

Importance of the Prosthetic Environment for Patients Affected by Dementia

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Abstract

There are many cases when we can highlight some patients that unfortunately have lost their leg for some different causes like: accidents etc. In these difficult cases it is often used the construction of a prosthesis that allows the person to regain the ability of walking, almost the same thing happens and when a patient is suffering from dementia and progressively loses his skills, the construction of a "prosthesis" is complex, it is a procedure that contains a lot of difficulties because of the important fact of losing brain skills. Would be better to be capable of supporting the patient in his environment, in his daily life with caregiver. Therefore, the interventions in this area imply a series of changes that involve, to change in the environment in which the elder patient lives, the introduction of various strategies such as: the simplification of the activities to be carried out by the person affected by dementia in relation to his cognitive skills, the dynamism of the strategies to be adopted and the use of technologies to support the aged [1]. In conclusion, the adaptation of the environment allows to compensate cognitive deficits, behavioral disorders, functional limitations, stimulating the residual skills of the elderly person [2].

Keywords: *Alzheimer's Disease; Prosthetic Environment; Dementia Home Care*

Home environment, for a patient with dementia, is a "safe" nest, a place where you can feel comfortable, where family love and affections are present, where your children have been grown up, where took place all our memories.

Despite this, home can present pitfalls when dementia friendly strategies are not adopted; in fact, as the disease advances living in own home becomes more and more difficult for both family members and the elderly, who requires a complex system of care [3]. Therefore, living in home with a patient suffering from dementia, involves a series of changes that involve, in addition to changes in the physical environment, the introduction of strategies that imply: the simplification of the tasks that the patient can perform in proportion to the gravity cognitive symptoms, the dynamism of the methods of intervention to be adopted and the use of new technologies to support the patient [1]. According to what is reported it is understood how "prosthesis" means a support modality that can help the patient to be still independent and that continuously stimulates his skills, so as to progressively slow down the evolution of the pathology. At this point the following question is present: "why the prosthetic environment was developed?". The literature suggests that the prosthetic environment was born due to the ineffectiveness of pharmacological tools, especially in the moderate-severe phases, the drugs couldn't play a significant role on slowing the progress of this pathology, also the iatrogenic effect of drugs to geriatric patients is considerable; in addition a system of care is needed that takes care of and also instructs the caregiver, that is, the person who is most important to a significant amount of stress related to the pathology of their loved one. Obviously, interventions of the prosthetic environment allow to stimulate the cognitive skills of the patient from the initial stages of the pathology, allowing greater autonomy, a greater sense of self-efficacy and, a relief for those who take care of the patient [4].

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The family members of a person with dementia supports different care loads: objective, evolutionary, physical, social, emotional. The stress experienced by caregivers advances with increasing cognitive impairment of the family member (patient). Furthermore, behavioral and mood disorders (BPSD) are among those that generate the greatest care and psychological load, contributing to the decision to hospitalize the patient. About evolutionary care load, it is found that the plans and hopes for the future are almost reduced even more in the caregiver with the progress of the pathology. The data of the Census (Center for Social Investments in Italy) of 2007 show that there is no adequate assistance for the family member assisting their loved one with Alzheimer's disease. Statistical data have shown that the caregiver has greater social isolation and a physical and emotional load. Eventually, the caregiver not taking care of himself could risk a deep sense of frustration and tension, mood disorders, guiltiness and anger. Precisely these latter factors, associated with a greater care responsibilities in the advanced stages of the disease, could trigger the idea of institutionalizing the elder, thus creating an unfavorable condition for family members and the patient. Therefore, through individualized and targeted prosthetic interventions, it is achieved a better attitude of the patient in the home, greater safety of the elderly person, a familiar and welcoming environment that can also be more supportive even for the caregiver. Let's not forget the importance of those who take care of them: psychoeducational and informative interventions are essential, in a prosthetic environment, as well as psychological and social support.

Conclusion

Living at home, with a patient suffering from dementia, involves changes such as the introduction of behavioral strategies, the simplification of home furniture and the tasks to be performed. Therefore, interventions in the prosthetic environment involve greater autonomy and management of the patient, a satisfaction of his needs, and also compensate for his cognitive deficits. Furthermore, it is important to emphasize that when we talk about the prosthetic environment, we are not referring only to the changes to be made to the house, but to a series of interventions aimed at facilitating also the caregiver's task. Finally, in order for it to be effective, the prosthetic environment intervention must be adapted to the individual patient, therefore it is necessary to analyze the stage of dementia, the damaged brain areas, the cognitive deficits present and the patient's personality.

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