

The Biomedical and Experiential Models of Dementia

Dementia Beyond Drugs: Changing the Culture of Care (2010), Dr. G. Allen Power

	Biomedical model	Experiential model
Dementia defined	Progressive, irreversible, fatal	Shift in perception of world
Brain function	Loss of neurons and cognition	Brain is plastic, can learn
View of dementia	Tragic, costly, burdensome	Potential for life and growth
Research goals	Almost entirely focused on prevention and cure	Find ways to improve lives of those with dementia
Environmental goals	Protection, isolation, disempowerment	Maintain well-being and autonomy
Environmental attributes	Disease specific living areas	Individualized, person-directed care
Focus of care	Programmed activities; Tasks and treatments; Less attention to care environment	Diverse engagement; Relationships; Care environment is critical
Staff/family role	"Caregiver"	"Care partner"
View of behavior	Confused, purposeless; driven by disease and neurochemistry	Attempts to cope, problem solve, & communicate needs
Response to behavior	Problem to be managed; medication, restraints	Care environment is inadequate; conform environment to person
Behavioral goals	"Normalize" behavior; meet needs of staff and families	Satisfy unmet need; focus on individual perspectives
Non-pharmacological approaches	Focus on discrete interventions	Focus on transforming care environment
Overall results	High use of meds; suffering; decreased well-being	Rare use of meds; Attention to spiritual needs; improved well-being