

# **Unit 13: Awareness of Dementia**

**Unit reference number: D/616/7298**

**Level: 2**

**Unit type: Optional**

**Credit value: 2**

**Guided learning hours: 17**

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## **Unit summary**

As life expectancy rises in the developed world, more cases of dementia are being diagnosed. It is essential, therefore, that care workers are equipped with an awareness of dementia in order that they can support individuals, contributing to the quality of life to which every individual is entitled.

In this unit, you will learn about the signs and symptoms of the more common forms of dementia and how they impact the individual. You will consider the models of dementia, both medical and social. You will also examine the way in which dementia impacts the everyday life of individuals who have dementia and the potential impact on them of others people's behaviour and attitudes towards them.

## Learning outcomes and assessment criteria

To pass this unit, the learner needs to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria outline the requirements the learner is expected to meet to achieve the unit.

Learning outcomes	Assessment criteria
1 Understand dementia	1.1 Define the term 'dementia' 1.2 Describe key functions of the brain that are affected by dementia 1.3 Explain why depression, delirium and age-related memory impairment may be mistaken for dementia
2 Understand models of dementia	2.1 Outline the medical model of dementia 2.2 Outline the social model of dementia 2.3 Explain why dementia should be viewed as a disability
3 Know types of dementia and their causes	3.1 Outline causes of dementia 3.2 Describe signs and symptoms of dementia 3.3 Identify causal risk factors for types of dementia 3.4 Identify prevalence rates for types of dementia
4 Understand an individual's experience of dementia	4.1 Describe how individuals may experience living with dementia 4.2 Explain the impact that the attitudes and behaviours of others may have on an individual with dementia

### What needs to be learned

#### Learning outcome 1: Understand dementia

##### Definition of dementia

- Definition, e.g. a set of symptoms that may include memory loss and difficulties with thinking, problem-solving, language, processing information, ability to make sound judgements.

##### Key functions of brain affected including

- Vision.
- Language.
- Memory.
- Emotion and behaviour.
- Links to parts of the brain, including frontal, parietal, occipital and temporal lobe.

##### Mistaken symptoms

- Similarities between appearance of dementia and depression, delirium and age-related memory impairment, e.g. mild cognitive impairment, apathy, confusion, poor memory, low concentration.

#### Learning outcome 2: Understand models of dementia

##### Medical model

- Expert control.
- Dependency on experts.
- Denial of personhood.
- Not recognising the social context.
- Distinction between normal and pathological.
- Individualisation of behaviour.
- Blaming the individual.
- Treatment of illness.

##### Social model

- Interaction of biological and social factors.
- Importance of communities and social networks.
- Role of socioeconomic factors
  - political
  - recognition of personhood
  - effects of empowerment.

##### Dementia as a disability

- Impact of dementia on a person's ability to function normally, e.g. in making decisions and judgements as part of everyday life results in disability.
- Potential impact of viewing dementia as a disability, e.g. dignity of the individual, promotion and protection of rights, needs-led assessment, advocacy, recognition of independent mental capacity, minimisation of potential barriers to support, awareness of the need for safeguarding.

## What needs to be learned

### Learning outcome 3: Know types of dementia and their causes

#### Types, signs and symptoms of dementia

- Alzheimer's disease:
  - causes, e.g. changes in the chemistry and structure of the brain, death of brain cells
  - signs and symptoms, e.g. memory loss related to recent events, familiar faces, confusion about the time of day, familiar objects and places, finding the right word.
- Lewy body dementia:
  - causes, e.g. development of lewy bodies inside the nerve cells, degeneration of brain tissue
  - signs and symptoms, e.g. memory loss, difficulty problem-solving, confusion and delirium, severe psychotic symptoms such as persistent hallucinations.
- Vascular dementia:
  - causes, e.g. effects of a stroke or a series of small strokes
  - signs and symptoms, e.g. memory loss, dizziness, slurred speech, effects on movement, rapid, shuffling steps, leg or arm weakness, loss of bowel and bladder control
- Fronto-temporal dementia:
  - causes, e.g. accumulation of proteins, development of pick bodies
  - signs and symptoms, e.g. lack of insight, inability to empathise, changing or inappropriate behaviour, loss of inhibitions, development of compulsive rituals.

#### Risk factors

- Age related, e.g. higher blood pressure, changes to nerve cells, DNA and cell structure, weakness of natural repair mechanisms.
- Genetics, e.g. gender differences in the prevalence of different types.
- Medical history, e.g. Down's syndrome, HIV status, multiple sclerosis.
- Environmental/lifestyle factors, e.g. excess alcohol, lack of exercise, exposure to aluminium and other metals, inappropriate diet, tobacco smoke, pesticides, solvents, vitamin D deficiency.

#### Prevalence rates of different types of dementia

- Published data and statistics.

## What needs to be learned

### Learning outcome 4: Understand an individual's experience of dementia

#### Individuals living with dementia

- Individual refers to someone requiring care or support; it will usually mean the person or people supported by the learner.
- Levels of ability and disability due to dementia and impact on daily living.
- Environmental factors e.g. adaptations to the living space, geographical location
- Importance of social networks, support of friends and family.
- Financial issues, e.g. maintaining financial control.

#### Impact of others may include

- Impact
  - Positive, e.g. person-centred care, encouragement, giving sense of control for the individual
  - Negative, e.g. showing frustration, ignoring or not listening to the individual.
- Others, e.g. team members, colleagues, those who use or commission their own health or social care services, families, carers and advocates.
- Role of services, e.g. voluntary agencies, statutory services, speech and language therapists, occupational therapists, physiotherapists, pharmacists, nurses, psychologists, Admiral Nurses, community psychiatric nurses, care workers, GPs.

## Information for tutors

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### Books

- Genova L – *Still Alice* (Simon & Schuster, 2015) ISBN 13 9781471140822
- Magnusson S – *Where Memories Go: Why Dementia Changes Everything* (Two Roads, 2015) ISBN 13 978144475181
- Pace V, Treloar A, Scott S – *Dementia: From Advanced Disease to Bereavement* (Oxford University Press, 2011) ISBN 13 9780199237807
- Suchet J – *My Bonnie: How Dementia Stole the Love of my Life* (Harper, 2011) ISBN 13 9780007328413
- Whalley L J – *Understanding Brain Aging and Dementia: A Life Course Approach* (Columbia University Press, 2015) ISBN 13 9780231163835

### Websites

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| <a href="http://www.alzheimers.org.uk">www.alzheimers.org.uk</a>                               | Comprehensive information about dementia                                    |
| <a href="http://www.alzheimers.org.uk">www.alzheimers.org.uk</a>                               | Relationships after a dementia diagnosis: Bob and Jo's story                |
| <a href="http://www.nhs.uk/conditions/dementia-guide">www.nhs.uk/conditions/dementia-guide</a> | Brief overview of dementia  |
| <a href="http://www.open.edu/openlearn">www.open.edu/openlearn</a>                             | Open Learn – Designing space for dementia care                              |
| <a href="http://www.scie.org.uk/socialcaretv">www.scie.org.uk/socialcaretv</a>                 | SCIE Social Care TV video (2013) – Getting to know the person with dementia |

### Journals

*Alzheimer's & Dementia: The Journal of the Alzheimer's Association.*

### DVD

*Still Alice* (2015) DVD or available online for download.

## **Assessment**

This guidance should be read in conjunction with the associated qualification specification for this unit.

This unit is internally assessed. To pass this unit, the evidence that the learner presents for assessment must demonstrate that they have met the required standard specified in the learning outcomes and assessment criteria, and the requirements of the assessment strategy.

To ensure that the assessment tasks and activities enable learners to produce valid, sufficient, authentic and appropriate evidence that meets the assessment criteria, centres should follow the guidance given in *Section 8 Assessment* of the associated qualification specification and meet the requirements from the assessment strategy given below.

Wherever possible, centres should adopt an holistic approach to assessing the units in the qualification. This gives the assessment process greater rigour and minimises repetition, time and the burden of assessment on all parties involved in the process.

### **Unit assessment requirements**

This unit must be assessed in accordance with the assessment strategy (principles) in *Annexe A* of the associated qualification specification.

Assessment of all learning outcomes (knowledge) may take place in or outside of a real work environment.