

The Person Centered Care in Dementia

Sarabia Cobo Carmen M*

Department of Nursing, University of Cantabria, Spain

*Corresponding author: Sarabia Cobo Carmen M, PhD, RN, MSN, Department of Nursing, University of Cantabria, Spain, Tel: 0034606247502, E-mail: carmen.sarabia@unican.es

Received date: Jul 27, 2016, Accepted date: Feb 28, 2017, Published date: Mar 9, 2017

Copyright: © 2017 Sarabia CCM. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Introduction

The model of person-centred dementia care (PCDC) offers a new paradigm of care for older people with dementia in order to increase their quality of life by customizing, respect for their autonomy and participation of the person in decisions that affect their lives. This model is consistent with the Advanced Practices in Nursing in geriatrics.

Although the biomedical model has been predominant in the care of elderly people with neurodegenerative diseases, many authors have advocated in recent years to supplement it with other perspectives that take into account the point of view of the person with dementia, what it is known as models of care focused on the person (PCC). Since the models of PCC, participation and respect for the autonomy of the person with dementia as central elements of care [1], in order to generate well-being and satisfaction in the patient and increase the quality of care [2,3]. The PCC models involve the implementation of care practices based on those principles, which can be tricky in residential environments where elements such as standardization, organizing schedules or cost reduction limit their possibilities [4]. Nevertheless, they have been tested numerous intervention strategies based on the principles of the PCC, among which are the use of biographical information [5], sessions of reminiscence and the approach of meaningful activities from the perspective of resident [6], customizing environments [6] or the resident inclusion in the decision on its activities [7]. In residents with advanced dementia, the implementation of PCC interventions able to reduce some behavioral symptoms of dementia, such as agitation or aggression, and reduces the use of neuroleptics [8]. However, studies about its effects on quality of life are much less frequent and more questionable results [8]. In this sense, encouraging participation is one of the foundations of the PCC, a more direct way to involve the person in decisions concerning them is invite him/her to participate in the individualized care plan (ICP). The ICP assumes that different professionals, interdisciplinary meetings, valued resident status and decide a plan of activities and personalized treatment. Include the person with dementia in this meeting not only supposed involve him in decisions that concern them, but also make professionals more aware of who bears the

decisions taken, which can increase locality of care provided. Although this participation of the resident in his care plan has been highlighted as a good gerontological practice [8], so far rarely been implemented and there are few studies to empirically assess the potential impact on quality of life of patients with dementia in Spain [9,10]. That justifies the necessary studies to assess the impact of this model and the participation of users with dementia in their own care plan.

References

1. Brooker D (2004) What is person-centered care in dementia? Rev Clin Gerontol 13: 215-222.
2. Colomer J, de Vries J (2016) Person-centred dementia care: a reality check in two nursing homes in Ireland. Dementia (London) 15: 1158-1170.
3. Edvardsson D, Winblad B, Sandman PO (2008) Person-centred care of people with severe Alzheimer's disease: current status and ways forward. Lancet Neurol 7: 362-367.
4. Kitwood T, Bredin K (1992) Towards a theory of dementia care: personhood and well-being. Ageing Soc 12: 269-287.
5. Hunter PV, Hadjistavropoulos T, Thorpe L, Lix LM, Malloy DC (2016) The influence of individual and organizational factors on person-centred dementia care. Aging Ment Health 20: 700-708.
6. Brownie S, Nancarrow S (2013) Effects of person-centered care on residents and staff in aged-care facilities: a systematic review. Clin Interv Aging 8: 1-10.
7. Chenoweth L, Forbes I, Fleming R, King MT, Stein-Parbury J, et al. (2014) PerCEN: a cluster randomized controlled trial of person-centered residential care and environment for people with dementia. Int Psychogeriatr 26: 1147-1160.
8. Roberts G, Morley C, Walters W, Malta S, Doyle C (2015) Caring for people with dementia in residential aged care: successes with a composite person-centered care model featuring montessori-based activities. Geriatr Nurs 36: 106-110.
9. Kogan AC, Wilber K, Mosqueda L (2016) Personcentered care for older adults with chronic conditions and functional impairment: a systematic literature review. J Am Geriatr Soc 64: e1-e7.
10. Sarabia-Cobo CM, de Lorena Quintal P, Rugosa VP, Grijalbo CH, García MJN, et al. (2016) El cuidado centrado en la persona con demencia en la prevención de la agitación y otros síntomas neuropsiquiátricos en ancianos institucionalizados. Metas de enfermería 19: 1.