

Alzheimer's Disease and Dementia Psychological Approach

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Abstract

Dementia refers to a condition characterized by the deterioration of cognitive abilities. It is a pathological disorder that leads to the deterioration of cognitive processes, including memory, language, judgment, speech, and other intellectual functions, as well as visual and perceptual motor abilities. When evaluating a patient for possible dementia, it is important to assess three primary domains: cognitive ability, behavioral manifestations, and functional status. Dementia cannot be seen as an inherent outcome of the aging process. Dementia is always caused by an underlying medical disorder. Dementia is categorized into two types based on the underlying disorders. Firstly, progressive dementias refer to a condition where there is a direct and selective loss of brain cells. The second kind of dementia is characterized by the presence of symptoms (Yılmaz, 2012). Alzheimer's disease constitutes about 60-65% of the total number of dementia patients. Alzheimer's dementia often causes a heightened level of forgetfulness. Alzheimer's disease has a gradual onset, sluggish progression, escalating symptoms,

irreversible deterioration of brain tissue, and ultimately leads to death. The management and therapy of individuals diagnosed with dementia diverges from those of other disease cohorts. Regarding this matter, the foremost task is for caretakers to fully comprehend the sickness. The goal is to improve the emotional and behavioral well-being of dementia patients by managing the decline in cognitive, behavioral, and functional domains. By using an appropriate psychological methodology, the patient's sense of security may be enhanced, leading to a potential reduction in the emotional and behavioral complications stemming from the illness. Furthermore, caregivers may experience a notable alleviation of symptoms such as stress, burnout, anxiety, sleeplessness, and rage.

This research will start with examining Alzheimer's disease and dementia, followed by a comprehensive analysis of the psychological approach to this ailment.

Keywords:

Dementia, Alzheimer's, Psychological Approach

Introduction

Dementia, particularly Alzheimer's disease, is a severe and progressive illness that poses challenges in terms of treatment, sometimes resulting in partial or limited success. Identifying and properly examining the many causes of dementia is crucial for effective treatment and care. The prevalence of Alzheimer's disease is the highest among all types of dementia. Dementia manifests itself in various ways among individuals. It is a degenerative, ongoing, and long-lasting condition that results in damage to the cognitive, behavioral, and functional aspects of an individual. When caregivers anticipate the content and outcomes of the destruction in these areas, the link with dementia patients will be facilitated, leading to psychologically beneficial outcomes for both the patient and the caregivers.

Aim

Dementia, particularly Alzheimer's disease, which constitutes the bulk of dementia cases (over 60%), is more prevalent in contemporary society and poses a significant health concern. When the majority of individuals contemplate dementia, they associate it with the notion that it is an inherent outcome of advanced age. However, it is important to note that dementia is always caused by an underlying illness, and there is no such thing as senile dementia. Furthermore, dementia may manifest prior to reaching old age. Currently, there are no definitive solutions for diagnosing and treating this condition. Hence, caregivers of patients afflicted with dementia, particularly Alzheimer's, may have difficulties. The objective of this research is to demonstrate the means by which psychological assistance may be extended to persons who have been diagnosed with dementia and Alzheimer's disease.

Method

This page has been created by gathering information on how to interact with individuals suffering from dementia and Alzheimer's disease, focusing on the psychological aspect. The research, titled "Psychological approach to Alzheimer's disease and dementia," aims to provide a comprehensive presentation by using current scientific materials and literature on the issue.

DEMENTIA

Dementia, originating from the Latin term "mens" which refers to the mind, denotes a state of cognitive decline. Dementia, also known as neurocognitive disorder, is a clinical condition that encompasses several illnesses rather than being a single disease itself. (Yilmazer, 2012). It is crucial to avoid conflating dementia with advanced age. It is crucial to emphasize that dementia may manifest at any age due to the development of illnesses, and it can affect individuals across all age brackets, not alone in old age.

Dementia is a pathological illness characterized by the degeneration of cognitive abilities, including memory, language, judgment, speech, and visual and movement skills. The salient characteristic of this process is amnesia, and the progression of the illness is both enduring and gradual. It is crucial to understand that there is no cognitive ambiguity in individuals with dementia.

Dementia refers to a group of cognitive disorders characterized by a decline in memory, thinking, and reasoning abilities. The first category encompasses cognitive (mental) abilities:

The individual's cognitive abilities can be assessed in various domains. These include memory, attention, language, executive functions, visual-spatial functions, praxis, and gnosis. Memory encompasses the ability to recall information from both recent and distant past, as well as the ability to remember special events and relatives. Attention refers to the capacity to concentrate and maintain focus. Language difficulties may manifest as challenges in reading, writing, word retrieval, and comprehension. Executive functions involve skills such as planning, abstraction, judgment, and problem solving. Visual-spatial functions encompass changes in font perception and orientation in space and time. Praxis refers to difficulties in using tools and dressing oneself. Gnosis involves the ability to recognize objects and distinguish between different places. The second domain pertains to Behavioral Symptoms: Personality changes, such as becoming more introverted or experiencing quick anger; thought disorders, including delusions such as misinterpretations or strongly held beliefs; mood disorders, characterized by sleep disturbances, agitation, restlessness, or inappropriate joy; and perceptual disturbances, such as hallucinations of seeing or hearing things that do not actually exist. The third and last domain pertains to Functionality, specifically focusing on Activities of Daily Living. The concept of self-care encompasses the ability to independently manage activities such as clothing, washing, and eating. ADLs (Activities of Daily Living) at home refer to tasks such as household duties, basic repairs, and hobbies. ADLs in public settings include activities like shopping, managing finances, and maintaining employment and social relationships (Yilmazer, 2012).

Causes of Dementia

Dementia is a medical condition that may affect individuals of any age and is caused by several disorders. To ensure efficient treatment and care, it is crucial to accurately identify the root cause of dementia. Dementia is categorized into two types based on the underlying disorders. One kind of dementia is Primary / Progressive (Degenerative, Progressive) Dementias: It arises directly from the specific degeneration of brain cells. Diseases under this category include Alzheimer's disease, frontotemporal dementia, dementia caused by Parkinson's disease, diffuse Lewy body dementia, slowly progressive language impairment, slowly progressive visual perception problem, Huntington's disease, and progressive eye movement paralysis. The second category consists of Secondary Dementias: Conditions under this category: Vascular illnesses resulting from blockages in blood vessels. Dementia can be caused by various factors such as brain infections, hormonal and metabolic disorders, vitamin deficiencies, brain tumors, hydrocephalus resulting from increased pressure in the brain

spaces, depression, medications, and hematoma caused by blood accumulation between the skull and the brain (Yilmazer, 2012).

As previously shown, dementia arises from several factors, and doing thorough research and exploration of these causes would be very beneficial in terms of both therapy and caregiving.

ALZHEIMER'S DISEASE

Alzheimer's disease comprises about 60-65% of the total number of dementia patients (Cankurtaran, 2013). The condition was first identified in 1907 by Dr. A psychiatrist called Alois Alzheimer provided a description of it. The first patient he examined, upon whom he concentrated his attention due to her symptoms of this novel ailment, happened to be a middle-aged lady of 51 years. As the condition advances, individuals have symptoms such as cognitive impairment, including difficulties with reading, writing, and recalling the names of common items. As an example, the individual used the term "milk jug" instead of "cup". The patient succumbed after enduring a period of mental and physical deterioration lasting four and a half years. Upon microscopic examination of the brain tissue obtained at autopsy, Dr. Alzheimer observed the presence of tangles and plaques composed of certain nerve cells. The presence of these tangles and plaques serves as a distinctive indication of the new illness. Currently, it remains a significant postmortem discovery in individuals who have been diagnosed with Alzheimer's disease (Billig, 2000; Yiğit, 2021).

The signs of Alzheimer's disease exhibit a gradual progression, leading to the irreversible degeneration of brain tissue and ultimately culminating in death. The neurological mechanisms behind this condition are well-established, as outlined below: The patient exhibits neuronal degeneration in certain regions of the brain, resulting in disrupted intercellular connectivity. However, the underlying cause of this phenomenon remains unknown. While individuals aged 65 and above are at the highest risk for this disease, other contributing factors include being female, having a low level of education, smoking, a history of depression, the presence of cardiovascular diseases, low levels of physical and mental activity, head trauma resulting in loss of consciousness, a family history of the disease, mild cognitive impairment, omega 3 deficiency, hypothyroidism, working in professions exposed to toxins, diabetes, and a potential genetic predisposition. Ayhan, Gıynaş, 2020.

The onset of Alzheimer's disease is gradual and its progression is gradual. Alzheimer's dementia often manifests as heightened forgetfulness. Age-related forgetfulness is a prevalent phenomenon, although it does not significantly impact the individual's everyday functioning. Alzheimer's disease is categorized into three distinct stages: early, middle, and advanced. Early-stage symptoms may go unnoticed and may be mistaken for typical signs of aging. Observable symptoms at this stage include: recent memory loss, failure to recall recent conversations or events, challenges in decision-making, poor judgment, decreased interest in others or activities, reduced ability to absorb new concepts and ideas, and changes in personality. During the Middle Stage, as the illness advances, symptoms intensify and the patient need more assistance. At this stage, individuals may exhibit symptoms such as noticeable forgetfulness, inability to recognize close acquaintances, repetitive use of certain phrases, heightened irritability and anger. They may also display clingy and dependent behavior, experience difficulty navigating their surroundings, become confused about their location, struggle with dressing and undressing, neglect personal hygiene, engage in inappropriate actions (such as going out in pajamas), and develop paranoid thoughts and hallucinations. During the Advanced Stage, patients need intense care and gradually develop a reliance on others for their care. Memory is severely compromised, resulting in an inability to identify even close family members. Manifestations observed during this stage include heightened debilitation, impaired gait stability, eventual confinement to bed or wheelchair, compromised urinary and fecal control, reliance on assistance for eating, substantial weight decline, and gradual deterioration of verbal communication. The patient may reach a point where they are only capable of sporadic shouting or uttering a few words intermittently (Cankurtaran, 2013; Arnoğul, 2006).

PSYCHOLOGICAL APPROACH

Dementia distinguishes itself from other categories of diseases. To begin with, it is crucial to properly identify and understand the condition. Professionals in the healthcare field, including doctors, nurses, and psychologists, should acquire knowledge about this disease. Additionally, the patient's family and caregivers, as well as the staff responsible for their care in an institutional setting, should also be educated about dementia and provide appropriate treatment. Various issues arise at various stages of dementia, leading to significant behavioral challenges. If the medical professionals possess a thorough understanding of this ailment and

use a suitable methodology, the well-being of both the patient and the medical professionals will be significantly enhanced.

Dementia manifests itself in various ways among individuals. This illness is characterized by its irreversibility, progression, and chronic nature, leading to the loss of mental, behavioral, and functional capacities. Understanding the nature and impact of the deterioration in these regions can facilitate the connection with individuals suffering from dementia, leading to positive psychological outcomes for both the patients and their caregivers.

By using an appropriate psychological methodology, the patient's sense of security will be enhanced, leading to a potential reduction in the emotional and behavioral complications stemming from the illness. Furthermore, caregivers may experience a decrease in symptoms such as stress, burnout, agitation, sleeplessness, and rage. (Camci, 2012).

Targeted Changes in the Patient with a Psychological Approach

Efficiently managing the decline in cognitive, affective, and functional domains may lead to improved emotional and behavioral well-being in individuals with dementia.

Given the continuous progression of the condition, medication therapy is administered with a supportive approach. The objective is to assist the patient in achieving self-sufficiency, since some talents may be compromised throughout this procedure.

As the illness advances, emotional and behavioral issues become apparent with the decline in cognitive functions. Hence, the psychological method seeks to regulate the patient's behavior and emotional condition.

If the behavioral issue of a dementia patient is precisely and successfully diagnosed, and suitable treatments are provided, there will be a substantial reduction in the patient's negative and destructive actions. Moreover, the act of strengthening favorable habits might provide a substantial improvement in the patient.

As the illness advances, the patient will encounter adverse emotional states such as rage, anxiety, and despair, due to the challenges of maintaining an autonomous lifestyle. The psychological method aims to promote the patient's well-being by regulating their emotional state.

The patient may be provided with a suitable acclimation time to adjust to the alterations caused by the condition. By adopting this approach, the patient will uphold his self-worth and experience a boost in his emotional resilience.

Regardless of whether the patient is at home or in a facility, fostering a pleasant and acceptable connection with oneself can enhance the patient's sense of worth and boost their self-esteem.

The patient will acquire the ability to exercise autonomy in making basic judgments, exhibit cognitive mastery over oneself, and enhance self-assurance.

In order to maintain the patient's independence, it is important to ensure that their functional talents are consistently used, since they do not experience a loss of these abilities at the onset of the condition.

Targeted Changes in Caregivers and Employees with a Psychological Approach

In individuals with dementia, there is a gradual decline in their capacity to communicate effectively. The patient's family, environment, and institution personnel must all enable effective communication for the patient's well-being. Effective and accurate communication will result in a favorable emotional state for both the patient and the caregivers.

Individuals suffering from dementia; Observable manifestations include emotional and physical responses such as wrath, despair, sleeplessness, embarrassment, feelings of isolation, anxiety, exhaustion, restlessness, social withdrawal, health issues, financial challenges, and depression. To mitigate and manage these adverse effects, caregivers must first acknowledge the many attributes of dementia comprehensively. This sickness is distinct from other diseases in all aspects. Caregivers who possess a high degree of illness awareness and use appropriate strategies will have little impact from the negative aspects of this condition.

Individuals familiar with the features of dementia, such as family members, the surrounding environment, and workers in the institution, understand that the emotional and behavioral issues associated with the condition stem from the disease itself rather than the affected individual. Consequently, caregivers of dementia patients exhibit increased patience, calmness, trust, and affection. They actively listen, empathize, communicate using concise and easily comprehensible sentences, avoid having unrealistic expectations, refrain from raising their voice, scolding, becoming angry, arguing, or becoming bored.

Behavior Problems Seen in Dementia Patients

Maladaptive behaviors may manifest in individuals with dementia. Understanding these behaviors and knowing how to react to them correctly helps facilitate the development of good connections between the patient and the caregiver. The following are examples of negative behaviors that may be seen in a patient with dementia:

Navigations: Due to the confusion experienced by individuals with dementia, they are unable to perceive their surroundings or seek out a familiar location. Consequently, they regularly roam about the home and want to get outside. Occasionally, depending on the progression of the illness, individuals may roam without purpose. Having the ability to avoid or manage such episodes of wandering would be advantageous for both patients and caretakers. One first kind of assistance that may be offered is to ensure that individuals are guided to their desired destination via accurate communication. An additional kind of help is to redirect the patient's focus towards another aspect. A patient afflicted with dementia who expresses a desire to get outside may be recommended to participate in the activity of watching a stimulating film or engaging in the shared consumption of coffee inside the confines of their residence. If he remains determined to go, he may be convinced via a proper dialogue to accompany for a little while and thereafter return inside.

Loss and Accumulation: Numerous dementia patients have a tendency to accumulate their possessions and food. Caregivers should refrain from engaging in arguments with the patient during the administration of these savings. Instead, they should communicate with the patient in a manner that enables the patient to comprehend the rationale for their implementation. If deemed required, a fractional portion of the funds remains. Consequently, the intensity of the patient's adverse response is diminished. Occasionally, people misplace their possessions. When individuals are unable to locate an item, they may not see it as being lost; instead, they may entertain the possibility that it was stolen by a criminal or taken by someone in close proximity. In this scenario, caregivers should refrain from seeing the problem as a personal matter, avoid becoming obstinate with the patient, and collaborate with one another in locating the item.

Sleep disorders: Individuals with dementia may feel excessive daytime drowsiness due to their lack of engagement in daily activities. Consequently, they also roam throughout the night, leading to the development of sleep disturbances. Nighttime travel may lead to hazardous collisions. To rectify the patient's sleep issue and mitigate potential mishaps, it is important to guarantee that the patient sleeps throughout the night. In order to do this, the first

step involves ensuring that the patient maintains a physically active lifestyle throughout the day, receives assistance in engaging in various activities, and receives support in establishing a social network. Instead of consuming stimulating beverages like tea and coffee, individuals are advised to have calming beverages like milk in the evening. To avoid sleep interruption, it is important to ensure that the patient's toilet requirements are attended to before going to bed.

Inappropriate Sexual Behaviors: Certain individuals with dementia may engage in the act of disrobing in unsuitable locations, display inappropriate sexual conduct, or even demonstrate improper behavior towards their caretakers. Given that these improper acts are indicative of the illness, it is important not to stigmatize the patient. Instead of engaging in vocal outbursts, it is advisable to escort the patient to their designated room and provide a clear explanation that their conduct is unacceptable. Due to the patient's lack of self-awareness and knowledge of the embarrassing nature of his actions (Mace, 1999).

Emotional Problems Seen in Dementia Patients

Certain affective/cognitive disorders may be discerned in individuals with dementia. Understanding the nature of these emotions and knowing how to react in a suitable manner helps facilitate the development of robust connections between the patient and the caregiver. The observable emotions in a dementia sufferer include the following:

Depression: In individuals with dementia, the deterioration of cognitive functions, such as memory loss, may lead to emotions of despair and a lack of progress. Occasionally, a pessimistic disposition may arise as an inherent progression of the illness. Consequently, sadness may ensue. If caregivers provide genuine and wholehearted support to patients throughout this phase, while also encouraging them to have an active lifestyle, the patient may effectively navigate through this journey. This process may also be effectively mitigated by using suitable medicines. Maintaining an active lifestyle is essential for a high-quality life and may help decelerate the progression of the illness.

Anger-Resentment: Individuals with dementia may exhibit hostile responses towards their caretakers. An individual without awareness about dementia may see the patient's fury as a personal attack and may even react to the patient's rage with hostility. This might potentially exacerbate the patient's anger. Furthermore, it might result in burnout among caregivers. The necessary course of action involves using an acceptable methodology to

engage in communication, identifying the underlying factors that trigger the patient's anger, and endeavoring to assist them by ensuring their needs are adequately addressed.

Dementia sufferers often exhibit skepticism and confusion. When individuals are unable to locate their concealed possessions or funds, they do not see them as being misplaced, but rather assert that the neighboring caretakers have purloined them. Occasionally, individuals may assert that their caretakers engage in physical abuse against them. Such allegations of blame may place caregivers in a challenging predicament, disrupt their equilibrium, and lead to their resistance towards the patient. This position might provide a significant challenge, particularly for those employed inside the organization. They may confront the sufferer with hostility. As a resolution, the institution should securely retain any assets or money belonging to the patient, while also ensuring that both the patient and their families are notified. Caregivers should approach the issue with composure, refraining from taking it as a personal affront, avoiding obstinacy or anger towards the patient. Instead, they should attempt to collaboratively locate the misplaced items.

Hallucinations: Infections may induce hallucinations in individuals with dementia. Furthermore, during the advanced phases of the illness, individuals may encounter hallucinations, characterized by visual perception of unfamiliar objects and individuals, as well as auditory perception of voices. If caregivers possess the knowledge that this scenario is a result of the patient's disease and refrain from reinforcing the patient's hallucinations, both the patient and caregivers may effectively navigate through this process. Despite being confronted with information refuting his hallucinations, the patient remains steadfast in his conviction, refusing to relinquish his belief in what he perceives visually and audibly. Instead of explicitly informing the patient of any visual or auditory abnormalities, it is possible to use measures aimed at providing comfort and alleviating the patient's anxiety. Informing the patient that he inspected his chamber, found no unfamiliar individuals, and ensured that the windows were secured may provide some alleviation to the patient. Nevertheless, it is important to acknowledge that this process may be temporary, and the patient may need medicine (Mace, 1999).

Conclusion

We attempted to explore the psychological approach to Alzheimer's disease and dementia. Familiarizing oneself with dementia, including Alzheimer's disease and its many

phases, will enable us to effectively interact with and care for those affected by these conditions in our encounters, daily lives, and professional settings.

Consequently, caregivers should focus on the following aspects: Prior to providing care, it is important to get the essential knowledge regarding the sickness. Additionally, one must exhibit patience and empathy throughout the caregiving process. Engage in direct interpersonal communication with the patient via maintaining eye contact, using concise and comprehensible words, ensuring that the speaking voice is at the patient's level, and addressing the patient by name to mitigate any confusion. He provides his personal details and consistently references the time and location throughout the conversation. Attention is given to his personal well-being in order to enhance his self-assurance. He is motivated to engage in activities that promote mental and physical stimulation throughout the day, while ensuring that participation is voluntary rather than coerced. In situations involving aggression or anger, a composed demeanor is maintained. Efforts are undertaken to redirect the patient towards a different course. Healthcare personnel are notified in the event of a critical crisis. It is important to not interpret the patient's emotions as personal attacks. Nocturnal activities and diurnal rest are prohibited. If the patient's sense of taste worsens, they are permitted to engage in olfactory stimulation while preparing food. To reduce the risk of falls, the living environment is organized in accordance with the patient's specific requirements. The questions are answered sincerely, clearly, and concisely. The patient is reassured by engaging in self-soothing practices during moments of anxiety. It is important for the patient to understand that their behaviors, feelings, and emotions are a result of the condition, not a reflection of their own character. Therefore, it is essential that he familiarizes himself with both the boundaries of the patient and his own, acquires strategies to manage stress, and allocates sufficient personal time. Furthermore, it is essential to acknowledge that dementia, particularly Alzheimer's disease, is a grave and degenerative ailment that poses significant challenges in terms of treatment and remains incurable.

Restriction

The research is limited to scientific research that has been previously conducted around the world and reported in the literature.

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