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Psychological Care of Alzheimer's Disease Patients

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A steady decline in memory, thinking, and other cognitive abilities is brought on by Alzheimer's disease. Alzheimer's disease currently has no known cure. but medication and complementary therapies may help manage symptoms. According to statistics, about 35 million people have Alzheimer's Disease, а progressive neurological condition that is one of the most common causes of dementia, at the beginning of the twenty-first century. Additionally, the illness may show psychiatric signs like delusions, anxiety, despair, and even changes in personality; besides, behavioral and mood symptoms are also observed in majority of the patients. A significant cause of stress for primary carers and a key factor in the decision to send Alzheimer's Disease patients to institutionalized care are the behavioral and mental abnormalities that patients experience with Alzheimer's Disease (Huang et al., 2022).

In order to raise awareness of Alzheimer's disease, June is designated as Alzheimer's and Brain Awareness Month (Fiorillo, 2023). The world celebrates June 1st to 30th as Alzheimer's and Brain Awareness every year. This is an international movement to combat the widespread stigma associated with dementia caused by Alzheimer's disease. The aim and goal of the month is to dispel misconceptions and increase

awareness of dementia and Alzheimer's disease (Deborah & Nurmi, 2023).

In 2012, the 1st and initial Alzheimer's campaign Month was introduced. According to prior research, 2 out of 3 people worldwide have little to no knowledge of Alzheimer's disease and the related dementia in their respective nations. The stigma and lack of knowledge around dementia continue to be a worldwide issue that necessitates international intervention. Most people frequently believe that this illness is a typical aspect of getting older. The greatest risk factor for Alzheimer's disease is growing older. The evidence of this fact lies in the prevalence of Alzheimer's disease as majority of patients are 65 years of age or older (Jessen et al., 2022).

From a psychological perspective, there are a number of significant difficulties that arise during Alzheimer's disease. Another interesting psychological aspect of Alzheimer's disease is the relationship between symptoms and the rate of between development the patient's emotional response to the illness and the reaction of those around them, including important carers who may experience emotional burnout as a result of providing in-home or institutional care. Therefore, psychological providing support for caregivers a challenging for health professionals due to acceptance of loss of behavioral and cognitive functioning, knowledge about lack of effective treatment and continuously worsening cognitive deficits are challenging for patients and their families to accept (Beata et al., 2023). The effectiveness of psychosocial therapies for nervousness, restlessness and other behavioral symptoms may be very good. Psychosocial interventions mostly used for

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patients with usual care are the home-based exercise, group activities and exercises, walking programs, reminiscence therapy, cognitive behavior therapy and art therapy. Agitated Alzheimer's disease patients, for instance, may react favorably to audio or video recordings of people they know in addition to when those people interact with them in person. Some Alzheimer's disease patients may respond better to music that they have pleasant associations with from earlier in their lives. Social activities that are specifically designed to fit the needs and capacities of each patient may elicit an incredibly positive response from them. A group reading program is also effective for patients. The reading material is condensed and especially suited to the abilities of Alzheimer's disease sufferers. Additionally, they read literature on age-appropriate subjects. At the same time, less severe patients are trained to guide these reading groups of more severe patients (Duan et al., 2018).

Cognitive Behavioral Therapy (CBT) is most effective in lowering despair and anxiety in Alzheimer's disease patients, behavioral management is also effective for habits pattern, activity scheduling, involvement in enjoyable increasing activities such as social, physical, and leisure pursuits which help to decrease daytime sleepiness, enhance nighttime sleep, and lessen wandering, aggression, agitation and low mood. Techniques for behavior modification might also increase food intake, minimizing urine incontinence and enhancing daily living skills including dressing (Hui et al., 2021). One of the main CBT approaches, in addition to behavioral ones, is cognitive restructuring which is a technique to help individuals to challenge and replace their maladaptive thoughts with the rational and adaptive thoughts. The past research shows the evidence of cognitive restructuring for alleviating symptoms of mild Alzheimer's disease because the efficacy of cognitive restructuring is dependent on the cognitive functioning of the person. The efficacy of cognitive

restructuring dependent the is on individuals' ability to introspect, and process their thoughts which become disturbed in Alzheimer's disease, therefore, make cognitive restructuring ineffective for severe cases of Alzheimer's disease (Forstmeier et al., 2015). The family therapy or couple therapy also yields significant improvement in adjusting with the new roles and challenges. The dyads are often helpful in teaching new skills related to the dependence and responsibility of the patients, teaching and learning new ways of communication, creating activities for spending time creatively, and learning to cherish the aspects of the dvadic relationship that ultimately improves mental health and functioning (Auclair et al., 2009).

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References

- Auclair, U., Epstein, C., & Mittelman, M. (2009). Couples Counseling in Alzheimer's Disease: Additional Clinical Findings from a Novel Intervention Study. *Clinical Gerontologist*, 32(2), 130-146. https://doi.org/10.1080/073171108 02676809
- Beata, B. K., Wojciech, J., Johannes, K., Piotr, L., & Barbara, M. (2023). Alzheimer's Disease-Biochemical and Psychological Background for Diagnosis and Treatment. *International Journal of Molecular*

Sciences, 24(2), 1059. https://doi.org/10.3390/ijms240210 59

- Deborah, L., & Nurmi, M.S. (2023). Dementia Awareness in June Through Alzheimer's & Brain Awareness Month. https://www.healthline.com/health/ dementia-awarenessmonth#takeaway
- Duan, Y., Lu, L., Chen, J., Wu, C., Liang, J., Zheng, Y., Wu, J., Rong, P., & Tang, C. (2018). Psychosocial interventions for Alzheimer's disease cognitive symptoms: a Bayesian network meta-analysis. *BMC Geriatrics*, 18(1), 1-11. https://doi.org/10.1186/s12877-018-0864-6
- Fiorillo, S. (2023). *Health Awareness Months* 2023. https://www.clinicaladvisor.com/ho me/news/health-awareness-months/
- Forstmeier, S., Maercker, A., Savaskan, E., & Roth, T. (2015). Cognitive behavioural treatment for mild Alzheimer's patients and their caregivers (CBTAC): Study protocol for a randomized controlled trial. *Trials*, *16*(1), 1-14. https://doi.org/10.1186/s13063-015-1043-0

- Huang, C. Y., Hu, C. J., Huang, L. K., & Chang, E. H. (2022). Effects of counselling caregiver on medication persistence and adherence in patients with dementia at a pharmacist-managed clinic: A pilot study. Journal of Clinical Pharmacy Therapeutics, and 2074-2082. 47(12), https://doi.org/10.1111/jcpt.137523
- Hui, E. K., Tischler, V., Wong, G. H. Y., Lau, W. Y. T., & Spector, A. (2021). Systematic review of the current psychosocial interventions for people with moderate to severe dementia. *International Journal of Geriatric Psychiatry*, 36(9), 1313-1329.

https://doi.org/10.1002/gps.5554

Jessen, F., Georges, J., Wortmann, M., & Benham-Hermetz, S. (2022). What Matters Patients with to Alzheimer's Disease and Their Care Partners? Implications for Understanding the Value of Future Interventions. Journal of Prevention of Alzheimer's Disease, 550-555. 9(3), https://doi.org/10.14283/jpad.2022. 22