

A Short Note on Dementia in Novel Joint Activities

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Abstract

A growing number of studies have shown that people with dementia can participate in a wide range of everyday activities with the help of caregivers or caretakers in their families. However, very little is known about the situated practices caregivers use to help dementia patients participate actively in novel joint activities. This study focuses on the interactional organization of instructions in joint activities involving people with dementia who have never used touchscreen technologies and their caregivers, using the use of tablet computers as an example. The review depends on 41 video accounts of ten dyads, each containing an individual living with dementia and a carer, as they are utilizing tablet PCs with applications fit to individual interests. We demonstrate, utilizing multimodal interaction analysis, that the caregivers rarely take on their own responsibilities for concluding an ongoing joint project, despite constantly fostering their interlocutors' accomplishments. According to our findings, the participants with dementia benefit from the caregivers' verbal and embodied directives as a form of scaffolding practice that helps them coordinate their visual perception and embodied behavior.

Keywords: Alzheimer's disease; Brain modules; Functional connectivity

Introduction

Digital welfare technologies are increasingly being used in both residential and home-based eldercare services in many Western nations. Welfare technology is a general term that refers to a wide range of assistive technologies that are made to "maintain and/or increase the feeling of safety, activity, participation, and independence for a person of any age who has or is at an increased risk of having/developing a disability" [1]. This includes devices that allow people with disabilities to participate in activities and have fun. Several academics have reported, Care professionals and family caregivers face the challenge of introducing the novel technology to the intended user, typically an older adult living with cognitive and communicative impairments and having little or no prior experience with the technology being implemented [2]. The challenge of introducing assistive technologies to care recipients will likely arise in the future because of the rapid pace of digitalization and technological advancement. In fact, Frennert (2021) argues that the use of welfare technologies in eldercare services is a moving target, making it difficult to anticipate care recipients' and caregivers' future requirements and the most effective technological solutions [3].

Discussion

In recent years, more attention has been paid to the ways in which people with dementia may benefit from using tablet computers in social settings. Tablet computers have been suggested as an assistive technology for encouraging social interaction and communication between dementia patients and caregivers, and to raise the standard of living in general. In addition, contrary to common belief and despite having no prior experience with touchscreen technologies, individuals with dementia is able to learn the fundamental instrumental skills necessary to use tablet computers in a group setting [4].

While returning to our past work on how individuals living dementia figure out how to oversee tablet PCs, we discover that caregivers address instructions, typically in the form of directives, as a central component of the support and learning process. However, very little is known about how dementia patients' instructions are interacted with during joint activities. As a result, this study is particularly interested in how caregivers and medical professionals instruct and support novice

dementia patients using tablets in ongoing joint activities through the use of directives [5]. When introducing new technology for people with dementia and allowing them to participate in joint activities, we argue in this article that the way directives are constructed is crucial.

Result

Tablet computers and dementia often causes people to have trouble communicating with one another in person and participating in everyday activities. According to Muller & Schrauf (2014), the term "dementia" refers to a wide range of disorders and impairments that result in cognitive, communicative, and behavioral symptoms. As the symptomatic characteristics of people living with dementia vary both within and across various dementia diagnoses, it is essential to emphasize the diversity of the affected population.

While acknowledging the above-mentioned heterogeneity, declining memory functions is one of the most common symptoms of Alzheimer's, the most common form of dementia and one of the frequently reported symptoms that makes conversations with people living with dementia difficult. (2016). People with dementia typically have difficulties in the early stages with episodic memory functions, or the ability to recall autobiographical events and place them in time and space [6], making retrospective storytelling difficult. After some time, the dynamic idea of the sickness will influence other memory capabilities, like working memory (Hodges, 2006). In this way, individuals living with dementia in the moderate and late stages regularly experience hardships with reviewing individual recollections, yet additionally in holding exercises relating to the present time and place as a main priority; that is, keeping in mind what they have already done, are doing, and will soon do minimal, delayed, or

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absent responses to a previous turn at talking, and other cognitive-communicative challenges that dementia patients face include 2016; Perkins, Whitworth, and Lesser, as well as difficulties managing topical shifts in interaction and keeping up with ongoing conversations. According to Jones & Van der Eerden (2008), visuoperceptual and visuospatial changes are another common cause of difficulties in daily activities for Alzheimer's patients. Marquié et al. say that (2019), as Alzheimer's disease continues to spread globally, neuropathological lesions have been observed throughout the visual system. Reduced motion perception, decreased sensitivity of color contrasts, a narrowed field of vision, difficulties with target fixation, decreased visual acuity, and a diminished capacity to integrate multiple visual elements into global images are some of the frequently reported visual symptoms.

Therefore, if a person has both visual and cognitive-communicative deficits, it may be challenging for them to perceive and act in their immediate environment. The ability to coordinate visual perception and haptic behavior is crucial when using tablet computers. This indicates that people with dementia specifically face difficulties in coordinating their embodied actions toward the device (such as tapping, pressing, or swiping) with their visual perception of the screen (such as determining the information that is available) while simultaneously attending to their interlocutors' verbal and embodied actions.

Conclusion

According to Hydén, the impact of cognitive and communicative impairments discussed earlier makes it difficult to effectively maintain the necessary collaboration and coordination in joint activities involving dementia patients. Indeed, joint activities with

dementia patients may be considered atypical interactions in order to emphasize these obstacles (Wilkinson, 2019; 2020) (Wilkinson, Rae, and Rasmussen). An asymmetrical distribution of interactional labor among the involved participants is a characteristic feature of atypical interaction. A shift in some communicative responsibilities from the person with dementia to the caregiver is implied by the asymmetrical distribution of interactional. According to Hydén & Forsblad (2018), although the re-distribution of interactional labor may be a direct result of the cognitive-communicative symptoms that are associated with dementia, it may also serve as a means of minimizing the occurrence of potential collaborative issues because the interlocutor will be required to make additional contributions to support the person living with dementia's participation and performance.

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