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Short Communication

Caring should be take for those who are suffering with Dementia: 7E Dementia Care Model Can Make a Difference

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Abstract

Dementia is considered by a progressive weakening of cognitive ability. Persons with dementia have multiple cognitive deficits include both memory impairment, and or more of the following symptoms-aphasia, apraxia, agnosia, or executive dysfunction. The most common type of dementia is Alzheimer Dementia, which accounts for 50% of all patients with dementia. Also, there are other kinds of dementia such as Vascular Dementia, Parkinson Dementia, Frontotemporal Dementia, Lewy body Dementia. If these persons hospitalize for other acute or chronic conditions, understanding the difference between delirium and the different types of dementia is difficult. Conventional views pertaining to geriatric nursing often paint a picture of the care as being slow paced, predictable, and less demanding than acute care. Therefore, care of the elderly, and in particular those with dementia, is often complex, unpredictable, and unstable.

Dementia has a detrimental impact on a person's self-worth as it progressively deteriorates their ability to independently perform daily activities, affecting both mental and physical capacity. Nurses offer a unique contribution to improved living standards for those living with dementia as they provide a majority of the personal daily treatment requirements and embrace a holistic care model focusing on person-centeredness. Nurses are responsible for implementing and supervising most of the everyday activities for patients within care facilities and play a key role in encouraging involvement. In this article we will discuss "7E Dementia Care Model" as a novel care of Dementia.

Biography

Vahid Haji has completed his Bachelor's degree program in Nursing 2004, ShahedUniversity of Medical Sciences. He is the nursing staff of ShahidNikpour Special Clinic of Ministry of Cooperatives, Labor, and Social Welfare.He is director for improving quality and clinical methods of patient care. He is certified internationally in the fields of l quality care standards.

References

1. Smith PC, Witter SN. Risk pooling in health care financing: the implications for health system performance. The International Bank for Reconstruction Development/ The World Bank: World Bank, Washington, DC; 2004.https://www.researchgate.net/publication/228590900_Risk_Pooling_in_Health_Care_Financing_The_Impl ications_for_Health_System_Performance.

2. Carrin G, James C. Reaching universal coverage via social health insurance:key design features in the transition period; 2004.

3. Pannarunothai S, Patmasiriwat D, Srithamrongsawat S. Universal healthcoverage in Thailand: ideas for reform and policy struggling. Health Policy.2004;68(1):17–30.

doi:http://dx.doi.org/https://doi.org/10.1016/S0168-8510(03)00024-1

.4. World Health Report 1999: Making a Difference: World Health OrganizationGeneva.

5. Health systems financing, the path to universal coverage: World HealthOrganization, Technical Brief Series -Brief No 5; 2010.6. Organization WH. The world health report 2000: health systems: improvingperformance 2000

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