Case Study on Dementia
Dementia and its effects on individual’s intellectual and cognitive abilities

Abstract

Before we can get into the depth of the Permira Tilney deal it is important to understand the Dementia is a mental disorder which affects an individual’s intellectual and cognitive abilities which interfere with his/her daily activities (Birren, 2013). In general perception, this disease was thought to be a normal part of ageing, but with the advent of medical genetics and molecular biology its underlying causes are slowly revealing. Although the exact underlying causes are yet to be fully understood from the mechanism point of view, current progress in nursing care is able to assist dementia patients both qualitatively and quantitatively. This paper will take into consideration a client of dementia and provide a brief overview of the causes, signs and symptoms, risk assessment, services available, communication strategies and its impact. The main objective of this essay is to provide the reader a broader view on addressing dementia in a successful manner.

PATIENT/CLIENT INTRODUCTION

In the present case study an 85 year old man- named Mr. X has been admitted to the emergency department, post fall from the ladder in his living room. He was trying to get some old albums from the top shelf. After he regains his consciousness, he was unable to say how he got admitted and failed to provide any necessary medical history details of his family and his own. He was living with his wife named Alice. As per his wife’s information he was suffering from dementia for last 15 years. Based upon first-hand information facilitated a mini mental status examination was carried out. The score was just 18 out of 30 which is below than cut off score of 24. This implies he has cognitive impairment. His shoulder has been dislocated following the fall which has been reduced under anesthesia.
Assignment Cover Sheet

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INTRODUCTION

Dementia is a mental disorder which affects an individual’s intellectual and cognitive abilities which interfere with his/her daily activities (Birren, 2013). In general perception, this disease was thought to be a normal part of ageing, but with the advent of medical genetics and molecular biology its underlying causes are slowly revealing. Although the exact underlying causes are yet to be fully understood from the mechanism point of view, current progress in nursing care is able to assist dementia patients both qualitatively and quantitatively. This paper will take into consideration a client of dementia and provide a brief overview of the causes, signs and symptoms, risk assessment, services available, communication strategies and its impact. The main objective of this essay is to provide the reader a broader view on addressing dementia in a successful manner.

PATIENT/CLIENT INTRODUCTION

In the present case study an 85 year old man- named Mr. X has been admitted to the emergency department, post fall from the ladder in his living room. He was trying to get some old albums from the top shelf. After he regains his consciousness, he was unable to say how he got admitted and failed to provide any necessary medical history details of his family and his own. He was living with his wife named Alice. As per his wife's information he was suffering from dementia for last 15 years. Based upon firsthand information facilitated a mini mental status examination was carried out. The score was just 18 out of 30 which is below than cut off score of 24. This implies he has cognitive impairment. His shoulder has been
dislocated following the fall which has been reduced under anesthesia. He hasn’t taken any food or fluid after he was shifted to ward. After his wife leaves, post evening meal he became restless and experience difficulty in finding directions.

**SYMPTOMS**

Dementia symptoms, don’t follow a particular trend as symptoms vary greatly. But when two of the following symptoms are observed majorly a patient can be considered as a dementia patient: Memory, loss of ability to focus, communication impairment and language difficulty, visual perception, reasoning and judgments (Sayva, 2009). In the above case study, the client has memory loss and communication issues as well as loss of ability to focus and pay attention.

**CAUSES**

Dementia mostly occurs due to damage in the brain. Damage to any part of the brain leads to impairment of communication. In the present case study the client displays a significant loss of memory and cognitive abilities. It suggests his brain must be subjected to severe damage which could be due to any accident or any biophysical cause. The Hippocampus is the region in the brain, which is responsible for learning and memory. This region gets damaged first when any injury occurs in the brain. Thus, the dementia and Alzheimer disease earliest symptoms are memory loss. In most cases Alzheimer is the
originating disease which leads to dementia (Salzman, 2008). This is the most possible cause of dementia in the present case study.

**PHYSICAL AND PSYCHOSOCIAL HEALTH ISSUES**

Dementia can lead to a number of physical and psychosocial health issues. In the present case study the client is prone to malnutrition due to inadequate nutrition. Since they have a problem in remembering, eventually as the disease progresses they forget to take their meals or miss. In advance cases this might lead to loss of functional ability of chewing and swallowing. This can lead to serious issues such as choking or aspiration of food. With the progression of disease, the patient loose appetite (Sørensen, 2011).

As seen in the client in the present case study, he is unable to carry out his own work, such as bathing, brushing, using the toilet; he is more prone to fungal and bacterial infection. Unhygienic conditions such as dirty hands and food can cause food borne disorders and further affects physical health. Since, memory is affected the client fails to remember the timing of medications and tend to take wrong doses at the wrong time. At times it can lead to serious medical side effects.

As far as psychosocial changes are concerned, the patient undergoes mood and personality disorders. It is evident from the case where the patient becomes restless and impatient after his wife leaves him. He seems to be disoriented. While these effects are due to some direct changes in brain other are emotional reactions to these changes. The person faces difficulty in communicating and forgets the names of people and medications. This leads to agitation and depression. Sleep disturbances, personal safety challenges, hallucinations and delusions lead to psychosocial issues (Sørensen, 2011).
Risks

Due to memory loss and cognitive ability loss, in most cases, clients fail to assess their potential and ability. As a result, they tend to carry out activities which results into fall and challenge personal safety. The most prominent cause of the fall in the present case study is physical weakness and poor balance due to gait changes. Memory impairment, visual misperception are the associated causes of the fall (Härlein, 2009).

Mini mental examination - This test is usually done to assess the person’s cognitive ability. This test must be carried out to assess the person’s mental skills which are used on a daily basis. Score of 20 to 24 out of 30 indicates mild dementia, score of 13 to 20 indicates moderate dementia and less than 13 indicates severe dementia (Mitchell, 2009).

Communication Strategy

The ability of perceiving information, processing it and respond accordingly becomes weaker progressively in the dementia patients. The communication strategy with such patients include five main aspects, namely orientation, the environment, body language, words and use of simple language.

The orientation consists of the right positioning of a person while conversing with dementia patients. Proper eye contact is important while conversing so that the individual is able to make dementia patients understand even through signs and make them concentrate on what is being said to them. Choosing the right environment helps in maximizing the ability of
the patient to focus and communicate properly. Extra and loud noises should be avoided along with external stimuli (Vasse, 2010). Dementia patients though, are not able to understand the words, but they are able to understand body languages, hence communicating with touch, postures, head movements and facial expressions are important. Ambiguous words should not be used while communicating. Such words should be chosen that can be related to objects which will help dementia patients to easily perceive what is being spoken to them. Simplifying communication with short questions and simple sentences and using directions helps dementia patients to think and respond easily (Vasse, 2010).

**PROBLEM SOLVING APPROACHES**

For the above patient, the following approach will be carried out i.e. listing his strength and deficits, which will prevent the client’s aggressive nature. At many times clients are forced to perform beyond their ability. Short sentences which are easy to understand will be used for communication. To make him more independent care strategy must integrate with physiotherapy to increase his muscle strength and enhance motor skills. Training given during leisure hours will help him in gaining confidence and appraisal will motivate him (Gitlin, 2012).

**SERVICES AVAILABLE**

A number of services are available for elderly dementia patients that can be facilitated at the client’s setting or else at residential aged care homes. Similarly the aged care
assessment team can help Mr. X in assessing his mental and physical status, thereby providing him the best service available to him.

**IMPACT ON FAMILY MEMBERS AND OTHERS**

The family members of a dementia patient have extreme emotional, physical and economic pressure, which results in great stress upon them and other caregivers. Hence families of dementia patients require adequate support from health, social, legal and financial systems so that they are able to cope up with the situation. Apart from this maintaining the relationship with the member suffering from dementia is also a challenge for other family members. This affects the practical and emotional capacity of the family members for coping up with the changes that occurs on a daily basis or even at every moment otherwise it adversely affects the relationships within the family often leading to the cessation of relationships.

REFERENCES

308(19), 2020-2029.


International Psychogeriatrics, 20(2), 189-200.
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**Comments:** At a general outlook the work is good and when considered based on subject all required points of contribution have been dealt with well. Facts and contributions have been presented but little more elucidation on them would have added value.