

Joint Meeting on
5th WORLD HOLISTIC NURSING CONFERENCE
&
2nd Annual Congress on
EMERGENCY MEDICINE AND ACUTE CARE
June 10-11, 2019 Helsinki, Finland

Behavioral health, Alzheimer's and Dementia related illness

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Background: Dementia is a general term for a number of progressive, organic brain diseases, characterized by memory loss and degeneration of cognitive skills. Most neurodegenerative diseases that lead to dementia are characterized by processes that result in the aberrant polymerization of proteins, and a small proportion of subjects with these diseases develop dementia as a direct result of the presence of mutations or polymorphisms in genes that influence these processes. The most common cause of dementia, and the best studied, is Alzheimer's disease. Other important causes include vascular dementia, dementia with Lewy bodies, and frontotemporal dementia. Management of dementia is largely focused on helping caregivers to cope with the increase in physical dependence of patients as the disease progresses, or with the emergence of troublesome neuropsychiatric symptoms. Cholinesterase inhibitors and N-methyl-D-aspartate receptor antagonists offer some help in ameliorating the inevitable cognitive decline found in Alzheimer's disease. Although considered as discrete entities, these diseases are not mutually exclusive and mixed pathologies are common. The etiology of dementia is determined by the underlying causative disease. By age 100, the number spikes to 60 percent. Of those who develop dementia, roughly 60 percent will prove to have Alzheimer's disease. It's predicted that the current number of patients with Alzheimer's disease in the United States is roughly 5 million. In The United States, average month costs per patient totaling for nursing home care (approximately \$19,900), followed by out-of-pocket spending (approximately \$8,200), formal home care (approximately \$12,700), and Medicare (approximately \$9,700). Due to demographic developments, it is expected that by the year 2050, the number of persons suffering from a moderately severe or severe dementia among the population over the age of 65 years will total more than two million cases. Worldwide, there are now an estimated 24 million people living with some form of dementia. Without a major medical breakthrough in the fight against dementia, this number could jump to as many as 84 million who have age-related memory loss by the year 2040.

Method: Qualitative research, methods and methodologies, has received increased attention in health care research, and data collect is still being collected at this present time. In the field of dementia care qualitative research has been used extensively to study the lived experience of family members and more particular family caregivers. In particular burden and coping have been paid attention to. In addition to the domain of the care for persons suffering from dementia. Our qualitative research is often used to study the lived experience of health care our "clients", their perception of their situation and the meaning they give to the situation they are in. It allows uncovering processes at play in dealing situations in care giving and ward atmosphere have been fruitfully studied using this method. Observation studies, often using video-registration, can help to understand care processes in dementia care, in addition to clinical trials.

Significance: The prevalence of dementia rises steeply with increasing age and although there are a number of forms of dementia, Alzheimer's disease is the most common, and most well-known, of the age-related memory loss diseases. Currently, more than five million Americans suffer from Alzheimer's, and it is the seventh leading cause of death in the U.S. About 13% of Americans over the age of 65 have Alzheimer's and half of those over age 85 will develop Alzheimer's or a closely related dementia.

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Result: To date, mutations in three genes (amyloid precursor protein, presenilin 1 and presenilin 2) have been described which lead to this early form of Alzheimer's disease and dementia related illnesses. These mutations all have the same effect, which is the increased production of a longer version of amyloid peptide (42 amino acids compared with 40 amino acids); this aggregates to form a condensed core of amyloid protein that becomes surrounded by degenerating neurites. These relatively large extracellular structures, known as plaques, are a characteristic feature of both sporadic and inherited Alzheimer's. While current drug therapies only treat the symptoms of Alzheimer's disease, researchers have great hope that in the near future there will be treatments that can stop or slow Alzheimer's. Many clinical studies focus on finding better ways to accurately diagnose Alzheimer's disease, particularly in the early stages. These studies will hopefully lead to a trusted method that enables physicians to diagnose persons at risk for the disease even before symptoms appear and begin treatment in time to prevent the development of dementia. Until such time, we found that through the in-home clinical assessment results, proves positive and significant qualitative outcomes for both clients suffering from dementia and their caregivers.