

Care must be there - improving services for people with young onset dementia and their families

Dementia Relief Trust - Caring for someone with dementia

Intervention	Subtype	Evidence	Main positive outcomes	Limitations
Care and support interventions	Multiple	• Reduction of BPSD • Improvement of QoL	• Limited evidence for cognition, QoL, depression, anxiety, caregiver burden • Few comparative studies exploring the most effective intervention • Older studies and mostly of adults	
Cognitive remediation	CB	• Improvement of general cognitive function • Small effect on mood/anxiety, depression and caregiver	• Older long-term effect on cognition • Homogeneity of the outcomes	
	CBT	• Improvement of performance in instrumental ADLs	• No generalization effect to daily function • Low quality studies	
	CBT/CT	• Improvement of general cognitive function	• Homogeneity of outcomes • Homogeneity of dementia severity • Few high quality RCTs	
	CBT	• Improvement of general cognitive function and specific cognitive domains • Small effect on QoL • Improvement of caregiver satisfaction • Small effect on depressive symptoms and QoL of caregiver	• Not all studies after the treatment • Older effect on BPSD and QoL	
Occupational therapy	Small	• Improvement of QoL, social participation, QoL • Reduction of BPSD and depression • Reduction of caregiver burden	• Older optimal studies • Older long-term effect • Small sample sizes • Few high quality RCTs	
Psychological therapy	Small	• Reduction of depression, anxiety, and quality of life • Enhancement of patient's well-being	• No comparative studies between different psychological treatments • Older long-term studies • Few high quality RCTs	
Medication(s)	Small	• Reduction of BPSD • Improvement of neurocognitive domains • Reduction of caregiver burden	• Evidence of effect • Generalization to everyday life • Older long-term effect • Few high quality RCTs	
Non-pharmacological strategies	Very small	• Reduction of BPSD and sleep disturbance • Improvement of nocturnal behaviour	• Small retrospective data • Few high quality RCTs	
Music therapy	Small	• Reduction of depression • Improvement of communication, social participation, relaxation and cognition	• Older long-term effect • Small sample sizes • Low quality studies • Older long-term effect • Few RCTs	
Art therapy	Very small	• Reduction of BPSD • Improvement of attention	• Small sample sizes • Low quality studies	
Massage and touch	Very small	• Reduction of BPSD • Improvement of mood, sleep, quality of life	• Small sample sizes • Low quality studies	

Description: -

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News

A systematic review on the subjective experiences of persons with dementia. These interventions have been robustly evaluated and demonstrate improvements in communication, attention, spontaneous recall of memories.

Diagnosis and management of dementia in older people

Discharge planning and discharge Discharge planning was not initiated within 24 h of admission for 72. Some parts of the country have no services or projects aimed at younger people with dementia; others do have some. The south west had the lowest.

Dementia Care

It is for example interesting, that taking a more tentative approach can communicate uncertainty and although as health care professionals we may be trained to communicate in this way in lots of situations, it may be confusing for people living with dementia, especially in an unfamiliar setting like a hospital ward. Flexibility and change: the fundamentals for families coping with dementia. Peter Green Peter is a member of the public who until recently was an unpaid carer for an elderly relative with dementia and several other ailments.

Improving Dementia Long

It is vital that we use evidence-based interventions to provide the best quality care to people with dementia. Meta-analysis of psychosocial interventions for caregivers of people with dementia. Timothy also wanted to have his father closer.

National dementia strategy: 2017

The audit also investigated the types of supports available to staff on the wards caring for people with dementia see Fig. Over 60 % of nursing staff did not have access to clinical supervision, and 84 % of wards reported that no staff had access to guidance and support from a dementia champion with specialised knowledge and skills regarding best practice in the provision of dementia care. This article discusses key features for

diagnosing common subtypes of dementia, along with the non-pharmacological and pharmacological approaches to management.

Supporting Young People's Health & Wellbeing

A multi-hospital study of dementia in older people admitted to acute hospitals: prevalence, associations and long term outcomes Cork Dementia Study. Everyone is of an ethnic minority or ethnic majority background. A medical EPA covers only medical decisions.

Related Books

- [Munāfāsah al-hizbiyah fi Miṣr, 1976-1990](#)
- [De aeternitate mundi contra Proclum](#)
- [Kul'tura, obrazovanie, razvitie individa](#)
- [La réparation des victimes dinfractions pénales](#)
- [Bygone days - Northampton memories : a collection of reminiscences](#)