Chapter 15
Management of Dementia Symptoms in Healthcare:
An Evaluation of the Non-Pharmacological Approaches in Cognitive Symptom Management

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ABSTRACT

People with dementia are challenged with many cognitive symptoms affecting their daily life. This chapter aims to prioritize the needs of dementia patients who suffer from progressive cognitive decline and gradually lose their ability to make decisions. It describes the cognitive difficulties in each stage and provides information about cognitive symptom management in healthcare. The essential activities to ameliorate the effects of cognitive decline in dementia discussed are cognitive stimulation and rehabilitation, such as cognitive stimulation therapy, use of serious games, virtual reality games etc., reminiscence therapy, reality orientation therapy, and physical and social activities. In addition, the chapter discusses the importance of educated clinical staff in healthcare to identify comorbidities and understand the progression of chronic diseases in people with dementia, especially in those patients who are not able to communicate their needs. Also, the chapter recommends future research and solutions for digital therapeutic interventions.

INTRODUCTION

Dementia is an irreversible clinical neurodegenerative syndrome and one of the most common diseases diagnosed in old age (9%) (World Health Organization, 2021). The most common subtypes are Alzheimer's disease (AD) (50–75%), vascular dementia (VD) (20%), dementia with Lewy bodies (LBD) (10–15%) and frontotemporal dementia (FTD) (2%) (National Institute for Health and Care Excellence, 2018, 2021). Each patient is affected differently in each subtype depending on the brain changes, for

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example, amyloid plaques and tau tangles in AD, damaged blood cells in VD, and abnormal proteins tau and TDP-43 in FTD (DeCarli, 2001; Paciaroni & Bogousslavsky, 2013; Selkoe, 1994; Takeda, 2018). The neurologists and clinicians diagnose each subtype category with physical and neuropsychological examinations and the patient medical and family history. Some assessments include brain scans such as computed tomography, magnetic resonance imaging, and positron emission tomography; blood tests to measure beta-amyloid concentration; tests that assess memory, problem-solving, language difficulties, calculation skills, body balance, sensory and reflex responses (Jacova et al., 2007).

According to the case, when people with dementia receive their diagnosis, they may undergo cognitive rehabilitation, drug medication intake to treat the symptoms, and mood change therapy, e.g., therapeutic interventions for anxiety and depression. Since there is no cure for dementia, healthcare systems are challenged and sometimes overwhelmed to support these patients, their families, and caregivers (Choi & Twamley, 2013; National Health Service, 2020b; Wright, 2019). Therefore, healthcare systems may offer several opportunities depending on the case, ensuring that the dementia patients have a care manager and care plan they are following daily; assessing and monitoring the patients' physical and mental health; recording the adverse effects of treatments, and offering assistance in decision making for a place of care and emergency-related needs (Harrison Dening et al., 2019; Wright, 2019). When an elder is severely disturbed with dementia symptoms, healthcare systems arrange admissions to care homes and hospitalisations to maintain their health and safety (Wright, 2019). Notwithstanding, specialists have assessments and management plans necessary to remove the burden on families and caregivers (Harrison Dening et al., 2019).

This Chapter presents the cognitive symptoms that challenge patients and healthcare systems and discusses cognitive symptom management in primary and secondary care, clinics, and care homes. The purpose is to provide an overview of the difficulties and challenges and inspect the already used therapy plans in healthcare. Also, the Chapter presents specific therapeutic interventions that have shown to benefit the management of cognitive symptoms, adopted by the healthcare systems, families/caregivers and care homes. Also, it provides information about how to improve the quality of life in patients and the quality of work for carers and clinicians.

Background

When a family member or other person/friend/caregiver notices a cognitive decline in an individual, for example, forgetfulness, they present him/her to primary care for clinical investigation (Alzheimer's Society, 2016; National Collaborating Centre for Mental Health, 2018). The individual is then examined for cognitive impairment. The assessments may reveal cognitive decline, mild cognitive impairment (MCI) or dementia. In case of MCI or dementia diagnosis, the individual is referred to a coordinator carer, and a care plan is established for them (National Collaborating Centre for Mental Health, 2018). Primary care in dementia is the support provided by medical doctors, such as General Practitioners and neurologists, and constitutes the day-to-day patient healthcare. It is common to have arrangements for primary care first to receive a diagnosis and have regular medical visits as the next step in secondary care (Alzheimer's Society, 2016). However, healthcare systems might delay screening and assessment procedures due to a lack of diagnostic tests in clinics and hospitals, such as neuropsychological diagnostic tools and brain scans (National Collaborating Centre for Mental Health, 2018).