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COLLABORATION APPROACH: INTERPROFESSIONAL MANAGEMENT OF DEMENTIA TO MAINTAIN QUALITY OF HEALTH IN ELDERLY

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Over the past few years, the numbers of patient of dementia in Indonesia have increased rapidly. The dementia can make elderly patients more vulnerable to other health problem, so comprehensive treatment is needed. Managing people with dementia by implementation of interprofessional team approach include care giving skill, clinical skill, and sociobehavioral are needed to improve patient outcomes with dementia. In Indonesia, there are still lacks of implementation studies in dementia care, particularly ones with an interprofessional intervention. The objective of this study is to show the appropriate interprofessional intervention for managing older people with dementia. This study performed a narrative literature review by using online databases on ProQuest and Pubmed. These studies prove that health care providers have a vital roles to manage people with dementia such as physician must perform early assessment and early diagnosis, whereas nurse has a vital role to promote health, pharmacist must be aware for all the prescriptions from physician and medication therapy management, and psychologist focus on *Behavioural and Psychological Symptoms of Dementia (BPSD)* management. The unity of health care providers can perform interprofessional collaboration to manage dementia people that can reduce the potentially adverse exacerbate of dementia and improve patient's outcomes so that the quality of life in people with dementia will increase.

Keywords: Dementia, Interprofessional Collaboration, Elderly

1. INTRODUCTION

The population of Indonesia increased rapidly. In Indonesia, the number of Elderly in 2012 reached 7% from total population and predicted in 2050 reached 28.68% (Central Bureau of Statistics 2013). The National Population and Family projected that the number of elderly people aged 60 years and over reached 20.8 million in 2014 (Board of the National Population and Family Planning 2014). Increasing number of elderly in Indonesia may cause health problem due to aging, one of which is dementia. Dementia is a multi-etiologic syndrome characterized by multiple cognitive deficits. However it is not always characterized by the presence of cognitive impairment (Breitner 2006).

The effect of dementia can influence both clinical and social aspects. In the clinical perspective, dementia can be described as a group of usually progressive neurodegenerative brain disorders characterized by intellectual deterioration and more or less gradual erosion of mental and later physical function, leading to disability and death (Montoya et al. 2015). In the social perspective, dementia can be viewed as one of the ways in which an individual's personal and social capacities may change for a variety of reasons (Montoya et al. 2015). Dementia is more

common in older people. In 2006, estimated about one million people from 20 million older people in Indonesia have dementia (National Collaborating Centre for Mental Health 2007).

Collaborative team gives multi component interventions that provide a pragmatic strategy to deliver integrated healthcare to patients and families across a wide range of populations and clinical settings (Tantomi et al. 2013). An emphasis can be placed on the interprofessional relationship that exists among the disciplines of psychiatry, pharmacy, nursing, and psychology as it relates to the management of the observable behavioural and psychological disturbances of the disorder.

The impact of dementia in elderly at every stage of dementia requires a comprehensive treatment of all parties in order to prevent worsening of dementia in older people. The needs of the elderly must be met so that the elderly can feel comfortable and safe with the condition. The objective of this study is to show the appropriate interprofessional collaboration for managing elderly with dementia.

2. METHOD

This study performed a traditional or narrative literature review by using online databases on ProQuest and Pubmed. The search was limited to journals which relevant with the topic where the primary language was English. This study's research strategies used the "dementia AND interprofessional collaboration AND physician OR nurse OR pharmacist OR psychologist" as the key word. We also searched by select the specific area such as: Proquest and Pubmed. The search was performed on journals on 2006 to present. We selected the journals that we found by determined which the journals are close relevant with this study. After selected the journals, there are seventeen journals that we reviewed for this study.

3. RESULT

The result of this systematic literature review identifies that actually every health professions have their own role in managing dementia. Dementia can not be managed by single intervention because collaborative care model can integrate quality of care, health promotion and preventive service, and reduce the impact of disease on patients (Tantomi et al. 2013). Managing dementia by doing interprofessional team-based care means that the interprofessional health care providers manage dementia holistically. They can not manage it by single profession of health care provider.

There are some health professions who take part in the management of dementia. Some of which are physicians, nurses, pharmacists, and also psychologists. Physician play a vital role in the management of dementia. That vital role includes providing quality primary care in terms of the identification, assessment, provision of information, referral and on going management (Lathren et al. 2013). Physician treats dementia through pharmacological and non-pharmacological intervention. Pharmacological intervention can be done by giving vasodilators, vitamin E, ginkgo biloba, vitamin B12, anti inflammatory, and selegiline. Whereas, non-pharmacological intervention can be done by providing cognitive stimulation and recreational activities (Sadowski and Galvin 2015). Furthermore, physician can manage dementia by focus on the patient's abilities, encourage active use of information, manage symptoms, and access case management where available and also do multi component interventions, such as education, support groups and practical training to manage dementia (Strivens and Craig 2014)

Besides of physicians, nurses also have their own role in managing dementia. They have a role to promote health in order to prevent future problems (Jenkins and McKay 2013). Health promotion is something important to be done by nurses because dementia can be caused by

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sedentary life style, alcohol consumption, diet, and others extrinsic factors. Therefore, nurses have to do health promotion to promote health and reduce risk of developing dementia (Jenkins and McKay 2013). In early dementia diagnosis, nurses can educate the family member about dementia and also can take a part in medication management of dementia (Jenkins and McKay 2013). Nurses not only should know about “5 Right”, but also should aware of and observe for the side effects of medications (Jenkins and McKay 2013).

In acute care dementia, specialist nurse play their role to make comprehensive assessments to identify patient and family needs. Specialist nurse also determine risk factors for adverse events during hospitalization and indicators of distress co-ordinate care, oversee the progress of people with dementia, timely referral to mental health liaison services, and also support or undertakee discharge planning in a multidisciplinary team (Duffin, 2013).

The third health profession which can involved in magement of dementia is pharmacists. Pharmacists help to manage dementia in older people through providing comprehensive medication management. Comprehensive medication therapy management can be provided by collaboration between pharmacists and other health care provider to identify and resolve drug therapy issues. Pharmacists can collaborate with physicians in order to monitor of patient’s responses of administration of medication and to determine the effectiveness and safety of drugs which is given. Pharmacist can also collaborate with nurses. Nurses have a role to administer medicine and pharmacists provide special packaging to help with compliance with daily regimens (Center MR 2007).

Pharmacists must be aware of all the prescriptions which are taken by patients, so that pharmacists may alert of potential side effect and potential drug interaction. Pharmacists play a vital contribution by working with patients and other interprofessional health provider to reduce inapproriate use of antipsychotics in dementia (Schneider et al. 2006). In addition, pharmacists also have a role in discussing risks versus benefit with the patient and also family member (Farinde, 2014).

Psychologists have significant role in the care of patient with dementia problem. The role of psychologist is focus on *Behavioural and Psychological Symptoms of Dementia* (BPSD) management (Farinde, 2014). People with dementia usually have BPSD, such as apathy, anxiety, depression, hallucination, appetite change, and sleep disturbance (Cerejeira et al. 2007). Psychologists need to help the patient with BPSD by developing behavioural plans based on changes in patient’s condition (Farinde, 2014). The example of behavioural plan is avoid to consume alcohol or caffeine in order to promote good sleep hygiene for patients who have sleep disturbance and depression (Hersch dan Falzgraf 2007). Furthermore, psychologists also take part in doing psychological interventions depend on changes in patient’s conditions. The examples of psychological interventions are help the patient to express their feelings and correct the cognitive errors or maladaptive thinking pattern (Kraus et al. 2008). Psychologists may have collaboration with physicians to assess the risk and benefit of pharmacotherapy for BPSD management. In the last, psychologists also need to ensure the patient’s rights during treatment (Farinde 2014)

That review shows that physicians, nurses, pharmacists, and psychologists have roles in the management of dementia. The review identified that actually each interventions which are done by health professions are related each other. Therefore, it would be better if physicians, nurses, pharmacists, and psychologists exchange their knowledge and make a good collaboration to improve patients outcomes and quality of life. In this paper, we provide a hospital setting collaborative intervention model given to older people with dementia.

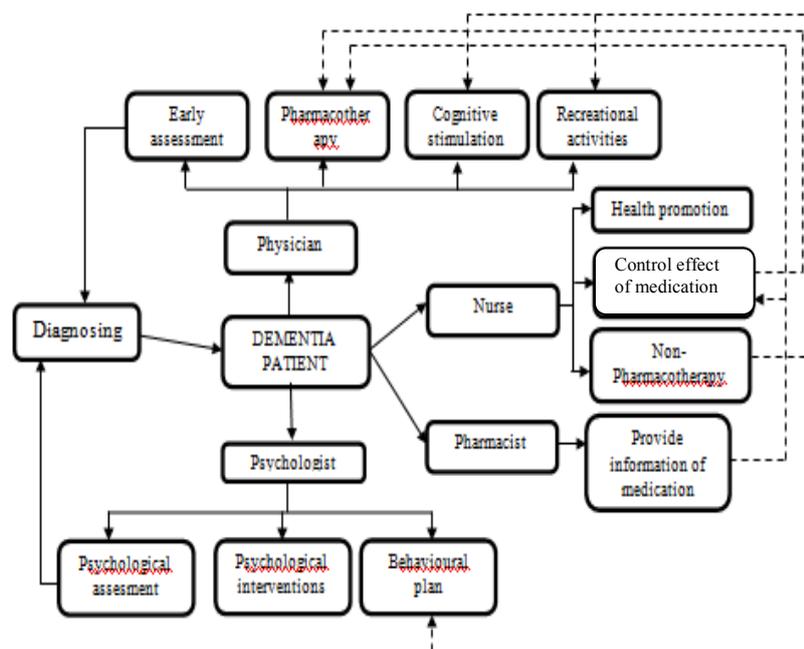


Figure 1. Relation of Each Profession in the Management of Dementia

The relation of each profession in dementia management can be described in a schema [Figure.1]. Physicians, nurses, pharmacists, and psychologists should collaborate each other in order to improve quality of dementia care. Physicians have main role in early assessment and diagnosing of dementia and also provide pharmacological and non-pharmacological intervention. After physicians doing early assessment and diagnosing, they may refer patients to the memory clinic or specialist, such as psychologist. Then, psychologists will assess patients for the risk of dementia. Patients who were diagnosed as dementia patients will get psychological intervention and behavioral plan, such as avoiding to consume alcohol or caffeine to promote good sleep hygiene for patients who have sleep disturbances and depression (Hersch dan Falzgraf 2007). Besides of doing early assessment and diagnosing, physician also have responsibility to give pharmacological intervention, like vasodilators, vitamin E, ginkgo biloba, vitamin B12, anti inflammatory, and selegiline (Sadowski and Galvin 2012) and give non-pharmacological intervention by provide cognitive stimulation and recreation activities therapy.

Physician should provides pharmacological intervention to manage dementia. Therefore, physicians should collaborate with pharmacists when administer medicines to the patients. Pharmacists can give information about the drug interaction or side effect of medicine to the physicians and nurses. After get information about drugs, nurses have responsibility to control the effect of medication consumed by patients. Furthermore, nurses also have responsibility to do health promotion and support non-pharmacological intervention which are done by physicians and psychologists.

4. DISCUSSION

The objective of this study is to discuss the effectiveness of implementation based on interprofessional care for patient with dementia. The previous research showed that collaborative care is effective in decreasing some symptoms of Alzheimer. This research proved that application of the current treatment guidelines for the care of older primary care patients with Alzheimer disease results in significant improvements in behavioural and psychological symptoms of dementia

and significant improvement in caregiver stress (Health & Medicine Week 2006). It shows that collaboration can be effective strategy to improve patient outcomes.

Collaborative interprofessional teams are considered efficient and effective in providing high-quality health care (Borrill et al. 2000) (Pullon et al. 2011) and are suitable for dementia care (Lee et al. 2014). Implementation of interprofessional collaboration needs a good communication. Good communication among all professions facilitate comfortability in each member of interprofessional collaboration which provides input into the discussion of the assessment results and treatment recommendations to manage dementia in older people (Lee et al. 2014). Interprofessional collaborative care approach significantly can manage people with dementia by implementing the primary care-based memory clinic model (Lee et al. 2014) Successful interprofessional team will provide effective communication and commitment to work together collaboratively with mutual respect and trust. Besides of that, they respect for the unique and complementary contributions that each discipline brings to the diagnostic and care planning process (San Martín-Rodríguez 2005) (Xyrichis and Lowton 2008)

Leadership is one of components that support a good collaboration. Leadership have a role to influence group activities and to adapt with change. Collaboration leadership promotes understanding different cultures and facilitate integration and interdependency among multiple stakeholders (Al-sawai 2013). Collaboration leadership involve individuals that have a different level of responsibility for example head of physicians and head of nurse. They can share the knowledge, information of the patients, communicate what the patient needs, make the formula to reach a good outcomes of patient health, and evaluate the treatment that have been given. In leadership, communication effectively is needed. Therefore, the interprofessional collaboration among health practioners can be implemented to increase patient outcomes. In this case, physicians may be the health practitioner who have capability to conduct other health professions in order to make them stay on a purpose in managing dementia.

5. CONCLUSION

This study shows the appropriate interprofessional intervention for managing older people with dementia. The interprofessional collaboration among physicians, nurses, pharmacists, and psychologists may become a good strategy in the care of older people with dementia. The collaboration of this interprofessional team can reduce bad effects of dementia which is associated with worse quality of life, impairment in activities of daily living, and cognitive decline. Therefore, interprofessional care of dementia can be implemented in Indonesia as a good strategy to maintain quality of life among older people with dementia

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