus was totally on the dementia.
Dementia as a disability

Often when we think of disability we think about people who are physically disabled, for example we might think about a person who is unable to walk.

Dementia however can also be very disabling because the damage to a person’s brain prevents them from doing things they were once able to do.

The Equality Act 2010 says that a person has a disability if:

- They have a physical or mental impairment
- The impairment has a substantial and long-term adverse effect on their ability to perform normal day-to-day activities.

So, under the Equality Act a person who is living with dementia is recognised as having a disability.

Having dementia can affect many different areas of functioning. A person with dementia may experience:

- Emotional impairment
- Physical impairment
- Difficulty maintaining relationships
- Difficulty maintaining functions of daily living
- Communication difficulties.

Seeing dementia as a form of disability challenges care workers to adapt their care approach. As with any disability, care workers can work with and around the difficulties and compensate for them in other areas thus preventing further disability.

Key Fact

It is important to see dementia as a form of disability because of the way it can affect different areas of the body. Dementia sufferers can not only lose their memory, but lose the ability to speak or understand.
STOP AND THINK!
What does disability mean to you?

Activity 3: Dementia as a disability
Tick whether each of the following statements are true or false. Check your answers by looking back over the last page.

A person is classified as disabled if they have a physical impairment only.
True [ ] False [ ]

A person has a disability if they have a physical or mental impairment.
True [ ] False [ ]

A person with dementia may experience communication difficulties.
True [ ] False [ ]

CONGRATULATIONS, YOU HAVE NOW COMPLETED SECTION 2. PLEASE NOW GO TO YOUR ASSESSMENT BOOKLET AND ANSWER QUESTIONS Q4 AND Q5.
Section 3: Know the most common types of dementia and their causes

Within this section, you will learn about:

- The most common causes of dementia
- Risk factors for dementia
- Prevalence rates for dementia.

The most common causes and types of dementia

We have already established that dementia is an umbrella term associated with the symptoms that are caused by certain diseases or conditions of the brain. There are a large number of conditions (types of dementia), which cause the symptoms of dementia, as a result of changes that happen in the brain and the ultimate loss of nerve cells (neurons).

The most common types are:

- Alzheimer’s disease
- Vascular dementia
- Dementia with Lewy bodies
- Fronto-temporal dementia.

We will now look at these common types of dementia and their causes.