



CARE MODELS OF INDIVIDUALS WITH DEMENTIA AND PROPERTIES OF CARE AT THE HOME

Nurten Kaya, PhD, RN¹ , Nuray Turan, PhD, RN² ,Gülsün Özdemir Aydın, MSc, RN²

¹Department of Midwifery, Istanbul University, Health Sciences Faculty, Istanbul, Turkey

²Department of Fundamentals of Nursing, Istanbul University, Florence Nightingale Nursing

Faculty, Istanbul, Turkey

E-mail: gulsunoz@istanbul.edu.tr



BACKGROUND

Dementia is becoming widely recognised as a critical issue to be addressed by governments and their health and care services. Dementia is an umbrella term, which describes a syndrome (a collection of symptoms and signs) the most common cause of which is Alzheimer’s disease; but it includes a large number of other conditions, the main types being vascular dementia, dementia with Lewy bodies and frontotemporal degeneration. Many people with dementia have a mixture of these conditions. From the time of diagnosis, if not before, the person with dementia, along with his or her friends and family, embarks on a journey. It has become increasingly common for health and social care staff to speak of care pathways.

PURPOSE

As with population ageing, increasing older individuals are affected by dementia in the world. The dementia brings new behavioral problems in the lives of individuals with this disorder. These problems, both health team member who are caring for individuals with dementia and their caregivers makes it difficult to continue the process of care and reduces the quality of life.

METHODS

This article examines literature and research findings about the dementia, care models, home care, nursing care and discusses the importance of subject.



CONCLUSION

Many of the day-to-day caregiving responsibilities for individuals with dementia are performed by either family or care givers of long-term care settings. Health care team members have an important responsibility especially home care of individuals with dementia. Individual care is a holistic alternative to conventional care practices that can moderate the effects of malignant social psychology and help personhood to persist as dementia develops.



RESULTS

Dementia is a generic term indicating diseases that involve a loss of cognitive function. In the future, the number of individuals with dementia in the world is expected to be 115.4 million in 2050.Over the last two decades, there has been a growing interest in how to provide the best care for individuals with dementia. The models have developed in order to directly address this gap, by providing a theoretically driven, yet pragmatically focused framework to guide optimum dementia care practice. Therefore there are few well defined models to guide long-term dementia care. They are;

- Person-Centered Care,
- The Dementia Care Mapping/Planning,
- Need-Driven Dementia-Compromised Behaviour Model,
- Treatment Routes for Exploring Agitation,
- Progressively Lowered Stress Threshold Model,
- Elderly Abuse and Neglect on Care Models and Other Nursing Models.

Those that are most widely used, such as individual centered care, aren’t always well understood by care providers, leading to inconsistent implementation and a discrepancy between philosophy and practice. Researches have shown that, compared with other patients, individuals with dementia have added risks and poorer health outcomes. Especially home care of individuals with dementia are more comprehensive than other individuals. The home care of individuals with dementia includes; home health service delivery, support health care, personal care/self-care services, household services, social support, food and nutrition services and consultancy services.

REFERENCES

•Callahan, C. M., Boustani, M. A., Weiner, M., Beck, R. A., Livin, L. R., Kellams, J. J., ... & Hendrie, H. C. (2011). Implementing dementia care models in primary care settings: The Aging Brain Care Medical Home. *Aging & mental health*, 15(1), 5-12.

•Cohen, D., McDaniel, R.R. Jr., Crabtree, B.F., Ruhe, M.C., Weyer, S.M., Tallia, A. (2004). A practice change model for quality improvement in primary care practice. *Journal of Healthcare Management*, 49(3): 155–168. discussion 169–170.

•Barr, M.S. (2008). The need to test the patient-centered medical home. *Journal of the American Medical Association*, 300(7): 834–835.

•Brooker, D. J. and Surr, C. (2006). Dementia Care Mapping (DCM): initial validation of DCM 8 in UK field trials. *Int. J. Geriatr. Psychiatry*, 21: 1018–1025. doi:10.1002/gps.1600.

•Fossey, J., Lee, L. and Ballard, C. (2002). Dementia care mapping as a research tool for measuring quality of life in care settings: psychometric properties. *Int. J. Geriatr. Psychiatry*, 17: 1064–1070.

•Boustani, M.A., Sachs, G.A., Alder, C.A., Munger, S., Schubert, C.C., Guerriero Austrom, M., Hake, A., Unverzagt, F.W., Farlow, M., Matthews, B.R., et al. (2011). Implementing innovative models of dementia care: The Healthy Aging Brain Center, *Aging Ment Health*. Jan; 15(1):13-22.

•Hughes J. (2013). Models of Dementia Care: Person-Centred, Palliative and Supportive. *Alzheimer’s Australia Inc., Australia*, p.7.