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Social aspects of vascular dementia

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In India, number of people with Alzheimer's Disease and other forms of dementia has crossed 4.5 million mark, which constitutes approx. 4% of total elderly population (115 million+). Unfortunately this section of our elderly population is most vulnerable and marginalized section of society. Every older person experiencing the problem and behavior is considered a burden. The disease is considered as terminal by most of the people associated to the patient i.e. family members, relatives, even caregivers. Wherein; in today's world most cases at an early stage are curable and patients can recover from this disease completely and lead a normal life again. The stigma associated with dementia has arisen due to lack of awareness in the society. People in India have very little understanding of dementia and it is often treated as an old age related disease with which family members and relatives of the elderly with dementia have to compromise and suffer as long as the elderly with dementia live. In our society, people generally marginalize or isolate the affected person with increasing loss of their memory power, emotions & feelings. The lack of awareness and understanding and effects is compounded by limited training facilities for the caregivers and total absence of any support mechanism. Individuals with proper set of resources (counseling, information, experience, knowledge and success stories) can cope with the feelings of loss, frustration, and confusion of dementia more successfully. Support groups and professionals must provide families with information, emotional and practical support and advocacy support.

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The DAWN Method—How applying theories from Plato, Maslow, Langer, and Kahneman gives wings to habilitative care

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The greatest stress in dementia care is the seemingly inexplicable behaviors caregivers must respond to. Caregiver stress and uncontrolled behaviors precipitate the need for long-term care, which greatly increases costs. This presentation demonstrates how meeting the emotional needs caused by progressive cognitive impairment can reduce both behaviors and stress. Cornish describes the approach she developed from a five-year informal case study using inductive reasoning to analyse and predict dementia-related behaviors in a group of 32 people with dementia living in Moscow, Idaho. Her purpose was to identify emotional and behavioural patterns to create a method for family dementia care. Cornish details why she believes the problem is emotional distress and behaviors mere symptoms. She argues that Maslow's need hierarchy theory applies to people with dementia, based upon her clients' positive response to mood management and experiential learning of security in confusion and care. She provides examples of self-actualization needs being met with social success, having a sense of control and value, and attachment to a security symbol. Cornish explains her clients' success with experiential learning despite dementia using Plato's intuitive versus rational thought processes and applies Kahneman's theory of our experiencing and remembering selves. She demonstrates how Langer's mindfulness theory supports the value of mindlessness as a tool for the demented brain. Cornish concludes by contrasting the value of studying patterns in symptoms, disease, and physiology when developing medical treatments and cures with the value of analysing emotional and behavioural patterns when designing care for conditions such as dementia.

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