

Application of the Blessed, Timison and Roth Dementia Scale in Two Gerontological Care Centers

Mini Review

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Summary

Human aging is a gradual and adaptive process of a biological, psychological and social nature, produced as a consequence of genetically programmed changes, history, lifestyles, environment and social conditions to which the person was exposed. On the other hand, old age is a stage of life whose beginning is established by society, which is why the United Nations agreed that, in developing countries, people aged 60 and over are classified as older adults. The above is considered important because during aging structural and functional changes occur in different organs and systems. For this reason, as health professionals, we must know the normal morphological and functional changes of physiological aging, and thus guide the older adult to adapt and improve their lifestyle.

Introduction

Human aging is a gradual and adaptive process of a biological, psychological and social nature, produced as a consequence of genetically programmed changes, history, lifestyles, environment and social conditions to which the person was exposed. On the other hand, old age is a stage of life whose beginning is established by society, which is why the United Nations agreed that, in developing countries, people aged 60 and over are classified as older adults.

Within the present work, it is intended to obtain a diagnosis in which the current situation of the patients of a permanent geriatric stay located in Irapuato, Guanajuato is shown. This institution offers a type of permanent stay with two modalities: the first is the shared room and the other option is the private room; These modalities will depend on whether the older adult enters with a free program or if they can pay for a program with a monthly payment of \$3,000.00 pesos, respectively. It has visiting hours from 9:00 a.m. to 6:00 p.m. Here, they offer services for adults with physical disabilities, adults with mental disabilities or abandoned adults. This population is offered a food intake supervision service, which is served three times a day, daily monitoring of vital signs, therapies and recreational activities, daily cleaning, chapel, access to gardens and wheelchair use if necessary. necessary.

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Senior Adult

Aging is the process of morpho functional changes that occur in living beings in relation to the passage of time. This aging process can be contemplated from two main perspectives, the one referring to the physiological or expected changes for all individuals regardless of their life experiences, or what refers to the pathological changes, specific to each individual and that are related to the alterations of organic balance in relation to the development of morbid processes. In 1987, Rowe and Kahn established the differentiation between normal aging (usual aging) and successful or healthy aging (successful aging), including the low probability of suffering from diseases or disabilities, high physical and cognitive functional capacity, and maintenance of an active life in society.

It is estimated that only between 20 and 25% of the variability in the age of death will be determined by genetic factors, some of which will constitute survival factors, while others will be predisposing factors for suffering from certain chronic diseases. , among which we could highlight coronary heart diseases, some types of cancer, diabetes mellitus or some dementias such as Alzheimer's disease.

Socioeconomic determinants exert a great influence on the aging process, such that in developed and, therefore, richer societies, life expectancy at birth becomes double that of the poorest countries, including conditions and safety at work, aspects related to retirement, or the level of education achieved. Another factor of great relevance in the aging process as referred to by [1], will be that referred to habits or lifestyles; Thus, sedentary life, tobacco or alcohol consumption,



unbalanced diets, lack of social relationships or activity in some job sectors that generate income would be considered abnormal habits and, therefore, with a negative influence on aging. stress (managers, health professionals or air traffic controllers, among others), or very demanding from a physical point of view (steckers or construction workers, among others). We must point out the important difference in longevity in terms of gender, since women, for example, in Spain, live almost seven years longer on average than men and, in some way, they are conditioning a feminized society of the elderly, especially when we refer to the older population. Aging is the set of transformations and/or changes that appear in the individual throughout life; It is the consequence of the action of time on living beings. These changes are: biochemical, physiological, morphological, social, psychological and functional [2].

The meaning of Geriatrics according to Nicola 1985, is the medicine of the elderly. This definition includes, in a modern sense, medical care; that is, prevention and treatment of diseases of old age and psychological and socioeconomic assistance. Gerontology was defined by [1], as the science that studies aging and all the phenomena associated with it, dividing into three branches according to the aspects it includes: social gerontology, whose objective is the study of all socioeconomic and cultures that influence aging; experimental gerontology, referring to the research aspects that would allow us to advance in the knowledge of aging and, finally, clinical gerontology, which would refer to everything that has to do with the disease, its prevention, its diagnosis and intervention. and social rehabilitation. In this sense, clinical gerontology would include all the actions that must be carried out at the patient's bedside by the different professionals in the health field. The human being naturally goes through the stages of vital development, this will go through many changes, both physical and psychological, old age or third age is no exception, the most important significant change that occurs at this age.

Dementia

This is the name given to the deterioration of memory in conjunction with another cognitive process, which affects the elderly in their psychosocial environment. According to [3] Cognitive and neuropsychological evaluation is a central task in the different devices and care centers for the elderly for the diagnosis of cognitive alterations, the identification of functioning patterns and the development of intervention and management strategies. Regarding the evaluation for the early detection of cognitive impairment, the benefits of an early diagnosis include confirming suspicions of cognitive impairment, promoting coping strategies, and facilitating personal planning. Regarding the identification of patterns of functions, although the diagnosis of dementia is clinical, cognitive assessment plays a critical role in identifying the severity of the alteration of certain intellectual areas. A secondary goal of cognitive assessment is to establish a baseline of cognitive functioning that can be used to determine the effectiveness of interventions.

Table 1: Results.

Asylum		
7	25%	Moderate
18	64.28%	Low
2	7.14%	No Deterioration
1	3.57%	Did not respond
Day Center		
1	6.25%	Moderate
13	81.25%	Low
2	12.50%	No Deterioration

Dementia is a syndrome characterized by the deterioration of memory and cognitive functions, it is diagnosed through clinical and neuropsychological evaluation that affects activities of daily living. According to the Diagnostic and statistical manual of mental disorder, American Psychiatry Association (DSM-IV), it must include memory and at least cognitive impairment such as language, orientation, constructive skills, abstract thinking and praxis, as well as impairment in functional activities and individual's occupations. Dementia is one of the main causes of disability and dependency among older people.

Clinical grading scales, although effective in providing a description of the areas of cognitive impairment, do not offer sufficient information about the patient's cognitive status to be able to make an adequate intervention plan. For this reason, the need arises to use more specific scales to assess impairment in different cognitive areas (language, perception and attention, memory, executive functions).

Methods and Methodology

We worked with geriatric patients ranging in age from 45-90 years, which in turn are divided into pre-senile 45-60 years, gradual senescence 60-70 years, declared old age 70-90 years, long-lived over 90 years, which are the patients who are located in the nursing home shelter and a day center, the Blessed, Timison and Roth Dementia Scale scale was used, it is a semi-structured questionnaire, with a hetero-type application applied, which is used to evaluate the status mental of an individual, and how he or she develops in daily life, this scale consists of 22 items that are subdivided into three areas which are; changes in the execution of daily living activities, changes in habits, changes in personality, interests and impulses to determine the presence of dementia in this population, the data will be emptied into Excel graphs to show the demographic data and the status of health. The work is transversal, descriptive.

Ethical considerations: The research was considered "risk-free" in accordance with the Regulations of the General Health Law on Health Research 25, in force at the time of the study, since no interventions were carried out on the physiological or psychological variables of the participants, nor were It collected sensitive information, so the subjects' participation was not subject to obtaining their written informed consent.

Results

(Table1) Within the research, it is observed that of older adults who present data of dementia in a nursing home, we find 25% with a moderate deterioration in relation to 6.25% at moderate risk presented by a day center, compared to a low deterioration found in the asylum 64.28% in relation to the day center, which presents 81.25% low deterioration, without deterioration we find 7.14% of the asylum population, and 12.5% in relation to the day center.



Conclusions

Patients with dementia have a higher prevalence of insomnia, hypersomnia, nocturnal motor hyperactivity and hallucinations and other behavioral disorders. These symptoms appear in advanced stages of dementia; it is important to provide isolated patients with safety conditions to avoid any falls due to loss of temporospatial location that may occur. Having a program aimed at the prevention, identification and treatment of this pathology will provide us with the guidelines for humanized care. The creation of institutions that work multidisciplinary for the elderly population that will increase is suggested [4-37].

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