



TRAINING IN UPDATE ON ALZHEIMER DISEASE



GENERAL AIMS

The general objective of the HCNV project is to develop tools and competencies to detect and diagnose the illness as soon as possible and thus to enable people to better live with this illness (patients, family, relatives and medical community). The earlier the signs are correctly interpreted, the better the provided solutions maintain the autonomy and good life conditions.

One of the steps is to provide training and education resources available for all kind of staff in regular contact with elderly people

Part of this training it's specially thinking for nurses and others members of medical staff

TARGETED PUBLICS

Nurses and others members of medical staff of sanitary and social services specially those who are in contact with old people

SPECIFIC AIMS

1. To provide the integration of the patients of Alzheimer inside the sanitary and social services
2. To qualify the professionals for a better professional development in front of the problematic ones that they approach with these patients
 - 2.4. To review of knowledges on Alzheimer's disease with regard to epidemiology, types and evolution.
 - 2.5. To update on the tools and methodologies of diagnosis of Alzheimer disease
 - 2.6. To review of the principal strategies of treatment
 - 2.7. To put special attention in conducting an assessment of Alzheimer disease
 - 2.8. To update on the key elements, design an activity based of Alzheimer care
 - 2.9. To put special attention of patient evaluation in mental and social disorders
3. To recognize the importance of the family from the first interview up to his attention and support to provide the integration inside the contingency plans with Alzheimer disease patients.

TOPICS

1. Introduction
2. Epidemiology
3. Diagnopsis of dementia
 - 3.1. Diagnostic Overview
 - 3.2. Diagnostic Procedures
 - 3.3. Diagnostic Disclosure

4. Types :

4.1. Most common causes

- 4.1.1. Alzheimer's disease
- 4.1.2. Vascular dementia (also known as *multi-infarct dementia*), including Binswanger's disease
- 4.1.3. Dementia with Lewy bodies (DLB)
- 4.1.4. Alcohol Induced Persisting Dementia
- 4.1.5. Frontotemporal lobar degenerations (FTLD), including Pick's disease
 - 4.1.5.1. Frontotemporal dementia (or frontal variant FTLD)
 - 4.1.5.2. Semantic dementia (or temporal variant FTLD)
 - 4.1.5.3. Progressive non-fluent aphasia

4.2. Less common causes

- 4.2.1. It can also be a consequence of:
- 4.2.2. Creutzfeldt-Jakob disease
- 4.2.3. Huntington's disease
- 4.2.4. Parkinson's disease
- 4.2.5. HIV infection (leading to AIDS dementia complex)
- 4.2.6. Head trauma
- 4.2.7. People with Down's syndrome have an increased risk of developing dementia of the Alzheimer's type. This risk increases as the person ages.

4.3. Treatable causes

- 4.3.1. Hypothyroidism
- 4.3.2. Vitamin B1 (thiamine) deficiency
- 4.3.3. Vitamin B12, Vitamin A deficiency
- 4.3.4. Depressive pseudodementia (note: dementia and depression can coexist in many patients and can be difficult to differentiate.)
- 4.3.5. Normal pressure hydrocephalus
- 4.3.6. Tumor

5. Evolution

5.1. Stages

- 5.1.1. Early stage
- 5.1.2. Mid stage
- 5.1.3. Late stage

6. Prevention and risk factors

7. Treatments

7.1. Cognitive Symptoms

- 7.1.1. Drugs for improving brain function. Antidementia or psychotropic drugs
- 7.1.2. Training of thinking and memory functions

- 7.2. Behavioral Symptoms
 - 7.2.1. Medications , Psychotropic drugs like a supportive therapy
 - 7.2.2. Non-drug treatment strategies
 - 7.2.3. Medications for sleep problems
 - 7.2.4. Managing an episode of agitation
 - 7.2.5. Preventing agitation
- 7.3. Alternative Treatments
 - 7.3.1. Herbal or all natural products
 - 7.3.2. Physical, emotional and also mental activation: physiotherapy, ergotherapy, others
 - 7.3.3. Organisation of the environment
- 8. Monitoring Progresión
 - 8.1. Baseline assessment
 - 8.2. Ongoing evaluation
- 9. Conducting an Assessment
 - 9.1. Current assessment tools
 - 9.1.1. cognition
 - 9.1.2. functional capacity
 - 9.1.3. behavior
 - 9.1.4. general physical health
 - 9.1.5. quality of life
 - 9.2. Cognitive assessments
 - 9.3. Functional assessments
 - 9.4. Global assessments
 - 9.5. Caregiver-based assessments
- 10. Care
 - 10.1. Key Elements of Care
 - 10.1.1. Introduction
 - 10.1.2. Care focus
 - 10.1.3. Care/service plans
 - 10.1.4. Ongoing resident care
 - 10.1.5. Programming
 - 10.1.6. Human resources
 - 10.1.7. Environment
 - 10.2. Designing a Care Facility
 - 10.2.1. Introduction
 - 10.2.2. Maximizing orientation
 - 10.2.3. Ensuring safety
 - 10.2.4. Adjusting stimulation

10.3. Activity-Based Alzheimer Care

10.3.1. Daily living activities of Alzheimer disease patients

- 10.3.1.1. Personal cleanliness
- 10.3.1.2. Feeding and deglutition difficulties
- 10.3.1.3. Disability
- 10.3.1.4. Total dependence
 - General conditions of patients care
 - Respiratory system care
 - Digestive system care
 - Excretory system care
 - Skin care
 - Emotional and social care

10.4. Medicine administration

10.5. Patient evaluation

10.5.1. Interview

- With the patient
- With a family member

10.5.2. Examination

- Physical examination
- Initial Laboratory Evaluation
- Neurologic examination . Imaging Studies
- Genetic Testing
- Neuropsychologic Testing
- Mental Status Examinations
- Functional Activities Evaluation

10.5.3. Mental health evaluation

10.5.4. Social evaluation

10.6. Sensorial disorders

10.6.1. Smell and taste disorders

10.6.2. Visual disorders

10.6.3. Auditory disorders

10.7. Behaviour disorders.

10.7.1. Memory fails and confusion

10.7.2. Language and communication disorders

10.7.3. Behaviour disorders and roaming

10.7.4. Sleep pattern disorders

10.7.5. Restlessness

10.8. Contingency plans with Alzheimer disease patients.

10.8.1. Important comments

10.8.2. Bathroom

10.8.3. Bedroom

10.8.4. Kitchen

10.8.5. Institutionalized patients

10.8.6. Falls

- 10.9. Motionless,
 - 10.9.1. Specific cares
 - 10.9.2. Alleviate cares
 - 10.9.3. Pressure ulcers

11. Occupational therapy

12. Take care of caretaker

- 12.1. Tips for dealing with dementia sufferers
- 12.2. Caregiver stress
- 12.3. Maintain a positive relationship

13. Family attention and support

DURATION AND PLANNING

TOPICS	HOURS
1. Introduction	0,30
2. Epidemiology	0,30
3. Diagnopsis of dementia	2
4. Types	2
5. Evolution	2
6. Prevention and risk factors	2
7. Treatments	2
8. Monitoring Progresión	2
9. Conducting an Assessment	2
10. Care	4
11. Occupational therapy	2
12. Take care of caretaker	2
13. Family attention and support	2
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PROFESSIONAL PROFILES OF TRAINERS
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Professionals in the field of health and social services who work in private enterprises (non-profit too), public administration, professional associations, social agencies (employer's associations and trade union) who provide services to the elderly.

It's essential that they have large experience in professionals training

Criteria of selection:

- Graduates in every specific matter to giving.
- Experience of several years in professional training.
- Professionals of the sectors of reference.

METHODOLOGY

There is established a methodology according to the average of the group. For the establishment of this criterion to the beginning of every group the trainer will realize a test of contents that will determine the average of the group and the suitable methodology.

Nevertheless invariably an active methodology will be in use, combining theoretical exhibitions with the accomplishment of practical examples for a correct assimilation on the part of the pupils of the thematic contents.

Technologies(Skills) (depending on the teacher) ·

- Study and discussion of practical cases
- Study and creation of materials (protocols, questionnaires, etc
- Design of plans and projects of analysis, action(performance) and planning.
- Role Playing of situations, cases and resolution of problems
- Brainstorming and dynamics grupales
- Training in skills
- Self-analysis

Theoretical part

- To conceptualize and to place the topic to treating, opening a space for the reflection and discussion
- Accompanied by audio-visual material adapted to every case: slides, video, etc. Writing and graph.
- Bibliography related to the topic will be recommended.

Practical part:

- To exemplify, to test and to practise on the exposed contents (diferent topics can be related)
- The work will be chosen in general group, small teams or individually according to the case

FOLLOW-UP AND EVALUATION

A system of continuous assessment will be in use along the course, will consist of 4 phases:

1. PHASE: Before the beginning

The coordinator with the teachers, they will check the theoretical - practical program to close it definitively, adapting this one to the profile of entry of the student body.

Selection and preparation if it is necessary, of the didactic necessary materials and documentation to delivering the pupil.



2 PHASE: To the beginning

A presentation of the course will be done: topics, planning, teachers.

If the teacher considers it necessary a level test will be done to adapt the degree of difficulty of the contents to the group

3. PHASE: Along

Every teacher will do a final report of his participation evaluating the pupils and the group: assistance, utilization, attitudes, participation, between other matters

A follow-up of the assistance will be done, the falls and motives of these, though there will not be certified those pupils who have not attended 75 % of the sessions.

4. PHASE: At the end

Coordinator: teachers' final reports

Students: Achievement and satisfaction of the student test

PROMOTION

By HCVN project and partners means of communication, web's specially