AMALA COLLEGE OF NURSING
AQAR (2022-2023)

CRITERION 2 – TEACHING- LEARNING AND EVALUATION

Key Indicator 2.3 – Teaching- Learning Process

Metric No. 2.3.1. - Student-centric methods are used for enhancing learning experiences by:

SUBMITTED TO

National Assessment and Accreditation Council

LESSON PLAN

ON

DEMENTIA

MENTAL HEALTH NURSING

THIRD YEAR BSC. NURSING

Name of teacher	:	Dr. Ambika C
Subject	:	Mental Health Nursing
Unit	:	Unit X
Topic	:	Dementia
Date	:	
Duration	:	1 hour
Class	:	I year M.Sc. Nursing
Knowledge assumed	:	News paper, Magazine
Place	:	Amala College of Nursing
Teaching methods	:	Lecture cum Discussion
AV aids	:	Black board, Charts, OHP and LCD

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Central objective :

At the end of the class the group will attain adequate knowledge regarding the mental health condition, dementia, its etiology, clinical features, types, diagnostic criteria, management and develop a desirable attitude toward in providing care to a person with dementia.

Specific objective: After the completion of the class, the group will be able to,

- Define dementia
- Enlist the etiology of dementia
- Describe the stages of dementia
- Enlist the types of dementia
- Explain the signs and symptoms of diagnostic measures
- Explain the nursing management of patient with dementia

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Specific objective	Time	Content	Teaching activity	Learning activity	Evaluation
Introduces The topic	2mts	**INTRODUCTION** All psychological and behavioral processes whether normal or abnormal are a result of normal or damaged brain function. The psychiatric disorders which are due to a known organic cause are called as organic mental disorders .Thus organic mental disorders are transient or permanent brain dysfunction ,but without reference to etiology.one of the main organic mental disorders is dementia.	Teacher introduces the topic		
Define the topic	2mts	**DEFINITION** Dementia the word meaning is "deprived of mind" Dementia is a maladaptive cognitive response that features a loss of intellectual abilities and interferes with the patients usual social or occupational activities. The loss of intellectual ability includes impairments of memory, judgement and abstract thought. The onset of dementia is usually gradual.	Defines the term .	listens and takes down notes	What is dementia?
Enlist the etiology of dementia	5mts	**ETIOLOGY** A large number of conditions can cause dementia, however a majority of cases are due to a few common causes ,like Alzheimer's disease, hypothyroidism, multiple infarcts in the brain etc. Common causes of dementia are, (a) Parenchymatous brain disease: Alzheimer's disease, picks disease, Parkinson's disease, Huntington's chorea,	Enlists the etiological factors listens	Listens and takes notes	What are the etiological factors?

		progressive supra nuclear palsy (b) Vascular dementia: Multi infarct dementia, subcortical vascular dementia, cerebral hemorrhages. (c) Toxic dementia: Bromide intoxications, drugs, heavy metals, alchohol, carbon monoxide, analgesics, anticonvulsants, benzodiazepines, psychotropic drugs. (d) Metabolic dementia: Chronic hepatic or uremic encephalopathy, dialysis dementia, Wilson's dementia. (e) Endocrine causes: Thyroid, parathyroid, pituitary, adrenal dysfunctions (f) Deficiency dementias: Pernicious anemia, pellagra, folic acid deficiency, thiamine deficiency. (g) Infections: Crutzfeldt-Jacob disease, neurosyphilis, chronic meningitis, AIDS, viral encephalitis, other HIV related disorders,. (h) Neoplasm: Neoplasms and other intracranial space occupying lesions. (i) Traumatic dementias: chronic subdural hematoma, head injury. (j) Hydrocephalic dementia: Normal pressure hydrocephalus			
Describe the stages of dementia	10mts	**STAGES OF DEMENTIA** **Stage 1. No apparent symptoms.** In the first stage of the illness, there is no apparent decline in memory.	Describe the stages	Listens and takes notes	What are the different stages of dementia?

		Stage 2. Forgetfulness. The individual begins to lose things or forget names of people. Losses in short-term memory are common. The individual is aware of the intellectual decline and may feel ashamed, becoming anxious and depressed, which in turn may worsen the symptom. Maintaining organization with lists and a structured routine provide some compensation. These symptoms often are not observed by others. **Stage 3. Mild cognitive decline.** In this stage, there is interference with work performance, which becomes noticeable to coworkers. The individual may get lost when driving his or her car. Concentration may be interrupted. There is difficulty recalling names or words, which becomes noticeable to family and close associates. A decline occurs in the ability to plan or organize. **Stage 4. Mild-to-moderate cognitive decline; confusion.** At this stage, the individual may forget major events in personal history, such as his or her own child's birthday; experience declining ability to perform tasks, such as shopping and managing personal finances; or be unable to understand current news events. He or she may deny that a problem exists by covering up memory loss with **confabulation** (creating imaginary events to fill in memory gaps). Depression and social withdrawal are common. **Stage 5. Moderate cognitive decline; early dementia.**			

		In the early stages of dementia, the individual loses the ability to perform some activities of daily living (ADLs) independently, such as hygiene, dressing, and grooming, and require some assistance to manage these on an ongoing basis. He or she may forget addresses, phone numbers, and names of close relatives. The individual may become disoriented about place and time, but maintain knowledge about him- or herself. Frustration, withdrawal, and self-absorption are common. **Stage 6. Moderate-to-severe cognitive decline; middle dementia.** At this stage, the individual may be unable to recall recent major life events or even the name of his or her spouse. Disorientation to surroundings is common, and the person may be unable to recall the day, season, or year. The person is unable to manage ADLs without assistance. Urinary and fecal incontinence are common. Sleeping becomes a problem. Psychomotor symptoms include wandering, obsessiveness, agitation, and aggression. Symptoms seem to worsen in the late afternoon and evening—a phenomenon termed **sundowning**. Communication becomes more difficult, with increasing loss of language skills. Institutional care is usually required at this stage. **Stage 7. Severe cognitive decline; late dementia.** In the end stages of DAT, the individual is unable to recognize family members. He or she most commonly is bedfast and aphasic.	Explain the types	Listens and takes notes	What are the types of dementia?

Enlist the types of dementia	20mts	Problems of immobility, such as decubiti and contractures, may occur. **TYPES** According to APA,2000,types of dementia are , (1) Dementia of Alzheimer's type (early onset by the age 65) ➢ Uncomplicated ➢ With delirium ➢ With delusions ➢ With depressed mood (2) Dementia of Alzheimer's type (late onset after the age 65) ➢ Uncomplicated ➢ With delirium ➢ With delusions ➢ With depressed mood (3) Vascular dementia (4) Dementia due to HIV disease (5) Dementia due to head trauma (6) Dementia due to Parkinson's disease (7) Dementia due to Huntingtons disease (8) Dementia due to Pcks disease (9) Dementia due to Crutzfeldt-Jacob disease (10)Dementia due to other medical disorders			

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		Dementia of the Alzheimer's Type This disorder is characterized by the syndrome of symptoms identified as dementia in the *DSM-IV-TR* and in the seven stages described previously. The onset of symptoms is slow and insidious, and the course of the disorder is generally progressive and deteriorating. The *DSM-IV-TR* further categorizes this disorder as *early onset* (first symptoms occurring at age 65 or younger) or *late onset* (first symptoms occurring after age 65) and by the clinical presentation of behavioral disturbance (such as wandering or agitation) superimposed on the dementia. **Vascular Dementia** In this disorder, the clinical syndrome of dementia is due to significant cerebrovascular disease. The blood vessels of the brain are affected, and progressive intellectual deterioration occurs. Vascular dementia is the second most common form of dementia, ranking after Alzheimer's disease (Black, 2005). **Dementia Due to HIV** Infection with the human immunodeficiency virus-type 1 (HIV-1) produces a dementing illness called HIV- 1–associated cognitive/motor complex. A less severe form, known as HIV-1–associated minor cognitive/ motor disorder, also occurs. The severity of symptoms is correlated to the extent of brain pathology. The immune dysfunction associated with HIV disease can lead to			

		brain infections by other organisms, and the HIV-1 also appears to cause dementia directly. In the early stages, neuropsychiatric symptoms may be manifested by barely perceptible changes in a person's normal psychological presentation. Severe cognitive changes, particularly confusion, changes in behavior, and sometimes psychoses, are not uncommon in the later stages. **Dementia Due to Head Trauma** Serious head trauma can result in symptoms associated with the syndrome of dementia. Amnesia is the most common neurobehavioral symptoms following head trauma, and a degree of permanent disturbance may persist (Bourgeois, Seaman, & Servis, 2003). Repeated head trauma, such as the type experienced by boxers, can result in *dementia pugilistica*, a syndrome characterized by emotional lability, dysarthria, ataxia, and impulsivity(Sadock & Sadock, 2003). **Dementia Due to Parkinson's Disease** Dementia is observed in as many as 60 percent of clients with Parkinson's disease (Bourgeois, Seaman, & Servis, 2003). In this disease, there is a loss of nerve cells located in the substantia nigra, and dopamine activity is diminished, resulting in involuntary muscle movements, slowness, and rigidity. Tremor in the upper extremities is characteristic. In some instances, the cerebral changes that occur in dementia of Parkinson's disease closely resemble			

those of Alzheimer's disease

Dementia Due to Huntington's Disease

Huntington's disease is transmitted as a Mendelian dominant gene. Damage is seen in the areas of the basal ganglia and the cerebral cortex. The onset of symptoms (i.e., involuntary twitching of the limbs or facial muscles, mild cognitive changes, depression and apathy) is usually between age 30 and 50 years. The client usually declines into a profound state of dementia and ataxia. The average duration of the disease is based on age at onset. One study concluded that juvenile-onset and late-onset clients have the shortest duration (Foroud et al, 1999). In this study, the median duration of the disease was 21.4 years.

Dementia Due to Pick's Disease

The cause of Pick's disease is unknown, but a genetic factor appears to be involved. The clinical picture is strikingly similar to that of Alzheimer's disease. One major difference is that the initial symptom in Pick's disease is usually personality change, whereas the initial symptom in Alzheimer's disease is memory impairment.

Dementia Due to Creutzfeldt-Jakob Disease

Creutzfeldt-Jakob disease is an uncommon neurodegenerative disease caused by a transmissible agent known as a "slow virus" or prion (APA, 2000).

		Dementia Due to Other General Medical Conditions A number of other general medical conditions can cause dementia. Some of these include endocrine conditions (e.g., hypoglycemia, hypothyroidism), pulmonary disease, hepatic or renal failure, cardiopulmonary insufficiency, fluid and electrolyte imbalances, nutritional deficiencies, frontal or temporal lobe lesions, central nervous system (CNS) or systemic infections, uncontrolled epilepsy, and other neurological conditions such as multiple sclerosis (APA, 2000). **Substance-Induced Persisting Dementia** The features associated with this type of dementia are those associated with dementias in general; however, evidence must exist from the history, physical examination **Dementia Due to Multiple Etiologies** This diagnosis is used when the symptoms of dementia are attributed to more than one cause. For example, the dementia may be related to more than one medical condition or to the combined effects of a general medical condition and the long-term use of a substance (APA, 2000).	Discusses the nursing management	Listens and takes notes	Explain the nursing management
Explain the nursing management	20mts	**NURSING MANGEMENT** • Risk for trauma related to impairments in cognitive and psychomotor functioning • Risk for suicide related to depressed mood secondary to			

		awareness in decline of mental and/or physical capability • Risk for other-directed violence related to impairment of impulse control; hallucinations • Disturbed thought processes related to cerebral degeneration evidenced by disorientation, confusion, memory deficits, and inaccurate interpretation of the environment. • Low self-esteem related to loss of independent functioning evidenced by expressions of shame and selfdegradation and progressive social isolation • Self-care deficit related to disorientation, confusion, memory deficits evidenced by inability to fulfill ADLs **INTERVENTIONS** a. Arrange furniture and other items in the room to accommodate client's disabilities. b. Store frequently used items within easy access. c. Do not keep bed in an elevated position. Pad siderails and headboard if client has history of seizures. Keep bedrails up when client is in bed (if regulations permit). d. Assign room near nurses' station; observe frequently. e. Assist client with ambulation. f. Keep a dim light on at night. g. If client is a smoker, cigarettes and lighter or matches should be kept at the nurses' station and dispensed only when someone is		Discussing and asking doubts	

		available to stay with client while he or she is smoking. h. Frequently orient client to place, time, and situation. i. If client is prone to wander, provide an area within which wandering can be carried out safely. j. Soft restraints may be required if client is very disoriented and hyperactive. **INTERVENTIONS** 1.Frequently orient client to reality. Use clocks and calendars with large numbers that are easy to read. Notes and large, bold signs may be useful as reminders. Allow client to have personal belongings. 2. Keep explanations simple. Use face-to-face interaction. Speak slowly and do not shout. 3. Discourage rumination of delusional thinking. Talk about real events and real people. 4. Monitor for medication side effects. **Conclusion** Dementia is a syndrome of acquired, persistent intellectual impairment with compromised function in multiple spheres of mental activity, such as memory, language, visuospatial skills, emotion or personality, and cognition. Symptoms are insidious and develop slowly over time. In most clients, dementia runsa progressive, irreversible course. It may be caused by genetics,			

		cardiovascular disease, infections, neurophysiological disorders, and other general medical conditions. **References** • Diagnostic statistical manual of mental disorders, american psychiatric association,fourth edition • Mary C Townsend, psychiatric mental health nursing,5 edition • Kaplan and Sadocks,synopsis of psychiatry,7 edition • Fortinash ,worret ,psychiatric nursing care plans,5 edition • J.N.Vyas,Niraj Ahuja,Text book of post graduate psychiatry,2 edition,Jaypee publisher			

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