UDC 364.3
DOI: 10.54055/FMMZ1366

Nataliia TYMOSHENKO
ICF "Jewish Hesed "Bnei Azriel",
head of the educational center, Candidate of Pedagogical Sciences
ORCID ID: 0000-0003-0572-8642
E-mail: tim.nata.e@gmail.com
Nataliya ROMANOVA
National University of Kyiv Mohyla Academy, Candidate of Pedagogical Sciences, associate professor of the "School of Social Work"
ORCID ID: 0000-0001-5771-7211
E-mail: romanova.ukma@gmail.com
Nataliia MARTOVYTSKA,
Bohdan Khmelnitsky Cherkasy National University,
Candidate of Pedagogical Sciences, senior lecturer of Foreign Language Chair
ORCID ID: 0000-0002-7258-3458
E-mail: nv.martovytska@gmail.com

SUPPORT FOR ELDERLY PEOPLE WITH DEMENTIA IN THE LIFELONG EDUCATION SYSTEM

Absract

The rapid increase in the number of elderly people with dementia requires the development of new strategic approaches to their care, since the existing support concerns a rather narrow medical segment of treatment. In addition, caregiving is a rather burdensome task for those who perform it, problems of "social ageism", social exclusion and a certain stigma on the part of other peopleisquite common.Accordingly, the systematization of modern theoretical ideas about dementia, description of its manifestations and symptoms, generalization of information about modern forms of work and features of care and support of elderly people with dementia are aimed at solving the mentioned problems.The description of the forms and methods of work in the process of care at different stages of the dementia development is an important part of the specialists'training in the process of lifelong education. A new paradigm about the importance of creating dementia-friendly communities is formulated and problems that require more detailed scientific research in the future are identified. This actualizes the search for ways to develop the adult education system, stimulates the necessity to improve the quality of educational services, provide different categories of the population with equal access, opportunities and freedom of choice in lifelong education.

Keywords: *dementia, care, client, elderly people, elderly people with dementia,*

lifelong education, support, prevention, social worker, social workspecialist.

Problem statement

The ageing of the population creates numerous problems for society, especially in modern conditions, when there is a rapid increase in cases of elderly people's dementia. About 44.4 million people in the world currently suffer from dementia, with 2/3 of them living in low- and middle-income countries.In general, doctors record about 10 million of new cases of this syndromeannually.According to Ukrainian researcher T. Slobodina, this figure is expected to increase to 82 million by 2030, and to 152 million by 2050.Doctors note that the estimated number of patients with dementia in Ukraine is already about 500,000, and this figure is expected to grow in the future.This is due to the fact that our country is an aging nation: in 2020, almost 30% of citizens are of retirement age (Slobodina, 2021).

This information is confirmed by the research of the Institute of Gerontology, which scientists claim that in recent years, loss of thinking, memory and orientation has been observed in every 10th person of retirement age (Bezrukov, 2018).

It should be stressed that the development of dementia is the main cause of disability and quite often leads to a sharp deterioration in the quality of life, as it requires additional resources for providing medical and social support not only from the state, but also from local budgets. As a rule, these are quite large expenses. For example, in 2019, people with Alzheimer's disease and other types of dementia in the United States of America, were paid about $244 billion for care (What is Dementia, 2021).

Caring for clients with dementia is quite a burdensome task for the caregivers, especially psychologically. Currently, the prevalence of depression among caregivers of people with dementia is around 30-40%, which is significantly higher than among caregivers of clients with schizophrenia (20%) or insult (19%). The prevalence of anxiety among caregivers of people with dementia is also over 40% (Slobodina, 2021).

There is another problem defined as 'social ageism', when young people report feelings of hostility towards elderly people, especially those with dementia (Biskup, 2008).

The specifics of the dementia disease requires the involvement of many specialists and the organization of teamwork (relatives, therapists, psychiatrists, doctors of related specialties, patronage nurse, social worker). The necessary support is provided simultaneously in two directions:

1) prevention and treatment of various diseases that provoke dementia in the field of health care;

2) organization of care for people living with dementia in the social sphere.

To carry out this activity, complex systematic work with “dementors” is required, including systematic training (trainings, seminars) on patient care for both social workers and relatives and other caregivers of demented persons.

Analysis of recent research and publications

Scientific developments characterizing the development of adult education are reflected in the works of home and foreign scientists, such as: the concept of lifelong education and adult education (S. Vershlovsky, A. Vladislavlev, S. Zmeiov, A. Zyazyun, S. Honcharenko, M Gromkova, A. Darynskyi, O. Kukuev, Yu. Kulyutkin, H. Lesohina, L. Lukyanova, N. Nychkalo, V. Onushkin, V. Podobed, G. Sukhobska, I. Folvarochnyi and others); trends in the development of adult education (L. Vovk, V. Davydova, T. Desyatov, S. Kovalenko, V. Oliynyk, O. Ogienko, L. Sigaeva and others) (Arkhypova, 2012).The concept of dementia, the prevalence of its forms and clinical symptoms are described in detail in scientific literature. In particular, a number of foreign researchers: B. Browne, N. Kupeli, K. Moore, E. Sampson, N. Davies conform that dementia mainly affects the elderly, however, they do not agree that this condition is natural aging process.According to O. Kozyolkin, M. Sikorska, I. Vizir and Yu. Neryanov, the concept of “dementia” should be defined as a set of symptoms that appear gradually, not abruptly.This should be taken into account when choosing strategies to support elderly people with dementia.The medical definition of the concept of dementia and its basic characteristics are given in the works of A. Skrypnikov, K. Hrynia, and O. Pohorilka. Scientists claim that quite often dementia is accompanied by emotional and affective disorders, but the level of consciousness often remains unchanged until the terminal stage of the process.

The works of O. Romaniv and D. Chorei discuss the forms of dementia that lead to disruption of household and social functions. Scientists O. Chaban and O. Haustova came to the conclusion that due to the chronic progression of dementia, there is a significant worsening of cognitive function, which requires the professionals’ assistance.The authors also determined the possible reasons of this disease and found out that dementia can be caused by reversible or irreversible causes.Difference in the prevalence of dementia forms and Alzheimer’s disease in different regions of our country are discussed in the works of M. Fedotov, G. Panfilov, O. Tsuriko, and O. Blazhievska.

We found out only a few studies concerning depression as a risk factor for dementia and single outcurable and uncurable depression (G. Livingston, J. Huntley, A. Sommerlad, D. Ames, C. Ballard, S. Banerjee, N. Mukadam). O. Dedyukhina and O. Bilyansky indicate about the clinical manifestations of dementia. In their work, they point out that the clinical manifestations of the disease depend on the cause of its occurrence. Some scientists believe that it requires more investigations to find out

whether depressive symptoms are a real risk factor for dementia and whether treating depressive symptoms can reduce the risk of dementia (L. Middleton, K. Yaffe).R. Morgan, K. Sail, A. Snow, J. Davila, N. Fouladi, M. Kunik describe the causal model of the development of aggression among non-aggressive patients (who were diagnosed dementia for the first time).

Manifestations of aggressive behavior, vagrancy, general disorganization of the psyche are investigated by I. Mudrenko. Ukrainian researchers N. Tymoshenko and N. Romanova are studying the specifics of the activities of social work specialists with elderly people with dementia and the peculiarities of their training.The concept of “dementia” is used as a general term for persons who have memory and speech impairments, are unable to cognitively think and reflect on information, draw conclusions, etc.Thus, it is not a certain disease, but a general term that describes a rather significant list of specific diseases associated with abnormal changes in the human cerebral cortex, which affect the weakening of thinking skills and, accordingly, cognitive abilities in general.

Dementia is described in more detail in the Unified clinical protocolof primary, secondary (specialized), tertiary (highly specialized) and palliative medical care, which was adopted by the Order of the Ministry of Health of Ukraine in July 19, 2016 No. 736.In particular, this document states that “dementia” is not only a progressive, but also often an irreversible clinical syndrome, which is associated with a significant impairment of mental functions of a person” (Unified clinical protocol of primary, secondary, tertiary (highly specialized) and palliative medical assistance, 2016).

According to some dementia researchers, impairment of cognitive function is usually accompanied by a violation of control over the emotional state, as well as a negative change (degradation) of social behavior, which quite often gets complicated not only personal life, but also the life of all members of the family. Dementia is also accompanied by emotional and affective disorders, but it should be taken into account that the level of consciousness practically remains unchanged until the terminal stage of this process (Skrypnikov, Gryn & Pohorilko, 2021).

Some scientists define dementia as an acquired persistent impairment of cognitive functions due to brain damage of various etiologies, which can manifest itself in many cognitive areas (attention, memory, language, social functions) and leads to impairments in everyday life and social interaction with other people (Romaniv & Chorey, 2018).

The purpose and objectives of the article: describe the problems of elderly people living with dementia and the features of their support in the lifelong education system.

Currently, there is a necessity for systematization of modern theoretical ideas

about dementia, its signs and symptoms, generalization of information about modern forms of work and features of care and support for elderly people with dementia. The current situation looks like this problem is mostly dealt with in the field of health care, which creates a rather narrow segment for providing the necessary support.

Accordingly, the theoretical basis of this study is the phenomenological paradigm. Its focus is to familiarize with the theoretical foundations of dementia and the practical component of care and support for people with dementia as a scientific phenomenon. The research is descriptive and based on qualitative investigation, in particular, the method of analyzing scientific sources, documents, etc.

Basic presentation

The development of dementia is gradual, it is often quite difficult to determine its onset, since the symptoms can be confused with other diseases (depression, thyroid gland insufficiency, presence of a brain tumor, etc.). Therefore, its detection requires complex medical diagnostics and appropriate procedures.

Doctors note that most people with dementia can preserve their cognitive properties, but only if early detection and necessary treatment are provided. Otherwise, there will be a significant deterioration of the physical condition, which will be manifested through "impaired thinking, impaired speech, impaired orientation, personality changes, difficulties in everyday life, neglect of one's own needs."Non-cognitive manifestations (eg, apathy, depression, or psychosis) and behavioral disorder may occur: aggression, sleep disturbances, uncontrolled sexual behavior, etc. (Unified Clinical Protocol for Primary, Secondary, Tertiary (Highly Specialized) and Palliative Care, 2016).

Experts point out many reasons that provoke dementia, but the most common are: Alzheimer's disease (60-80% of cases); vascular dementia (caused by microscopic bleeding and blockage of blood vessels in the brain) and mixed form (when several types of dementia are found in the brain at the same time).However, there may be other reasons, for example, related to thyroid disease, vitamin deficiency in the body, stroke; Parkinson's disease; autoimmune diseases (multiple sclerosis, lupus erythematosus); alcoholism; tumors; chronic kidney and liver failure; Huntington's diseaseat a young age; AIDS.

Scientists consider that about 30% of all manifestations of dementia among the elderly are related to potentially modifiable risk factors, including: low level of education; hearing impairment; smoking; adiposity; depression; hypodynamia; diabetes; social isolation; alcohol addiction and air pollution.

According to some researchers, the main clinical manifestations of dementia can be combined into several groups, which allows for more specific development of the necessary measures for prevention, treatment and care of people living with dementia (Koziolkin, Sikorska, Vizir & Neryanova, 2015):

– cognitive disorders: loss or significant reduction in the ability to think rationally (awareness, memorization and processing of information), as well as transference information verbally or non-verbally;

– behavioral disorders: a negative change in behavior that harms not only people with dementia, but also their social environment;

– neuropsychiatric symptoms: disorders in the emotional and affective sphere (depression, anxiety), impaired thinking (delusions) or perception of the surrounding world (hallucinations);

– neurological disorders: movement, sensory and coordination disorders;

– functional disorders: reduced adaptation to social conditions, loss of independence, need for care, etc.

The diagnostic criteria for dementia are defined in a special WHO Clinical Protocol called ICD-10, which states the following:

– memory impairment (verbal or non-verbal), which manifests itself in the inability to remember new information;

– cognitive disorders that appear against the background of clear consciousness;

– changefor the worth reasoning and thinking processes (planning, perception of received information, etc.);

– violation of self-control over the emotional sphere;

– changes in social behavior.

The first manifestations of dementia can seriously worsenpersonal life (regardless of his age), increase the need for support and care, change their usual behavior, affect their feelings or relationships not only with their close environment, but also with other people at the place of residence or treatment.

For the purpose of early detection of dementia manifestations and its prevention, health care institutions offer the services of an ergotherapist. The main means of therapeutic influence include the organization of the self-care skills development, leisure time organization, communicationdevelopment, etc.

In general, the work of an ergotherapist aims not only to prevent the development of dementia, but also to identify unsatisfied needs (of mental and physical nature), prevent mental illnesses, and improve the quality of life in general (Tymoshenko, Romanova, Oreper & Patynok, 2020).

There are different stages of dementia, which should be considered conditional, since there are no clear criteria of belonging between them, their mixed variants are quite often observed, which in general negatively affect the quality of life of the elderly. However, understanding the stage of dementia makes it much easier to start the necessary therapy or organize care.

The first stage: worsening of mental abilities and memory is observed.

However, in the case of the elderly, these signs are part of normal aging, so it is quite difficult for doctors to detect the risks of irreversible dementia.

The second stage: a mild cognitive disorder that does not allow to fully continue the ordinary way of life (difficulties with performing tasks at work, problems with orientation in space and time, memory impairment, etc.).

Stage three: mild dementia, when relationships with family members or friends are strained. There may be a problem with recognizing familiar or close people. It is at this stage that clients and their families may deny the problem, "hide" or minimize symptoms.

Fourth stage: moderate dementia, when the need for help from others (buying things or products, taking medicine, etc.) increases due to impaired self-control. People living with dementia may be disoriented about their place of residence or treatment, forget their home address or their own telephone number.

Fifth stage: moderately severe dementia, when patients forget the names of their loved ones, cannot recognize them. It is during this period that psychosis may occur (delusions and hallucinations, severe irritability, aggression and anxiety, apathy, aimless wandering).

The last stage: a severe form of dementia is observed (it is difficult for a person to move, swallow food, physiological problems). 24-hour care is required for hygienic procedures, dressing, eating, etc. (https://eludementsusega.ru/деменция/).

The degrees of severity of dementia: *mild, moderate and severe.*should be separately noted about.

With *mild dementia*, complex types of human activity are impaired: work, social activity, hobbies. At home, such a patient is quite adapted, self-care is not impaired, has a sufficient level of independence and only occasionally requires help ofothes.

With *moderate dementia*, the ability to use household appliances is impaired: a kitchen stove, TV, telephone, and other things. Self-care is usually not disturbed, but patients often need being reminded about certain actions, so they can only be alone for a short time.

With *severe dementia*, the formation of permanent dependence on others is observed. Patients cannot take care of themselves, dress themselves, take food, perform hygienic procedures, etc.

Dementia affects people differently, as a rule, it depends on the course of the disease and the individual condition of the person before the disease. The selection of forms and methods of work in the process of caring for people with dementia depends on its signs and symptoms at different stages of development.

Mild stage of dementia

This stage often goes unnoticed due to the fact that it develops gradually. In order to counteract the early stages of dementia, a special role is given to preventive measures

with the use of brain fitness strategies.They include: physical aerobic exercises, vascular control, special low-carbohydrate diet, use of certain antioxidants, cognitive activity, increasing of social contacts, enough sleep, correction of hearing and vision impairments, dental health, stress reduction, etc. (Slobodina, 2021).

At this stage, any type of sensory stimulation will be useful for people with dementia, and you can choose not very simple exercises:

1. Board games (Tanagram, puzzles, arranging by color, building words from letters, lotto, dominoes, cards). Purpose of use: increasing self-esteem, maintaining activity, supporting cognitive processes, strengthening social and emotional relationships, strengthening memory, relieving emotional tension and maintaining communication skills.

2. Art therapy. It is based on the ideas of famous psychotherapists Z. Freud and K. Jung. According to the theory of mental activity formulated by S. Freud, the inner "I" of a person manifests itself in a visual form each time he/she draws or sculpts somethingspontaneously.In general, visual arts have a lot in common with fantasies and dreams, perform a compensatory role and relieve mental tension. The central figure in the art therapy process is not a sick person, but an individual who strives for self-development and broadening his capabilities. The goal of art therapy is to improve fine motor skills and cognitive functions. Tasks of art therapy: speech stimulation; getting out of depression, improving mood and general well-being; stimulation of memories; removal of emotional tension; improving communication skills; expansion of horizons; improvement of coordination of movements, motor skills.Currently, there are many varieties of this method: dance therapy; art therapy; fairy-tale therapy; music therapy; puppet therapy; work with plastic materials – sculpting, sculpture, pottery; sand therapy; mandala therapy; phototherapy; animation therapy, etc.

3. Cognitive exercises:

– *Coloring pages (isotherapy).* Many elderly people with dementia enjoy different coloring pages. To do this, you need to choose those images that best correspond to the interests of the individual, for example, some of them may like animals, some may like plants, others may like cars or masterpieces of architecture or heroes of fairy-tales.You need to try different images to find the ones that really capture and interest you. When choosing, you should also take into account the stage of the development of the disease – at a moderate stage, it is better to choose the simplest coloring pages with a minimum of details, at an early stage, use a more complex image. It should be remembered that with a person who is nervous, it is better to use chalk than watercolor, which spreads and may provoke anxiety.

– *Sculpting.* With the help of this method, a person with dementia can express the feelings and emotions, overcome certain fears and anxiety. Modeling is also very useful for stimulating fine motor skills (plasticine, clay, dough).

– *Bibliotherapy.* Reading is not just a way of organizing leisure time, it is an activity that prolongs conscious life and is an effective prevention of dementia. Specially chosen literature, as well as reading aloud, normalizes the mental state, which has a beneficial effect on cognitive processes and prevents destructive changes in the brain. This method stimulates mental processes; develops fantasy, imagination and other cognitive functions; distracts from problems; stimulates creativity; helps fight depression.

– *Puppet therapy*. It is the puppet that can evoke happy memories of parenthood, give a renewed sense of self-importance, and return the lost meaning of life. Puppet therapy is not suitable for all participants of this process.As a rule, they are more often chosen by women.It is better to offer men soft toys instead of dolls. Doll therapy can be carried out in the middle or even early stage of the disease, since in the late stage there is a high probability that it will take a long time or will not be successful at all. Clinical psychologist J. James noted a significant improvement in the behavior of people with dementia after they were given several different dolls during classes. They had the level of aggression decreased and the general emotional state improved, anxiety decreased, social activity increased, and the pronunciation of words in the process of communication improved. In some cases, it became possible to reduce the doses of medicines.

– *Dance therapy.* The goal of dance therapy is to correct motor and emotional disorders. Tasks of this method: development of psychomotor activity; broaden the range of motion; development of psychomotor abilities; lowering the level of personal anxiety; formation of a positive image of the physical “I”; improvement of psychological well-being during interaction with other people.

– *Music therapy.* Listening to music provides an opportunity to calm down at the moment of anger and aggressive behavior. It is important to find music that matches the character and culture of the person. It is also necessary to take into account individual characteristics regarding the way of listening to music (connecting headphones, listening from a mobile phone, etc.). Oliver Sacks, who studied the effects of music therapy on people with dementia, confirmed that they are capable of emotional experiences and responses.

– *Crosswords*. Crossword puzzles are recognized as a useful exercise for training memory and developing logical thinking in the process of cognitive therapy. For people with dementia, crosswords should be simple and with large cells.

– *Exercises for finger gymnastics*. Everyone knows that the human brain has two hemispheres, and women often have a more developed right hemisphere of the brain, which is responsible for emotionality, feelings and intuition. Men, as a rule, have a more developed left hemisphere, which is responsible for logic, language and rationality.That is, to improve the functioning of the two hemispheres in both men and women with dementia, it is useful to engage in finger gymnastics and exercises for the development of the fingers. Simple hand movements help to remove tension not only from the hands themselves, but also from the lips, relieve mental fatigue. They are able to improve the pronunciation of many sounds, develop the speech apparatus, which is directly dependent on the training of the fingers.

Subject activity that promotes the development of fine motility of hands in patients with dementia: fastening and unfastening buttons; shoe lacing; lacing on special frames; stringing rings on a braid; mosaic game; sorting mosaics by cells; a game with constructors; sorting through cereals, different grains (for example, separating beans from peas (Timoshenko, Romanova, Oreper & Patynok, 2020).

Moderate stage of dementia development

At this stage, there is a need for daily assistance, as it is already difficult for a person with dementia to look after themselves, prepare food, sometimes need help using the toilet or organizing meals. Most often, they cannot remember their address, phone number; are confused about the days of the week; often cannot understand where they are, even if it is their own room.At this stage, such people already do little with their hands, so additional stimulation of fine motor skills is necessary. At the same time, complex tasks are no longer within their power, as most household functions are inaccessible: washing dishes, cleaning, ironing, cooking. At this stage, it is important to stimulate cognitive activity and give an opportunity to occupy hands.

During this period, the question often arises: what to do with such a person so that he maintains a positive or at least a neutral mood, without aggression and apathy. Experts advise encouraging them to do simple but useful things:

– *washing fruits and vegetables*. It is a simple, pleasant procedure that stimulates the senses through contact with water and the touch of vegetables and fruits, a towel to wipe them; to ensure that this operation is safe, it is recommended to do it away from the water tap, so as not to turn on the hot water. It is also recommended to mix different fruits or vegetables and encourage them to put them in separate containers after washing. It helps to strengthen the sense of belonging to their family life, stimulates the senses and cognitive abilities.

– *baking simple cookies.* Touching dough can evoke pleasant feelings and memories in people with dementia. In addition, kneading a small amount of dough with your hands is useful for training fine motor skills. Molding and baking cookies

creates a pleasant product that can be tasted, which is an additional way to stimulate the sense of taste. The smell of the kitchen is also important, because it can also stimulate the appetite. It should not be forgotten that people with dementia tend to take objects and things around them in their mouths. Therefore, you should not engage in this type of activity with patients who suffer from swallowing problems.

– *wiping cutlery, sorting and organizing them.* This procedure can help support cognitive abilities and, at the same time, provide a pleasant feeling of participation in household chores. It is very important to observe the client's activities in order to control this process: to entrust the sorting of tablespoons and teaspoons (which can be dangerous) or to entrust the sorting of non-sharp forks and knives.

– *folding laundry.* This type of activity requires cognitive skills and manual work. It can be done sitting down and is therefore completely safe. Depending on the person's capabilities, simple mathematical exercises can be included in the daily routine, but on the condition that it is pleasant and does not cause stress. For example: you can offer to count socks, arrange them according to color scheme or count the number of kitchen and bath towels. During this activity, it is important to avoid criticism or statements that cause feelings of failure or helplessness (Tymoshenko, Romanova, Oreper & Patynok, 2020).

Severe stage of dementia

At this stage of dementia, it is important to choose those activities that are acceptable in performance and do not cause resistance on the part of demented persons. This is due to the development of almost complete dependence on others, which provokes indifference. Memory impairment becomes significant, and physical signs and symptoms become more obvious. Such people lose the ability to respond to others, to conversate and control their body (reflexes are impaired, muscles become stiff, swallowing is impaired).

At this stage, we can only talk about the following types of care:

– *walks in the open air*. Can be accompanied by various activities: searching for certain herbs or bright plants; observing people and transport, animals, etc. You can also combine a walk in the fresh air with actions that stimulate taste: eat fruit, ice cream, drink coffee or another tasty drink, etc.

– *watching television programs*. Sometimes watching television programs makes elderly people with dementia angry. After all, they are no longer interested in programs based on conversation, and they can no longer follow the course of events in entertainment programs. For this reason, it is recommended to choose (from different TV channels) suitable programs that the sick person will like. For example, some people really like to watch: programs about nature or animals; sports programs: figure skating, which is accompanied by pleasant music and can be a source of pleasant emotions; channels that broadcast classical music or some other music, etc.

– *breeding or caring for plants in the apartment/house.* Involving people with dementia in growing plants, watering flowers or cleaning up fallen leaves can bring satisfaction and a sense of joy from a job well done.It is recommended to choose care for bright flowers, if they are green plants, then it is better that they have colored leaves or they can be aromatic spicy herbs.

– *joint viewing of family albums.* This is one of the subsidiary methods of work, which is aimed at returning pleasant memories and stimulating memory (but it is better to use it only for those persons who are at a mild and moderate stage of dementia) (Timoshenko, Romanova, Oreper & Patynok, 2020).

These recommendations are important when organizing the training of relatives and professionals involved in the process of providing care services, they can be included in various types of training and professional development courses of social workers in the process of lifelong education.

It should be noted that state institutions (local centers of social services) work to support people with dementia, which, if necessary, provide appropriate social services, in particular, care services. A whole package of relevant legal documents has been developed, which regulates the relevant provisions, standards and requirements for this activity (see the list of references). However, we have not found any studies on monitoring and evaluating the quality of this service.

When providing a care service, one of the tasks of caregivers/professionals is to create a comfortable and safe environment for a person living with dementia.The apartment in which she lives must be cleared of unnecessary things and leave only their minimum amount for ease of movement. Remove everything that can cause a negative reaction, for example, a mirror. This also applies to objects that can injure both physically and mentally.

Currently, quite a lot of research has been conducted on the effect of color and light on the human psyche, which often contradict each other. However, experts have formulated some general rules regarding the use of colors in the space where a person with dementia lives. The most desirable colors for their perception are red, green and blue. Blue and green are considered to be calming colors, especially green. In addition, both colors visually increase the size of the room.Also, blue color lowers blood pressure, and green slows down the activity of the central nervous system, providing a sedative effect on a sick person.In addition, red color activates the waves emitted by the brain and subjectively increases the temperature of the room. The pink color significantly reduces the level of aggressiveness, to which a person with dementia is quite often inclined due to the malfunctioning of certain areas of the brain.

Another issue that requires special attention from the caregivers concerns the safety of staying in the apartment/house to avoid unwanted injuries. For this, it is

extremely important to highlight the edges and corners of furniture with a contrasting color, as well as paths between rooms and other obstacles so as not to accidentally trip. It is the contrasting color that will be an alarm signal for a person.Besides, it is recommended to color switches, sockets, handrails, fixed as aids for moving around the apartment.It is especially important that the bathroom and toilet doors and the toilet seat are highlighted in the room, as white color usually does not contrast with the walls and other fixtures, and to help the person with dementia there until they start to do it by themselves.It is important that the caretaker, taking them to these places, choose the same route.

– *Ensuring the safety of an elderly person living with dementia on walks.* When walking together outside, the carer should constantly point the person to the landmarks of their daily route (for example, a particularly large tree, a bench, a familiar shop, etc.). Drawing attention to these elements, and even writing them down in a notebook, can help a person with dementia when they go to the hospital, the store, etc. on their own. It is important for family members to know these permanent pathways. In more complex stages of the disease, this information can help to find a person who left the house, even if he left without a specific purpose (usually people choose permanent ways).

– *Communication and choice of activities to preserve practical skills.* One simple rule of thumb when communicating with people living with dementia is to always try to engage them in something that might spark their interest or curiosity.It is a long way, because it is necessary to look together for what you like, what gives their life a purpose or meaning, constantly try to interest a person's attention.It is important that the tasks given to them are simple, because complex ones can cause worsening of their state.

When choosing kinds of activities, it is important to understand that the development of the disease affects the quality of communication channels: the essence of words is lost a few minutes after they were uttered, at the same time, the information that comes to the patient through the senses (smell, taste, hearing, sight and touch) can be stored a little longer. In this case, experts advise using simple cognitive abilities that are still preserved (for example, sorting and selecting a pair of shoes) and training them during the day. It is possible to maintain the acquired practical skills through routine activities, but care should be taken to observe the necessary safety rules.

Food. Quite often, relatives caring for an elderly person living with dementia complain about their lack of appetite or reluctance to eat. The reason for such behavior is related to the nature of the disease. However, there are some techniques that help to successfully feed a sick person. To begin with, it should be remembered that the cause of poor appetite can occur as a result of disorders in the brain that

reduce the ability to smell and respond to taste stimuli.Therefore, one of the common ways to solve this problem is to have a person with dementia in the kitchen while preparing food. The smells during cooking are more saturated than the food on the plate, which may well be a convincing motive to eat something, even just a little.If such a person has agreed to eat, it is better to offer food in small portions, as large portions can cause fear and rejection.You also need to approach the selection of food with care.As a rule, it is best if it is a menu of favorite dishes or similar in taste and smell.Simple food, without fancy and extravagance, as well as food that is eaten with the hands, can also be a good solution. For an elderly person living with end-stage dementia, the recommendations will be slightly different, as swallowing difficulties arise during this period. Therefore, food should be mashed or jelly-like (Tymoshenko, Romanova, Oreper & Patynok, 2020).

Basic recommendations for organizing meals for an elderly person living with dementia: cut food into small pieces to avoid choking; transfer to puree and liquid/jelly food; to constantly remind that you should eat slowly; make sure that the food is not too hot or too cold (in the later stages, the person does not feel hot / cold); allow to eat with hands; involve in cooking, if there is no such opportunity, then jointly discuss all stages of preparation and serving of a specific menu; when choosing dishes for feeding, it is better to choose contrasting options, for example, plates of blue and red colors, etc.

– *Clothes.* Clothes for each person are one of the important ways of self-expression. In the process of development of dementia, personality disintegrates, it becomes more and more difficult for the patient to choose clothes, and a little later - to dress himself. More and more often they need help, delicate and appropriate to the problems she faced.Persistent interferencewith dressing process by the caregiver may suppress the dementia patient’s initiative and lead to an earlier loss of independence. Therefore, it is desirable to allow them to participate in the choice of clothes for as long as possible: when going for a walk, for rest or sleep, as well as when shopping.

As the disease progresses, the main criteria in choosing clothes should become practicality and comfort.The best choice for a dementia patient’s wardrobe is practical clothing with elements that make it easier to get dressed: a zippered collar, an elastic waistband, a Velcro or button fastener. This fully applies to shoes as well: avoid shoes with laces, replacing them, for example, with shoes that are held in place by rubber bands or Velcro.

When providing assistance in dressing, the patient should be given the right to choose, ask what he likes better and encourage him to make their own decision. Of course, this should be done without zeal or certain “fanaticism”. Do not offer too many options, as this can cause various difficulties. Ensure that the chosen options are comfortable and appropriate for the season (not too cold or warm). With serious

cognitive disorders, the patient loses the ability to communicate normally and cannot tell about the discomfort caused by uncomfortable or too warm clothes.

If the clothes chosen by the patient do not pose a health hazard, it is hardly necessary to object to his choice, even if the outfit does not look the best.Of course, it is difficult to come to terms with the fact that a person goes to bed in a hat or wears a down jacket in the summer. But such “oddities” should not become the cause of conflicts or strained relations between the caregiver and the person with dementia.

– *Creating a friendly and comfortable environment*. Such a task for the caregiver is very important, because, achieving a positive attitude of the dementia patient towards various activities at home, elements of cooperation are formed. By supporting his/her choice, you can gain trust. It is very important in such cases to compliment the patient on his appearance, to give him the opportunity to be proud of his clothes. The patient should start dressing upbeforehand to avoid haste and the nervousness. The calmer and more comfortable the situation, the easier it is for them to feel confident in their abilities and cope with various challenges. In some cases, if the patient does not show a desire to perform the actions expected of him, it is easier not to insist on their performance, but to wait for a more favorable moment.

To create a comfortable environment, you should pay attention to the following things:

– in the room where a person with dementia livesandgets dressed, the temperature should be comfortable (many elderly people mayfeel cold while their closepeople feel completely comfortable);

– before getting dressed, you should ask if they want to go to the lavatory first;

– if there is a certain rule in the dressing procedure, it is better to follow it. Alternatively, clothes should be folded in the order they willdress it up the next day. If there are difficulties, you can give a hint or simply give the clothes in the order in which it should beput on. In some cases the patient needs more detailed step-by-step instructions;

– tactfully correct mistakes (sometimes you can laugh together, but not at the patient, but at the situation or result);

– provide clothing boxes with special signs or paper cards indicating the type of clothing stored in them;

– store clothes in sets;

– often a patient with dementia does not want to undress, even when going to bed, or refuses to change clothes; therefore, you should control how often the patient changes clothes and makehim/herdoitregularly;

– different situations can be used to change clothes, for example, when the patient undresses or is in the bathroom;

– sometimes a convincing argument may be a reference to the fact that guests arevisiting him/her, so they need to look good;

– you can tell the patient that it is interesting to see if new clothes fit him;

– it is often more practical to wear several thin items of clothing, rather than one thick one (by removing one or two items, you can create a comfortable temperature for the patient);

– the colors of clothes in the wardrobe of a patient with dementia should also not be chosen at random (it is recommended to choose familiar or favourite colours for him) (Tymoshenko, Romanova, Oreper & Patynok, 2020).

Thus, the given recommendations indicate that the organization of care and support for elderly people with dementia consists of two consecutive stages: firstly, an assessment of a person's health and establishment of a medical diagnosis, and only after that – an assessment of needs (medical, cognitive, psychological, cultural and social) to organize care and support.In order to ensure high-quality care, not only caregivers from among their family members, but also social workers or other professionals who may be involved in this process should be trained according to these recommendations.

Another important aspect that needs special attention from society concerns the stigmatization of people living with dementia.Quite often there are cases when they are called people with "senile dementia", although the gradual worsening of mental abilities is a normal stage of aging for everyone.

Currently, in the expert environment, the question of creating dementia-friendly communities, which is related to ensuring quality life at all stages of dementia development, is increasingly being raised.It should be noted that the World Health Organization (hereinafter – WHO) and the Alzheimer's Disease International (hereinafter – ADI) came forward with this initiative back in 2012, which jointly developed approaches to normalize the lives of people with dementia in society (World Health Organization, 2021).

In general, the term "dementia-friendly community" is defined as a community united by territorial or cultural principles or common interests. Such a community takes steps to engage people with dementia and their relatives in active living and maintain a sufficient level of social well-being (Alzheimer's Disease International, 2016).

So far, it can be stated that the first programs to create dementia-friendly communities have been launched. For example, the "Dementia Friends" program, which was created by members of the American Alzheimer's Society in 2013, is quite well-known. Its basis is not only the formation of a tolerant attitude towards people with dementia, but also the involvement of public organizations in informing and educating the population about dementia and its features .

Another important document aimed at developing dementia-friendly public initiatives is the WHO Global Action Plan 2017-2025 for the Dementia Response (World Health Organization, 2017). Its importance is evidenced by the fact that 79 WHO member states and 34 other organizations that are involved into the dementia problem took part in this document development. This plan includes a number of measures that are related to the Convention of Rights of Persons with Disabilities, which significantly increases the opportunities to engage and provide the necessary support to people with dementia with a disability status directly in their place of residence.

According to scientists, the main principles for dementia-friendly communities are participation in the process of implementing the initiative, intersectoral interaction, coordination of public decisions, sustainability and accessibility to the suggested activities.Access to community services and resources, organization of care and support not only for people living with dementia, but also for their family members are important success factors.

In Ukraine there are several organizations that work in this direction: "JewishHesed"BneiAzriel" Foundation, which implements the project "Formation of a Dementia-Friendly Community" and the "Nezabutni" Fund for Helping People with Dementia, which provides them with access to the necessary services and implements measures to reduce the level of stigmatization.

If relatives are unable to care for people with dementia, there is an alternative to staying in private nursing homes for the elderly. The network of such institutions "Villa Dobra" is actively working in Ukraine and is an example of involvement in the provision of necessary care on the part of business.

It is important to note that this network provides services to bedridden dementia patients who require around-the-clock care, changing diapers, swaddling cloths or clothing. To do this work at home, you should receive special training, since this process is quite difficult to implement.Therefore, the development of private boarding houses is a good example of creating a friendly environment for people living with dementia.

Conclusions and prospects for further research

According to the principle of participation, people with dementia and their relatives should be involved in discussing their needs and possible ways of solving their problems and planning services. However, we have not found out any information of this nature, which indicates that there is a significant gap in the given problemparticipation in our country. At the same time, the scientific study of this situation may become the basis for the further involvement of people with dementia and their relatives in the process of discussing the quality of the services provided and developing relevant strategies at the state level.

The organization of multisectoral interaction requires a separate study, since we found not only charitable foundations from the public sector, but also private boarding houses from the business sphere, which are already functioning in many regions of our country. Such a situation requires the development of a joint plan of action, especially for responding to emergency situations, as well as for the distribution of functional roles in working with people living with dementia.

In the future, we consider it necessary to investigate the activities of boarding houses and agencies in more detail, not only before planning assistance, but also before studying and training in order to share experiences and raise awareness about dementia.

In the case of social institutions, it is advisable to plan actions to increase the accessibility of the physical environment, as well as to improve the provision of services to people with dementia by taking into account the needs of mental health, supporting human abilities, conducting activities for socialization, training staff on communication with people with dementia, etc.

In general, providing assistance to elderly people with dementia requires the unification of various stakeholder groups and the organization of intersectoral interaction with the mandatory involvement of caregivers and those who provide the necessary support, as well as the organization of lifelong education in this area.

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