

Dementia, Strokes, Learning Disabilities and Mental Health Awareness

Caredemy

Online Training Academy



Course Name:

Dementia, Strokes, Learning Disabilities, and Mental Health Awareness

Course Description:

This course will give an overview of how health and social care workers can support individuals with dementia, learning disabilities, and mental health conditions. Different types of conditions and their presentation will be discussed.

Course Learning Objectives:

At the end of this course, the learner will be able to:

- Define dementia
- Name and describe the different types of dementia
- Explain the impact of dementia on the patient's family and caregivers
- Explain appropriate methods of interacting with a patient who has dementia
- Explain the difficulties those with learning disabilities may face and ways staff can support them through adjustments of care
- Describe learning disabilities, autism spectrum disorder, and attention deficit hyperactivity disorder
- Explain the role of mental health and wellbeing in caregiving

Course Requirements:

Participants must complete all learning modules and pass the multiple-choice course assessment.



What is Dementia?

Dementia describes several types of diseases that affect cognitive functioning (how people think). Neurological disorders cause changes in cognitive functions that lead individuals to experience memory loss and confusion, as well as other symptoms. These symptoms may include:

- Difficulty finding words
- Difficulty recognizing objects, places, or people

An individual must be experiencing more than one of these symptoms in significant severity in order to be diagnosed with dementia.

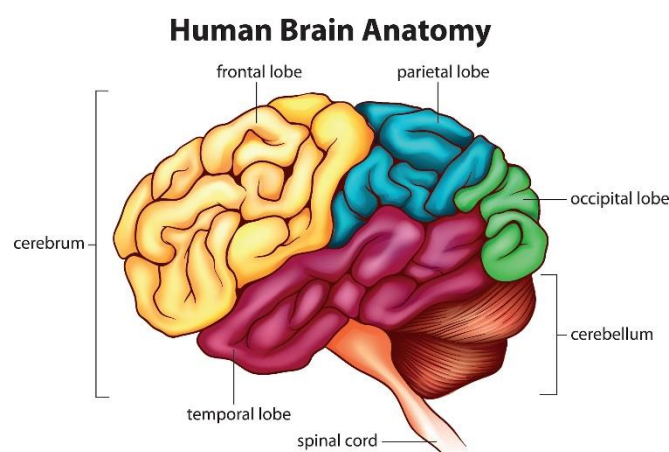
Dementia is difficult to diagnose and may require many different tests in order to make an official diagnosis. A common misconception is that dementia is a normal part of aging. Dementia can affect people at any age but is more common in older people.

Other health conditions, such as an infection, can worsen symptoms of dementia. While there is no cure for dementia, some medications such as antidepressants can help manage the symptoms. Families cope differently when a loved one receives a dementia diagnosis. Many family members often feel isolated and stressed and don't know where to go for support.

Understanding the Brain

The brain has different parts that serve different functions. Dementia stops information from being transmitted properly in the brain, so messages don't flow properly.

- Frontal Lobe: Planning actions, tasks, motivation, behavior regulation, decision-making, problem solving
- Parietal Lobe: Spatial relationships, writing, calculation, dressing, sensory
- Temporal Lobe: Memory, emotion, hearing, language
- Occipital Lobe: Visual information from the eyes



Types of Dementia

There are several different types of dementia with each type affecting a different part of the brain. There are several not included on this list as they are rarer.

- Alzheimer's Type Dementia
- Vascular Dementia
- Dementia with Lewy Bodies (DLB)
- Parkinson's Disease Dementia
- Fronto-temporal Dementia
- Down's Syndrome Dementia
- Alcohol-Related Dementia

Dementia Type	Percentage of Dementia Disease Patients
Alzheimer's Type	62%
Vascular	17%
Mixed (Vascular/Alzheimer's)	10%
Dementia with Lewy Bodies	4%
Parkinson's Disease	2%
Fronto-temporal	2%
Other	3%



Alzheimer's Type Dementia

Alzheimer's is believed to be caused by the buildup of two abnormal proteins in the brain. The first symptoms are typically:

- Difficulty recalling recent events
- Mood changes
- Difficulty learning new information
- Repeating themselves

As the disease progresses and additional areas of the brain are affected, other symptoms may develop such as:

- Difficulty understanding what is seen, felt, and heard
- Forgetting places, conversations, and appointments
- Difficulty recognizing familiar people and places
- Difficulty performing routine daily tasks
- Easily upset or angered
- May become incontinent

Vascular Dementia

Vascular dementia is caused by a reduction of oxygen to the brain. This is typically caused by a stroke or diseased blood vessels within the brain. Starved of oxygen, the brain cells become damaged. Some individuals are at a higher risk of developing vascular dementia due to smoking, high blood pressure, high dietary fat intake, or head trauma.

Symptoms include:

- Visual changes
- Depression and other mood changes
- Difficulties with communication
- Symptoms similar to those of a stroke such as paralysis and slurred speech



Dementia with Lewy Bodies (DLB)

An accumulation of protein in the brain called 'Lewy bodies' causes brain cell damage and disrupts chemicals in the brain. Symptoms include:

- Difficulty making decisions
- Difficulty paying attention and concentrating
- Visual hallucinations
- Difficulty with spatial awareness
- Problems sleeping
- Fluctuations in thinking ability

Parkinson's Disease Dementia

Similar to Dementia with Lewy bodies, Parkinson's Disease dementia is diagnosed by:

- Symptoms of dementia beginning more than 12 months after symptoms of Parkinson's disease appearing
- Those with Parkinson's disease have a 24-31% risk of developing dementia.

Fronto-temporal Dementia

Fronto-temporal dementia affects the frontal and temporal lobes of the brain. This type of dementia affects behavior, personality, and regulation of emotions.

Changes often occur in:

- Personality
- Social behavior
- Mood
- Language
- Memory
- Lack of empathy

This type of dementia is also known as Pick's disease.



Down's Syndrome Dementia

Individuals with learning disabilities are more likely to develop dementia at a younger age. Those with Down's Syndrome have a 1 in 3 chance of developing dementia by their 50s. The first signs are typically behavioral changes rather than memory loss, as well as sudden onset epilepsy.

Alcohol-Related Dementia

Those who are alcohol-dependent are 40% more likely to develop mild cognitive impairment, particularly in the frontal lobe of the brain. 10% of alcohol dependent individuals will develop severe cognitive impairment such as amnesia and dementia. This is usually caused by a poor diet deficient in vitamin B1 and frequent vomiting, which can lead to permanent changes in the brain.

Symptoms include:

- Memory loss
- Making up stories to replace memory gaps
- Involuntary eye movements, or paralysis of the muscles that move the eyes
- Poor balance
- Confusion
- Evidence of poor nutrition

It is important to understand the different types of dementia so we can better plan for the person's care, communicate in a way that fits their needs, and be better able to recognize changes that the person might be experiencing.

Communication Techniques

Good Communication Practices:

- Making eye contact when speaking
- Not rushing the individual through tasks
- Gentle touches to redirect their attention
- Using familiar people, pets, or objects to initiate conversation

Poor Communication Practices:

- Taking their behavior personally
- Not engaging in conversation
- Isolating the individual away from others



- Taking over all personal care tasks

Supporting Families

There are several ways the families of individuals with dementia can be supported. These include:

- Assistance managing symptoms and behavior
- Providing respite care when family or carers need a break
- Help locating groups to assist with social and exercise activities
- Help with day-to-day tasks and personal care
- Help making the home a safe environment
- Help making decisions about care, medications, finances, and property of the individual
- Help with feelings of loss

Caregiving for Stroke Survivors

Stroke is a prevalent medical condition that often necessitates long-term caregiving for individuals. Those who survive a stroke require assistance from caregivers to aid in their rehabilitation and ongoing care as they navigate the mental and physical challenges resulting from the stroke.

A stroke occurs when there is an interruption or severe reduction in blood supply to part of an individual's brain. This deprivation of oxygen and nutrients to the brain tissue leads to the death of brain cells within minutes.

Ischemic and Hemorrhagic Strokes

Both Ischemic and Hemorrhagic Strokes are manageable conditions. Rehabilitation therapy plays a crucial role in helping stroke patients regain strength and maximize their functionality during recovery. The specific impact of the stroke on the body is determined by which side of the brain hemisphere was affected.

Typically, a stroke affects one side of the brain, which in turn affects movement and sensation on the opposite side of the body. Therefore, understanding the location of brain damage is essential in developing targeted rehabilitation strategies.



Ischemic Stroke:

- Caused by a blockage in an artery supplying blood to the brain.
- Results in reduced or blocked blood flow, leading to brain cell damage or death.
- Accounts for about 87% of strokes.
- Two types: thrombotic (clot forms in brain artery) and embolic (clot travels from elsewhere).

Hemorrhagic Stroke:

- Caused by a ruptured or leaking blood vessel in the brain.
- Results in bleeding into or around the brain tissue.
- Accounts for about 13% of strokes.
- Two types: intracerebral (bleeding into brain tissue) and subarachnoid (bleeding into space around brain).

Both types require immediate medical attention, but treatment may vary based on the specific type and severity of the stroke.

Different Effects of Stroke Depending on Brain Hemisphere

After a stroke, certain issues may arise more frequently depending on which side of the brain was affected.

The right hemisphere of the brain governs attention, perception of surroundings, and body awareness. Conversely, in most individuals, the left hemisphere controls language comprehension and speech production. However, in some left-handed individuals, this language function is controlled by the right hemisphere, while the left side manages awareness.

Impacts of Left-Brain Damage:

- Damage to the left-brain hemisphere can affect movement and sensation on the right side of the body.
- Speech and language disorders may arise due to left brain damage.

Impacts of Right Brain Damage:

- Difficulty with movement on the left side of the body may occur.
- Awareness and perception issues may manifest due to damage on the right side.



Preventing Strokes

To reduce the risk of stroke, individuals can take proactive steps such as controlling blood pressure, assessing for heart disease (especially atrial fibrillation), quitting smoking, managing cholesterol levels, limiting alcohol consumption, maintaining a healthy weight through diet and exercise, and properly managing diabetes.

Recognizing Stroke Warning Signs

It's crucial to be aware of warning signs indicating a stroke. These can include sudden loss of speech, slurred speech, sudden vision changes, paralysis or weakness, severe headache, neck stiffness, and vomiting. The BE FAST acronym helps in identifying and responding promptly to stroke symptoms:

B - Loss of BALANCE

E - Changes in EYESIGHT

F - Facial drooping when SMILING

A - ARM weakness

S - Slurred SPEECH

T - TIME to call 9-1-1 immediately

Remember, in the case of a stroke, every minute is crucial, and quick action can minimize damage and improve outcomes.

What are Learning Disabilities

Learning disability and learning difficulty are often used interchangeably. However, there is a distinction between the two. Individuals with learning disabilities may have the ability to communicate their needs and preferences or be able to make decisions about various parts of their lives. A diagnosis of autism spectrum disorder (ASD) does not mean the individual has a learning disability, but it is common for someone with a learning disability to have autism spectrum disorder.

Health and social care workers have a duty to make reasonable adjustments to accommodate the various needs of individuals with learning disabilities.



Learning Disability

Individuals with learning disabilities may exhibit some of the following:

- Struggling to learn new tasks
- Needing support for everyday activities, such as shopping
- Having difficulty understanding instructions
- Unable to live independently
- Complex physical health needs
- Disability has been present since childhood
- Cannot be cured

Characteristics of a Learning Disability

For an individual to be diagnosed with a learning disability, three key factors must exist:

- Impaired social functioning
- Impaired intelligence (IQ below 70)
- These must have begun before adulthood (age of 18)

Learning Difficulty

Individuals with learning difficulties may have normal to even high levels of intelligence. Their learning difficulties may only affect certain aspects of their lives, such as reading and writing. These individuals generally do not require support with everyday tasks. Examples of learning difficulties are dyslexia, dyspraxia, dyscalculia, and specific language impairment.

- **Dyslexia:** Difficulty learning to read, interpreting words, letters, or other symbols. Does not affect general intelligence.
- **Dyspraxia:** A developmental disorder causing difficulty in activities requiring movement and coordination.
- **Dyscalculia:** Severe difficulty doing math calculations due to a brain disorder
- **Specific Speech Impairment:** Difficulty processing language, such as understanding complex instructions, vocabulary, or grammar.

Many individuals will go through their entire lives without knowing they have a learning difficulty. Many can be overcome through therapy or specialized teaching.



Learning Disabilities and Other Disorders

A relationship exists between learning disabilities, autism spectrum disorder (ASD), attention deficit hyperactivity disorder (ADHD), and Asperger's syndrome.

Attention Deficit Hyperactivity Disorder (ADHD): ADHD is a developmental disorder that can occur in anyone regardless of intelligence. It is most often diagnosed in childhood between the ages of 6-12. The symptoms can be managed with medication and behavioral support. Many find that symptoms lessen as they get older. Symptoms include:

- Inattentiveness
- Short attention span
- Being easily distracted
- Restlessness
- Fidgeting

Autism Spectrum Disorder (ASD): ASD is a neuro-developmental disorder. It is more common in men. ASD describes a range of symptoms and conditions and how they affect individuals. As a 'spectrum' disorder, ASD can cause a wide range of symptoms at varying levels of severity. 60-70% of individuals with ASD have a learning disability, although ASD does not affect intellectual functioning. Individuals with ASD need tailored support to meet their unique needs that enable them to have a successful life. Symptoms of ASD often include:

- Difficulty with social understanding and social behavior
- Difficulty with non-verbal and verbal communication
- Imagining and thinking/behaving flexibly

Asperger's Syndrome: Asperger's syndrome is a type of autism that affects individuals with an IQ above 70. These individuals are often referred to as 'high functioning'. Symptoms include:

- Repetitive speech
- One-sided conversations
- Difficulty using or understanding non-verbal communication despite having above average verbal skills
- Limited or inappropriate social interactions
- Difficulty understanding emotional or social issues or figurative language
- Tendency to discuss themselves only in conversation rather than taking turns and wanting to understand other's point of view.



Communication

Communication is a common difficulty for individuals with learning disabilities. The ability to transmit information or receive information and understand it is impaired. This does not mean these individuals cannot communicate, it means that you may need to pay special attention to everything the person does and speaks. This may mean using communication tools or techniques. Pay attention to conveying information, such as avoiding the use of long, complex sentences.

Unintentional Communication: Unintentional communication means a person with a severe learning disability who appears passive may react to external or internal stimuli. They may send a signal to another person, who may respond thinking they meant to send the signal when they were just responding to the stimulus.

Intentional Communication: The ability to use language (written, spoken) and non-verbal communication to communicate is intentional communication. This might be giving a thumbs up, nodding, or pointing.

Expressive Language: Expressive language means using words to form sentences to communicate with others. Difficulties with expressive language leads to frustration. This occurs when individuals cannot:

- Learn words
- Find the right words
- Say words
- Put words in the correct order
- Put sentences together in a way that makes sense

Receptive Language: Receptive language means understanding other individuals' expressive language. You do not need to be able to use expressive language in order to understand it. This could be an issue when an individual appears to understand a conversation when they haven't.



Adapting Communication

There are many ways health and social care workers can adapt to communication using different tools and techniques.

Prompts: Prompts help staff guide another person to participate in everyday activities.

- Ask – Please clean the table
- Tell – Clean the table
- Prompt – Can you clean the table please?
- Guide – Here is how you clean the table.

Verbal Economy: Using simple explanations and fewer words can be helpful. For example, instead of saying, “Could you please sit on the chair and lift up your shirt so I can listen to your heartbeat?”, you could say:

- Could you please sit on the chair?
- Could you please lift up your shirt?
- I am going to listen to your heart, is that alright?

Sign Language and Key Word Signing: Sign language is used by individuals with hearing and speech impairments to communicate. There are other methods of signing, such as key word signing Makaton™, which is a vocabulary of signs and symbols to support speech. Some Makaton users may stop using signs as their speech develops or continue to use the signs in tandem with speech.

Picture Exchange Communication Systems™ (PECS™): Picture Exchange Communication Systems™ helps people with learning disabilities request things using pictures or symbols. It is a form of Augmentative and Alternative Communication (AAC).

Augmentative and Alternative Communication (AAC): There are many forms of AAC, such as PECS™ and Makaton™. As technology improves, the use of software and tablets to replace speech using images to express needs, thoughts, ideas and wants has grown. Some options are very specialized computer-aided technologies.



Good and Poor Practices

Individuals with learning disabilities should be treated with dignity, compassion, and respect. Health and social care staff should act in a way that:

- Values the person as an individual
- Tries to view things from their perspective
- Sees the person as part of social group with relationships and the capabilities to have relationships with others
- Makes reasonable adjustments to meet their needs
- Includes the person in conversations

The following behavior is inappropriate.

- Assuming difficult or challenging behavior is an attempt to aggravate staff
- Not making reasonable adjustments to accommodate needs
- Talking over the person and only addressing family or other carers
- Using a mocking tone of voice, teasing, or making fun of the person
- Talking to the person as if they were a child, including the use of parental techniques ('if you're good, we can have candy')

Reasonable Adjustments

Health and social care organizations and staff have a duty to make reasonable adjustments so individuals with learning disabilities have access to the same level of care as anyone else. This might include:

- Providing information in different formats (easy read, DVDs)
- Allowing for longer appointments

Dysphagia

Dysphagia, or difficulty swallowing, can be a problem for individuals with learning disabilities. The signs and symptoms of dysphagia are:

- Coughing or choking when eating or drinking
- Persistent drooling
- Bringing food back up, even through the nose
- Sensation that food is stuck in the throat or chest



Dysphagia is associated with many illnesses and can be a problem for individuals with learning disabilities who depend on others to help them eat and drink. Problems related to dysphagia include:

- Aspiration (food or drink going into the lungs, causing infection)
- Malnutrition or dehydration
- Choking
- Death

Dysphagia can be treated by helping the individual swallow, which may include assistance from a speech and language therapist, occupational therapist, physiotherapist, and dietician. The consistency of food may need to be altered, or the use of alternative feeding methods such as a PEG feeding tube may need to be established.

Reporting Concerns

If you believe an individual with a learning disability is not being cared for or treated appropriately, it is vital that you report your concerns. Do not assume someone else will report your concerns.

Mental Wellbeing in Over 65s

Evidence suggests that relaxation and balance activities have an impact on the mental wellbeing of older adults, which may include interventions such as yoga, Pilates, and tai chi. Older people are more prone to age-related disabilities such as hearing or sight loss, chronic health conditions, and mental health conditions such as depression. Improving mental wellbeing in aging adults helps them retain their independence, which benefits families, communities, and our society. Assisting those at risk of poor mental health or losing independence may reduce, delay, or avoid use of health and social care services.

What is Mental Wellbeing?

Mental wellbeing is defined around areas of life that include:

- Life satisfaction
- Optimism
- Self-esteem
- Mastery
- Feeling in Control



- Having purpose
- Sense of belonging/support

Occupational and physical therapy aims to help people with physical, mental, or social needs achieve as much as they'd like to get out of life. Support for older adults can be provided in community or residential settings by individuals who have been trained to apply support and care services.

Discrimination & Isolation

Many older people continue to report experience of discrimination. Age discrimination results in reductions in service and investment for older people's mental health.

Isolation is a risk for older people, particularly those from minority ethnic groups, those in rural areas, and those older than 75 who are widowed or live alone. Social networks, social activities, keeping busy, and family contact are factors frequently mentioned by older people as important to their mental wellbeing.

Independence

Levels of independence and self-determination are associated with health and wellbeing. This means ensuring that people have as much choice as possible about personal activities and routines. This may include deciding when they eat, sleep, get up, go out, or spend time alone. Residential care homes can use meaningful daily activities to restore and improve the health and mental wellbeing of its residents. Older people should be involved in the service planning of these programs.

