

The Development of Caregivers' Community Engagement-based Guidelines for Elderly People with Dementia

Received 18 March, 2022

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Revised 14 May, 2022

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Accepted 17 May, 2022

Abstract

This article stems from the research on the elderly with dementia in Thailand, and discusses 3 key issues: (1) Lack of knowledge on elderly people with dementia is the main factor for providing effective care for them. It was found that 76.6% of the caregivers had no knowledge of dementia. 51.1% of the elderly were able to help themselves in daily life. and the care process has 3 aspects, physical care, social and environmental, and psychological care. 2) According to the study with participatory methods through the AIC process, there were 4 groups of caregivers: family members, mostly children, hired caregivers, the medical care team, and community comprising of a group of public health volunteers and nurses (3) Development of caregiver's community engagement-based guidelines for elderly people with dementia needs collaboration from all relevant partners such as government, private and civil society sectors. Home visit for both emergency and non-emergency cases is a method to take care of patients.

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It is necessary to prepare for the home visit. During the home visit, the physical, mental, and environmental assessment of the family must be assessed to diagnose disease in order to provide appropriate assistance. After the home visit, records must be made on a home visit record form. There are two types of care dimensions: structured and non-structured care. There are three modes of care: care from family members, community care and supervision from medical units. Therefore, cooperation among many parties, namely the families of the sick elderly, the community, both public and private agencies, and hospitals is necessary for appropriate and effective dementia care system for the elderly in Thailand.

Keywords: Elderly with Dementia, Community engagement in care, Dementia

Introduction

The National Statistical Office reported that Thai society has entered an aging society since 2010, with 13.19% of the population aged 60 years and over of the whole country's population, in 2020, the number of elderly people will increase to 19.12%. It is expected that in 2030 it will increase to 26.57%, especially among the middle and late elderly (70 years and over), where it will increase greatly. Causing the problem of social dependency (Office of the National Economic and Social Development Board, 2008:18), which is a result of the country's

development. Scientific progress Technology and medicine make people live longer.

Table 1

Ratio of Elderly to Population Classified by Age Group

Age Group	2010	2020	2030	2040
60 – 64	4.10	6.13	7.45	7.08
65 – 69	3.16	4.86	6.55	6.94
70 – 79	4.25	5.57	8.91	11.96
>80	1.68	2.56	3.66	6.14
Total	13.19	19.12	26.57	32.12
Elderly dependency rate	19.7	29.8	45.3	58.3

Note: Elderly dependency rate (Number of elderly people /Number of workers * 100)

Source: Office of the National Economic and Social Development Board. 2008.

According to epidemiological data from the American Dementia Association, dementia is the number one problem among the elderly. It is estimated that there will be higher costs depending on the stage of the illness. It affects the quality of life of the elderly and their caregivers. In a population in which the prevalence and incidence increase with age, 4% of the population under 65 years of age suffers from dementia between 65 and 74 years, 6% between 75 and 84 years, 44% and older than 85, 46 % of dementia is the fifth leading cause of death among seniors over 65 years (Alzheimer's Association, 2012: 14. Sick of dementia? Up to 200 billion USD. The World Health Organization estimates that every 20 years the

number of cases will double and that by 2040 there will be more than 81.1 million people with dementia (World Health Organization 2012).

A survey of health problem of the Thai elderly in the year 2008, found that chronic diseases that make the elderly more hospitalization is required for brain and psychiatric disorders, especially dementia. In Thailand, it was found that the elderly with dementia tended to increase in number as the elderly population grew. 2000, there are 25 million people with dementia worldwide and this will increase to 63 and 114 million by 2027 and 2050 respectively, Ratchanee Namchantra (2010) a study between Ritchie K. Lancet and Thailand compared the prevalence of dementia among the elderly as shown in table 2

Table 2

A comparison of the prevalence of dementia among the elderly between the studies Ritchie K. Lancet and Thai education

Ritchie K		Thai education	
60 years	Found prevalence = 1%	60 – 69 years	Found prevalence = 1%
65 years	Found prevalence = 2%	70 – 79 years	Found prevalence = 3%
70 years	Found prevalence = 4%	80 – 89 years	Found prevalence = 10%
75 years	Found prevalence = 8%	>90 years	Found prevalence = 30%
80 years	Found prevalence = 16%		

Note: Ministry of Public Health, Department of Mental Health (2018).

Thailand, it was found that the elderly with dementia tended to increase in number as the elderly population grew. An investigation into the epidemiology of mental health and psychiatric problems in

Chiang Mai, Nan, NakhonSawan, and NakhonRatchasima provinces, as well as SuratThani. There are 2,195 elderly people with dementia, but only 37 people have access to services, which shows that access to treatment services for the elderly with dementia is very low.

Table 3

Number of inpatients with a morbidity rate per 100,000 population, only diagnosed with dementia. Classified by gender (counting unit: cases)

2012			2013			2014		
Number (cases)	Male (cases)	female (cases)	Number (cases)	Male (cases)	female (cases)	Number (cases)	Male (cases)	female (cases)
1,234 (1.92%)	565 (1.79%)	669 (2.05%)	1,245 (1.93%)	586 (1.84%)	659 (2.01%)	8,342 (12.84%)	3,579 (11.21%)	4,763 (14.42%)

Note: Individual patient database Universal health insurance and medical benefits for civil servants and their families

Sources: The Central Office of Health Service information and the office of National Health Security (NHSO), Ministry of Public Health 2014

It was found that the number of elderly people with dementia who were admitted to the hospital was increasing every year, more females with dementia than males. This will cause the need for more medical care and the need for help from the people around to increase as the importance of the problem increases. Finally, there will be a crisis in the future. Alzheimer's disease is a major problem in the elderly population. It has a huge impact on the quality of life for both the

elderly and their family members. Elderly people with dementia therefore become dependent on others regarding daily routine care medical treatment and social life.

Dementia affect the quality of life of the elderly and their caregivers greatly. It has different symptoms at different stages of the disease, Department of Mental Health (2009). In the early stages of dementia, the elderly will look normal as normal people, elderly people can also help themselves, short term memory loss, frequently asked questions, forgetfulness and socially isolated. This stage elderly dementia can able to take care themselves and try to see a doctor with a bad memory. Mid – term stage of dementia the elderly people begin to change their personality, there have behavioral problems and mental health problems for example, hallucinations, delusions, mood swings, anger over a small matter. When angry, they may speak very rudely unexpected or may have a reaction to bodily harm another person, need more help from others and late stage of dementia, the elderly will have a loss of perception of time, place and people, get lose, unable to take care and to tell need. This stage the elderly rely on all caregivers to provide 24 hours.

Therefore, the treatment of elderly patients with dementia must act quickly and in time for palliative symptomatic treatment. It is important that relatives can help the elderly to be happy. No chaos or dangerous accidents. Caring for the elderly with dementia requires

many factors. To provide appropriate care, such as health-care services, family and community care. For caring for the elderly with dementia must cover various aspects , Weerasak Muangphaisan (2013) , as follows : (1) Holistic health care ,it must cover both physical, mental and environmental health care because the elderly often have many congenital diseases.(2) Cognitive care (3) Taking care of behavioral and emotional problems (4) Taking care of self-care in daily routine (5) Rehabilitation medicine care (6) Taking care of safety and environment (7) Care at the end of life (8) Assessment and care for caregivers of elderly with dementia (9) Taking care of legal issues. In caring for the elderly with dementia in Thailand, there are several agencies that provide services both directly and indirectly, namely the Department of Mental Health and the Department of Health, which are affiliated with the Ministry of Public Health. Under the Ministry of Social Development and Human Security, there is a Department of Older Persons. The Dementia Association of Thailand and the Dementia Caregiver Association of Thailand

In order for the elderly with dementia to have a better quality of life, holistic care is required: physically, mentally and socially by receiving care from family members, relatives, neighbors, community while receiving social services in various fields. Community involvement it's the relationship between person- person, individuals – group, build relationships in learning together accept each other and have activities together. It's a society of good friends who help each other. Although

Thailand has many agencies, both the government and the private sector, have provided care services for the elderly with dementia. However, the majority of services it is also a defensive, service is to provide services within the agency itself only. There is no proactive service yet. It is still a modular system of care. As a result, elderly patients with dementia can enter the treatment system more slowly, which the dementia illness specialized treatment is required in order to receive proper care.

Study objectives

This study has three objectives: (1) Factors of caregivers 'scare related to elderly people with dementia, (2) to study the participation in caring people with dementia of caregivers using the AIC process and (3) develop caregivers 's guidelines for elderly people with dementia through community involvement.

Study Purpose

The scope of the study area was caregivers. Considered from the division by administrative region of Thailand by selecting the provinces with the highest number of elderly people with dementia and have caregivers. Including the selection of physical hospitals under the Department of Medicine and mental hospitals under the

Department of Mental Health located in the selected provinces, the study area according to table 4

Table 4

Study Areas

Region	Province	Selected hospitals	
		Physical hospital	Mental hospital
North Region	Chiang Mai	Chiang Mai Neurological Hospital	Suanprung Hospital
Central Region	Bangkok	Phranangklaow Hospital	Somdet Chaopraya Institute of Psychiatry
Northeast Region	Nakhon Ratchasima	Maharaj Nakhon Ratchasima Hospital	Nakhon Ratchasima Rajanagarindra Psychiatric Hospital
South Region	Nakhon Srithammarat	Maharaj Nakhon Srithammarat Hospital	Suan Saranrom Hospital

Population scope the population in this study was a caregiver of an elderly person with dementia, who may be a family member. The network in the community includes neighbors, village health

volunteers, community leaders, and local government organizations including experts or qualified members of the care system elderly people with dementia.

Terms used in the study are defined.

Dementia refers to a group of symptoms caused by deteriorating brain function, causing the brain to have memory loss and affect behavior and mood changes until they affect daily life, such as forgetfulness, being unable to remember the date, time, place or people around you, and the need to see a doctor for further appropriate treatment.

The elderly with dementia is defined as elderly people aged 60 years and over who have been diagnosed with dementia according to the Diagnostic and Statistical Manual of Mental Disorders (IV: DSM-IV) by a physician. A person who suffers from memory loss, cognitive impairment, language impairment, inability to remember or recognize things, and executive function abnormalities by causing social or work disabilities.

A caregiver refers to a person who is responsible for caring for an elderly person with dementia in daily activities such as bathing and cleaning the body. Take care of personal hygiene and help get dressed. Feeding or feeding through a tube helps with excretion. Arrange for the elderly to take medicine, etc., by giving them time to take care of them

regularly and always more than other sit could be a family member, relative, or close person.

The role of the caregiver refers to the person whose duty it is to assist the elderly with dementia by taking care of their daily activities until receiving social services, such as taking a shower, taking a bathroom prepare food for the elderly with dementia, taking them to see a doctor's participation in community activities.

Dementia-related illness situations refer to the epidemiology of dementia. The prevalence of dementia illnesses in Thai society makes access to medical services difficult network to care for the elderly with dementia.

Holistic care for the elderly with dementia means taking care of the elderly with dementia in the community. There are five components: the ability of the elderly with dementia to perform daily activities; The process of caring for the elderly with dementia Effects of caring for the elderly with dementia Problems and needs of caregivers of the elderly with dementia and the support of the network in caring for the elderly with dementia.

The effect of caring for the elderly with dementia refers to the effect resulting from caring for the elderly with dementia. Problems in care, as well as the needs of caregivers

The care model for the elderly with dementia is divided into 3 forms of caring for the elderly with dementia: family care, isolated care and care in the community

Family care refers to empowering families to participate in dealing with problems that arise to achieve well-being, safety, and stability and feel good both emotionally and mentally.

Institutional care refers to in-service care with personnel and/or multidisciplinary teams taking care of it is a service arrangement to facilitate caregivers and the elderly who are sick with dementia. There are both public and private agencies. The purpose of critical institutional care services is to provide housing for these individuals. It provides both shelter and reliance. Facilitation in various fields and basic services in 4 areas, with services as follows: Home care for the elderly, Caring in a nursing home or a care facility for the elderly. The community-based care model, and the care model in special situations mean caring for the elderly in the last stages of life.

Community care refers to the concept of using community-based organizing to organize participation in the community by working with the community. Usually, it starts with a group of community leaders. There will be a group of clubs, such as the elderly club. There are activities during the day such as recreational and enhancing knowledge in the community together.

Literature review

Dementia is a symptom of a disease that has various causes, which have both groups that can find the cause and can't find the cause. The

American Psychiatric Association (2000), Nampol Kingkan (2010), and Ratchanee Namchantra (2010), said that dementia is a group of diseases that have various causes of pathology that affect work. For brain abnormalities with loss of brain function, one must be sick for at least 6 months with memory impairments. It manifests in memory impairment and perceptual disorders, language use, inability to remember or recognize things, and executive function abnormalities by causing social or work disabilities and showing a marked decline in ability where the deterioration will proceed slowly and gradually. Dementia can be divided into two types: static and dynamic. (1) Primary dementia is caused by the deterioration of brain tissue. (Degenerative Change) is reduced. Alzheimer's disease is a common dementia condition. It is an incurable disease. It is seen in people over 65 years of age. The earliest symptom is memory loss and aggressive mood swings due to loss of language proficiency long-term memory loss and ignoring things because the patient loses his senses and later, they will lose various functions of the body and eventually die. (2) Secondary dementia is caused by a lack of vitamins in the brain blood vessels. Some may be caused by a brain tumor or from being infected with AIDS and affecting brain ailments. However, Thailand still lacks exact figures on the prevalence and incidence of dementia due to several limitations in conducting such surveys, whether it is a research method that requires a large population, a long study period, or unsystematic reporting of patient data in hospitals.

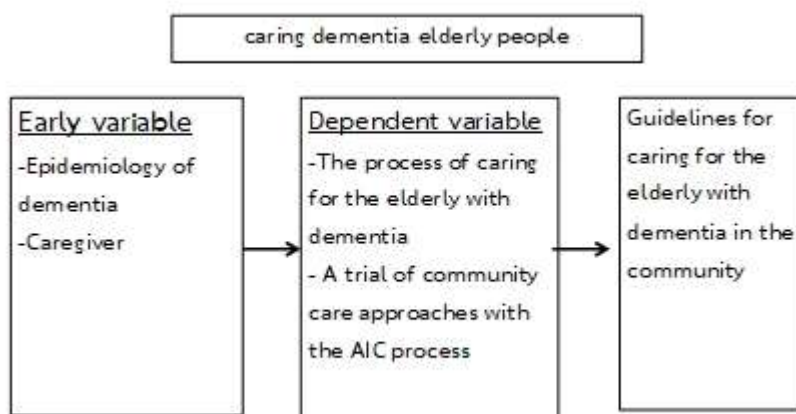
In a study by Zarit et al. (1998), Sasipat Yodpetch (2004), Nampol Khingkan (2010), and Kannika Rakyngcharoen (2013), it was found that the elderly with dementia had appropriate care and assistance are required. Those who will serve caregivers may be spouses, relatives, neighbors, community groups or organizations. Sirinthorn Chansirikanjan (2009) Kobhathai Sitthiranarit (2011) said about that the care of dementia patients must cover all three problems: intellectual, behavioral, and psychosis This problem affects more than 90% of people with dementia at some point in their lives, and it is severe enough that it requires treatment. Pawut Mekwichai Surin Saetang (2013) Sarutaya Hawong, Weena Thiengtham and Suthum Nanthamongkolchai (2017) said about that the effects of caring for dementia patients in Thailand need help with daily activities? Most caregivers of dementia patients are female. The supervisor's time had the greatest impact on related factors include caring for patients who are unable to perform daily activities on their own. Caring for a patient with low intelligence, monogamy and low education.

Caring for the elderly with dementia is the caregiver will be the one who is burdened, because they need to be taken care of 24 hours a day and must understand the symptoms, characteristics of the elderly with dementia in each stage have to learn different ways to help elderly people with dementia, such as making smoothies or liquid food baths for the elderly. Sasipat Yodphet (2004) also divided the mode of care elderly into 4 forms: Home care, Institution Care, Community care and

special care. Liwan Unnaphirak (2004), a study of the impact on relatives caring for the elderly with dementia: a case study of results. It was found that caregivers had problems and were affected in all aspects. The factors that added to the stress on caregivers were elderly caregivers and health problems not sharing the burden. Negative factors included the need to care, lack of personal time, positive contributions were willingness to care for love, relationships adequate income, assistance from others in the family, problems and effects on caregivers the elderly therefore have congenital diseases and health problems, while mental and social problems are a result of fatigue and stress.

The community care model uses the concept of using the community as a basis for organizing participation in the community. By working with the community, usually, it starts with a group of community leaders. There will be a group of clubs, such as the elderly club. There are activities during the day. It will be recreational and enhance knowledge in the community. There were visits to each house. Kahn, R.L. (1979) cited in Pornphimon Petchburi (2016) divided social support into three categories (1) emotional and cognitive attachment, which expresses a person's positive emotions. (2) Confirming and certifying each other's behavior is an expression of approval and accepting the actions and thoughts of the person as being appropriate. (3) Assisting (aid) is the interaction between people by giving things or helping directly.

Conceptual framework



Research Methodology

This research is mixed- method research, consisting of quantitative research and qualitative research.

Objectives: (1) Factors of caregivers' care related to elderly people with dementia: quantitative

Quantitative research employed the questionnaire as a tool to collect data on five issues: (1) knowledge about dementia (2) the ability to perform daily activities of the elderly with dementia, (3) the process of caring for the elderly with dementia, and (3) the effects of caring for the elderly

Objectives (2) to study the participation in caring people with dementia of caregivers using the AIC process and (3) develop caregivers'

guidelines for elderly people with dementia through community involvement: qualitative

The population used in this study was caregivers who care for elderly people with dementia nationwide. The researcher considered the database of elderly people with dementia who received treatment at the hospital the most during 2012– 2014 (Bureau of Policy and Strategy, Office of the Permanent Secretary, Ministry of Public Health, 2014). There were 2,868 people with deterioration throughout the country, divided by region, namely the northern region of 661 people, the central region of 971 people, the southern region of 300 people, and the northeastern region of 936 people.

Table 5

Elderly with dementia at national and regional levels

Level	Number	Province	Number
National Level	2,868		
Reginal Level			
- North Region	661	Chiang Mai	466
- Central Region	971	Bangkok	1,002
- Southern Region	300	Nakhon Ratchasima	211
- Northeast Region	936	Nakhon Sri Thammarat	712
Total	2,868	Total	2,391

Source: Office of Policy and Strategy, Office of the Permanent Secretary, Ministry of Public Health, 2014

This study used sample group caregivers who care for senior dementia patients to collect quantitative data. Because the population is in the thousands, the researcher applies the criteria to determine the percentage of the population, which is defined as a percentage of the population. At least 10% of the overall population should be sampled. The sample size was supposed to be 287 participants, but the researcher was only able to get data from 278 people. The data response rate was 96.86 %.

Table 6

Overview of area and number of samples in the qualitative data

Region	Province	Community	Number of Participant
North	Chiang Mai	Sai Mol	7
Central	Bangkok	Nong Khaem	7
South	Nakhon Ratchasima	Tha Samet	7
Northeast	Nakhon Sri Thammarat	Non Rang	7
Total			28

The samples of qualitative data include 7 key informants from each community: Sai Mol community (Chiang Mai Province) , NongKhaem (Bangkok), ThaSamet (Nakhon Ratchasima Province), NonRang (Nakhon Sri Thammarat Province) as shown in the Table 6, this qualitative study are

caregivers, community leaders and volunteers. The researcher selected all 4 regions with elderly with dementia. There were total of 28 people.

After quantitative and qualitative research, the researcher conducted an experimental approach to caring for the elderly with dementia in the community to find a suitable and effective approach.

Research instrument

Reliability Test of quantitative and qualitative tools

Quantitative: For the validity test of the content of the qualitative tool. The researcher received assistance from 3 experts. The researcher used Cranach's Alpha Coefficient formula and used the statistical package SPSS / PC (Statistical Package for the Social Sciences) to test the confidence value twice. An alpha coefficient of 0.65. The researcher modified the questionnaire and retested the non-sample group. An alpha coefficient of 0.80 was obtained, indicating that the questionnaire had an acceptable level of confidence.

Qualitative: For the validity test of the content of the qualitative tool. The researcher received assistance from 3 experts and checks the accuracy of the content of the questionnaires, focus group discussion. The index value was found to be consistent between the questions and the research objectives (Index of Item-Objective Congruence). It's found that the confidence 0.90, which means the group discussion question line, is appropriate.

. : The trial of the guidelines for caring for the elderly with dementia in the community. Processing from Quantitative Data Collection and Qualitative brought (draft). The researcher received assistance from 3 experts. Experimental approaches to caring for the elderly with dementia in community. The index value was found to be consistent between the questions and the research objectives (Index of Item-Objective Congruence). It's found that the confidence 0.80

Data Analysis

Quantitative data analysis:

(1) The data obtained from the questionnaire were used to analyze the data by scoring, coding, and preparing the data before calculating by using the SPSS /PC+ (Statistical Package for the Social Sciences) package to analyze the data and to test the hypothesis in this research The statistical significance was accepted at the 0.05 level.

(2) to study the basic qualities of a person by analyzing by using basic statistics, i.e. Percentage, Frequency, Mean, Standard Deviation.

Qualitative Data Analysis:

(1) Used content analysis, both from the interviews and focus group discussion by using the data obtained to summarize and classify the data (Typological analysis) and categorize the data according to each type. The data validation check used a triangular inspection method. (Methodological Triangulation).

(2) Analysis of the information obtained from the focus group to bring the information from the discussion group categorized in the form of note-taking, tape – recording and compiling the information to have a complete message. According to the narrative of the sample review the information obtained and write a journal and conclusions from the findings and consider the meaning of the information more clearly

Research Ethics Certification

Researchers in this study must get ethics approval from a variety of organizations. Table 7 shows the numerous organizations that have certified the research ethics.

Table 7

Accreditation of Research Ethics by each agency

Agency	Accreditation Date	Accreditation Number
Chiang Mai Neurological Hospital	18 May2018	EC006-60

Findings

1. Factors of caregivers' care related to elderly people with dementia

Caregivers: The results of the study from a sample of 278 caregivers of the elderly with dementia. It was found that most of them were 222 females, representing 79.9% and 56 males to 20.1%. Most were in the age range of 41-50 years old, 95 people to 34.2%, related

to children of 171 elderly people with dementia to 61.5%, married 184 people to 66.2%, and graduated with a bachelor's degree of 96 people to 34.5% and unemployed 66 people to 23.7%. They have to quit from job to take care of the elderly with dementia.

The elderly with dementia: The results of the study from a sample of 278 elderly people with dementia, found that most of them were 182 females, representing 65.5 % and 96 males, to 34.5%. Most were in the age range of 71-80 years. of 154 people, to 55.4%, married 150 people, to 54.0%, having completed primary education, 141 people, to 50.7%.

From interviews and conversations with caregivers of the elderly with dementia about the characteristics of the elderly ability to perform daily activities, it was found that they were able to feed themselves (feeding) but had to be cut into small words. In advance, 142 people, equivalent to 51.1%, were able to wash their faces, comb their hair, brush their teeth, and shave (Grooming), 248 people, representing 89.2%, were able to sit up from the bed. or from the bed to the chair (Transfer) with helpers supporting 129 people, representing 46.4%, were able to use the toilet by themselves, 166 people, representing a total of 59.7% , were able to move within the room or house (Mobility) by themselves, 124 people, representing 44.6%, were able to wear clothes (Dress) by themselves, 184 people, representing 66.2% ,able to go up and down the stairs by themselves (Stairs), 140

people, representing 50.4%, are able to take a bath(Bathing) by themselves ,249 people, representing 89.6%,are able to Bowels were normal for 131 people, representing people, representing 47.1%,and 139 people, representing 50.0% were able to hold bladders normally

Classification of the elderly: Classification of the elderly to be suitable for long-term health promotion of the elderly (Department of Health, Ministry of Public Health) by using the Barthes ADL (Daily routine Assessment Criteria. index) with a full score of 20. The elderly can be classified according to their ability to perform daily activities. It was found that of the 278 elderly people suffering from dementia, most of them were self-reliant older people help others community and society had a total of ADL scores of 12 points or more (social group) of 236 people, representing 84.9%, followed by elderly people who could take care of themselves. Some 27 people representing9.7 %, were in the home group with ADL scores, and were in the elderly group that could not be self-reliant. Not self-help, handicapped, or handicapped with a total ADL score in the range of 0-4 Score (Bed group) of 15 people to 5.4%.

Knowledge: It was found that most of the caregivers had no knowledge of the knowledge of caring for the elderly with dementia of 213 people to 76.6%. From interview found that when the elderly are sick with dementia in the early stages caregivers understand that it is a common aging condition. And getting advice from a doctor or nurse to treatment, some caregivers are searching the Internet for information.

Ability to perform daily activities of elderly with dementia: From interviews and conversations with caregivers of the elderly with dementia about the characteristics of the elderly 's ability to perform daily activities, it was found that they were able to feed themselves (feeding), but had to be cut into small words. In advance, 142 people, equivalent to 51.1%, were able to wash their faces, comb their hair, brush their teeth, and shave (Grooming), 248 people to 89.2%, were able to sit up from the bed or from the bed to the chair (Transfer) with helpers supporting 129 people to 46.4%, were able to use the toilet by themselves, 166 people to 59.7%, were able to move within the room or house (Mobility) by themselves, 124 people to 44.6%, were able to wear clothes. (Dressing) by themselves, 184 people to 66.2%, able to go up and down the stairs by themselves (Stairs), 140 people to 50.4%, are able to take a bath (Bathing) by themselves, 249 people to 89.6%, are able to bowels were normal for 131 people to 47.1%, and 139 were able to hold bladders normally to 50.0%.

The process of caring for the elderly with dementia: The process of caring for the elderly with dementia by Activities for caring for the elderly with dementia are divided into 3 parts: physical care; social and environmental and mental care from a study of 278 elderly caregivers with dementia concerning activities to care for elderly with dementia, it was found that:

Physical care: Caregivers can provide overall physical care for elderly people with dementia. The mean was at a moderate level (\bar{x} =2.58 S.D.=1.23), with a high mean of caregiver activities. The activities that could be taken care of were moderately averaged, which was to help the elderly with dementia bathe (\bar{x} =2.68 S.D.= 1.17) and to dress. Elderly with dementia (\bar{x} =2.54 S.D.=1.33). Helping to arrange medication for elderly with dementia (\bar{x} =3.12 S.D.=1.15). Walking support for the elderly with dementia (\bar{x} =2.67 S.D.=1.23), and the activities that could be taken care of were averaged at a low level, ie, taking the elderly with dementia to the toilet, such as urine and feces (\bar{x} =2.33 S.D.= 1.33). Helping the elderly with dementia to eat food (\bar{x} =2.25 S.D.= 1.38). Helping the elderly with dementia get out of bed (\bar{x} =1.76 S.D.= 1.06).

Social and environmental care : Caregivers can take care of the social and environmental conditions of sick elderly people with dementia, the mean was at a moderate level (\bar{x} =2.53 S.D.=1.09), with activities that could be taken care of at a high mean is to take the elderly with dementia to see a doctor (\bar{x} =3.70 S.D.= 0.73), take the elderly with dementia to pray / go to make merit/go to temple (\bar{x} =3.60 S.D.= 0.83), and take the elderly with brain disease deteriorated to participate in social activities (\bar{x} =3.51 S.D.=0.96) followed by moderately manageable activities. Helping with legal documents for the elderly with dementia (\bar{x} =2.98 S.D.=1.32) with low-level care was that

the rooms were adjusted to be suitable for the elderly with dementia (\bar{x} =1.81 S.D.= 1.19) Contributes to adjusting walkways/handrails in the house to be suitable for elderly people with dementia (\bar{x} =2.15 S.D.=1.39) and activities that can be taken care of. The mean at the lowest level is Keeping things that will be dangerous for the elderly with dementia, such as knives/sharp objects, in a safe and out of reach of the elderly (\bar{x} =1.68 S.D.=1.16) helps to adjust the lighting in the house to be suitable for the sick elderly with dementia (\bar{x} =1.65 S.D.=1.09) and adjusting walkways/handrails in the bathroom to be suitable for elderly with dementia (\bar{x} =1.64 S.D.=1.18).

Mental care Overall: Caregivers can provide physical care for elderly people with dementia. The mean was at a high level (\bar{x} =3.63 S.D.= 0.81), with activities that could be taken care of at a high level, ie, appropriate time allocation for the elderly with dementia (\bar{x} =3.38 S.D.=1.11). Participate in leisure activities with elderly people suffering from dementia, such as watching television. Traveling has (\bar{x} =3.67 S.D.= 0.78), is a friend to talk to with elderly people with dementia (\bar{x} =3.65 S.D.= 0.83) and contributed to the recovery of memory in elderly patients with dementia (\bar{x} =3.80 S.D.= 0.54).

2. Caregivers' role in caring elderly people with dementia undergone with AIC process

Caregivers: For community-based dementia care for the elderly most caregivers were responsible for diverse activities in caring

for the elderly with dementia. In terms of daily routine is the basis, since waking up until bedtime. Caregivers must spend most of their time with the elderly with dementia because the elderly will call for caregivers all the time causing caregivers to not get enough rest. Which will impair caregivers' use of personal time in their daily tasks because the function and weight of caring for the elderly with dementia will continue to grow, the elderly with dementia will be less able to assist themselves. Caregivers are expected to shoulder greater responsibilities.

Contractors caregiver: If the caretaker is a contractor at family members of elderly people with dementia hired to care for the elderly with dementia. In the care of the contractor will be trained on skills in caring for the elderly initially from the elderly care center. When they come to the caregiver's home, they can initially take care of the elderly who suffer from dementia by taking care of "bathing for the elderly tube feeding initial wound dressing." At times, when an elderly person with dementia is disobedient, the contractor's caregiver has a way to trick the elderly to comply.

Community health volunteers (VHVs): There will be care for the elderly who are sick with dementia by visiting home. There is a multidisciplinary team working with medical personnel. There is a zoning of care areas. Which will start from the area near our own home for convenience quick to care. If the elderly with dementia walk out of the house and get lost, community health volunteers (VHVs) will help bring to back home.

Multidisciplinary care team:

Doctor: Give caregiver advice about dementia along with giving advice on how to care for the elderly with dementia.

Nurse: Preliminary screening for dementia for the elderly, giving advice on caring for the elderly with dementia on continued medication, explain to relatives about the illnesses of the elderly with dementia and group therapy is done with caregivers so that caregivers can share experiences in caring for elderly with dementia and new learning.

Social worker: Advise on the exercise of treatment rights for the elderly with dementia along with joining the multidisciplinary team in doing group therapy with elderly people with dementia and their caregivers.

Psychologist: To screen and assessment of the elderly for patients with dementia or not.

Occupational therapist: Acts in the restoration of memory of the elderly with dementia.

Public health Service Center (Sub- District Health Promoting Hospital): Serves as advice to caregivers in caring for elderly patients with dementia having home visits, provide training to educate Initial community health volunteers about basic health care such as blood pressure measurement screening for diabetes, etc.

3) The caregivers' guideline development for caring dementia elderly people with community involvement

The findings were followed up on by the researcher. After a month of organizing the AIC activity, it was discovered that community members' attitudes about the elderly with dementia had altered. Dementia was better understood. Previously, the family was the sole caregiver for the elderly with dementia. There isn't enough community involvement. When it comes to caring for an elderly person with dementia, the family must either fix the problem or manage it on their own, depending on their capabilities. Following the action of caring for senior persons with dementia collectively, this disease is no longer regarded as a fateful disease. Caregivers of patients with health problems, on the other hand, gain a better grasp of the disease. The caretaker will become enraged if elderly persons with dementia are accepted for their habits, such as forgetting who is in the house or throwing things around. Make the elderly feel inferior by shouting out loud. The caretaker, on the other hand, stated that after engaging in the AIC activity, he "became calmer and better understood the behavior of the elderly with dementia," resulting in less family stress. Older persons with dementia will be greeted by community volunteers or members of the community, making cares feel as alone as they did previously. The community is increasingly assisting one another in the care of dementia-affected seniors. There are now more proactive public health services available. A house visit was made by the community's

family doctor team. Previously, they would only go to bedridden elderly people's houses. Following the completion of AIC activities, every elderly person in the neighborhood was visited at their house. The elderly is registered with the public health system. It serves as a database for caring for the elderly, including those with dementia, in the community. Alzheimer's illness has become more widely known in the population. In the community, there is a health-care campaign. In the community, there is a line vote on health-care issues, as well as dementia knowledge. In terms of the plan's implementation, there is community awareness about health care thanks to the community's voice. At a monthly gathering of community health volunteers, the subject of dementia and care was discussed. Home visits for elderly individuals with dementia were planned by community leaders and community health volunteers and volunteers. Each zone will have seven community health volunteers (VHVs). To make it easier to care for the elderly, Community Health Volunteers (VHVs) will reside at home near their homes. It will integrate health-care services, such as diabetes screening. Dementia care and high blood pressure Dementia-affected seniors were transported to the community elders club to partake in activities.

Dimensional type of care model

Dimensional type of care model are structured caregivers and unstructured caregivers:

- Structured care means non-relative caregivers but is cared for by a hospital or center that is

outsourced to care for the elderly with dementia. These moderators will receive specialized training in caring for the elderly with dementia

- Unstructured care means: family members who are close to the elderly with dementia, such as children, spouses of the elderly with dementia, daughter-in-law, son-in-law, etc. Care all 24 hours a day and no salary or compensation but key person to caring the elderly with dementia

Community health volunteers (VHVs): providing care and advice on health care as well as providing Basic assistance. The working framework will be based on “Elements of primary health care work” is disease prevention health promotion medical treatment and rehabilitation, there will be a division of care.

Mode of care

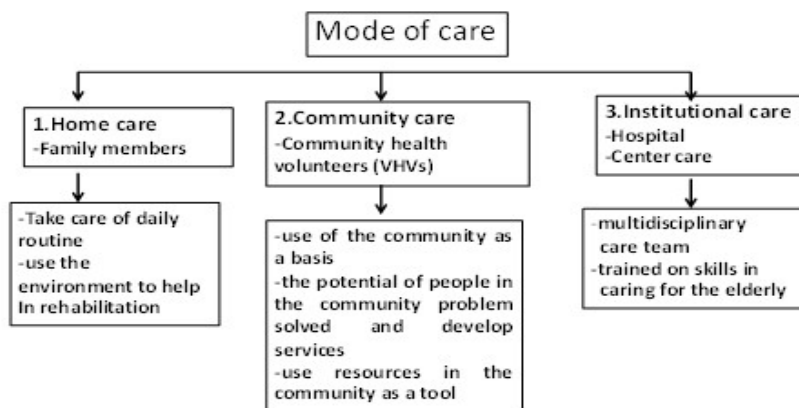
It can be divided into home care, community care and institutional care

(1) Home care: Care from family members. It's represents the strength of the family. In providing services to elderly with dementia shows the potential of the family and managing various problems related to the elderly with dementia. This kind of care it's to help the elderly to warmth and uses the environment to help in rehabilitation. In term of adaptation restoration of memory behavioral care, etc.

(2) Community care: Reducing dependence on external services, use of the community as a basis. In providing services, use resources in the community as a tool. To create a collective consciousness of the people in community – by – community operations which this kind of care aims to is to create awareness and develop the potential of people in the community problem solved and develop services in the community and cooperation in the community.

(3) In institutional care: - Hospital: It is supervised by multidisciplinary team, who has been specially trained in caring for the elderly with dementia. In addition to the treatment will be advised / consultation in caring.

- Center care: Some families with good economic standing caregivers will be hired from the elderly care center to take care the elderly with dementia at home. To maintain this institutional model caregivers will receive compensation.



The researcher used the study's findings and AIC (Appreciation Influence Control) to devise the following plan with the Wat Suan Yai community in Bang Kruai District, Nonthaburi Province:

(1) The act of acquiring knowledge (Appreciation: A). before and after the activity, the researcher employed a questionnaire to assess the participant's understanding of dementia in planning. The evaluation indicated that 11 individuals to 64.70% gained more information after engaging in the activity, while 6 participants had the same knowledge before and after the exercise to 35.29%.

Views on dementia in seniors, the participants recognized that being sick with dementia was portrayed in the media through artwork and writing. Dementia is a terrible condition, and those who suffer from it are deemed wretched, according to karma.

(2) The process of developing recommendations for developing a community-based dementia care plan (Influence: I) According to the findings of the community study, the major caregiver for the elderly with dementia is the sick old child. With dementia, the primary responsibility for care is assumed. Dementia in the elderly There will be a constant condition of reliance on cares. When it comes to medical services. The elderly with dementia were found to have delayed access to medical services. In addition, the public health service serves as a defensive force. Home visits will be made by nurses from Tambon Health Promoting Hospital and Public Health Volunteers (VHVs). We just

take blood pressure readings in the elderly. There is no main level dementia screening for the elderly. The elderly with dementia who are sick do not go out to participate in community events, according to the community participation study. Most of them live at home, and there are no activities designed exclusively for the elderly in the neighborhood.

As a result, the participants collaborated to develop guidelines for caring for the elderly with dementia in the community in two areas:

2.1 Access and service to construct a dementia registration system, as well as a search for senior persons who are at risk of developing dementia. As a starting point, dementia screening for the elderly in the community will be conducted, followed by publicizing the body of dementia information by creating a pamphlet or using the community's voice to campaign for the old to be more aware of health care through community announcements. Caregivers must observe and assess the elderly behavior in order to get them into therapy more quickly. Simultaneously, several channels for obtaining news or contacting a medical doctor will be available, such as community announcements, a phone line, planning activities in the elderly club, and so on.

2.2 Dementia assessment: At first, relatives/caregivers must routinely examine the elderly behavior to see if it has altered and then notify a nurse at Phraya Kindergarten Health Promoting Hospital

(Senkosayodom) for an initial assessment of dementia screening. Community leaders will do home visits. To divide the aged into three categories: those who are in home, those who are in social, and those who are in bed. In the community will be built for the search for risk groups, including a socially dependent elderly group and dementia screening in the elderly in all 3 groups. I'm on the lookout for new dementia-affected seniors.

(3) Procedures for developing practice guidelines. The caretaker requests that the Praya Kindergarten Health Promoting Hospital, together with village health volunteers, pay a visit to the residence (VHV). Participate in senior care to improve the quality of life for the elderly and to assist families of elderly people with dementia in reducing the burden of care. Together with the caregiver's family, nurses from Phraya Kindergarten Health Promoting Hospital (Senkosayodom) and community leaders will devise a plan to care for the elderly with dementia. There is an activity plan for caring for the elderly with dementia in the activities of the Old Club, in which elderly persons with dementia participate in which elderly people with dementia will be brought to participate in activities in the elderly club which has activities every other month, so that the elderly with dementia have the opportunity to participate in community activities met people of the same age and caregivers can use this time to rest In which the activities of the elderly club will include prayer, singing, exercise and knowledge about health and regular self-care. Sometimes it is an exchange of

experiences in caring for each family or invited speakers from outside to impart knowledge on health.

The results of the implementation of the AIC process: The researcher has followed up on the results, after organizing the AIC activity for 1 month, it was found that

(1) Appreciation: A

People in the community have a different view of the elderly with dementia have a greater Understanding of dementia. Taking care of elderly with dementia together. Caregivers gain a greater understanding of the illness increased acceptance of behaviors.

(2) Influence: I

The community is increasingly helping each other to care for the elderly with dementia. More Proactive public health services are available. There was a home visit with the family doctor team in the community.

(3) Control: C

There is publicity in the community through community voices about health care. The topic of Dementia and care was share at community health volunteer's meetings and home visit elderly with dementia.

Guideline for caring dementia elderly in community

1. Community survey

1.1 Survey of the elderly in the community and classification of the elderly to be suitable for long-term health promotion of the elderly (Department of Health, 2017) by using the Bethel ADL (Daily Routine Assessment Criteria. index) with a full score of 20. Elderly group struck at home, in bed and socially

1.2 Assessing the attitudes of people in the community towards the elderly with dementia.

1.3 Assessing the knowledge of people in the community towards the elderly with dementia.

2. Activity in the community

2.1 Knowledge building process: Learning process and exchange experiences mobilize people in the community to caring for the elderly with dementia

2.2 Step to create guidelines for development: Set guidelines for care

- Access and service
- Assessing the elderly with dementia
- Plan to care the elderly with dementia
- Caring the elderly with dementia

3. Evaluation and follow – up of elderly with dementia: per week, per month etc.

Discussion

1. An increase in dementia-related morbidity in the middle and late stages of life.

According to the findings of the study, there are currently 55.4 % of elderly people between the ages of 71 and 80 years old who suffer from dementia, which is consistent with the findings of a study by the Department of Mental Health (2004), Nampol Kingkan (2010), Pawut and Surin (2013), and Athitaya Suwan Suthisri Trakulsitthichok (2016). It becomes more common as people get older, and it affects more women than men. Seniors in their medium and late years (70 and up) will see a 32.13 % boost, while those aged 80 and above would see a 32.5 % increase.

2. Delays in obtaining medical care

Two-thirds of individuals with dementia were not diagnosed in primary care, according to a study of the issue. In fact, 91 percent of cases of early-stage dementia go undiagnosed because in the beginning dementia patients and their cares believe it isn't a problem in line with the findings of Valcour VG, Masaki KH, Curb JD, et al. (2000), Ratchanee Namchantra (2010) and Kobhathai Sitthiranarit (2011), elderly people with dementia will seek medical help and be identified with moderate or severe dementia. Due to families, caregivers, and seniors, access to the treatment system is still delayed. They're not sure if it's a dementia-

related condition because caretakers are unable to distinguish between aging disorders or Alzheimer's disease.

3. Factors of caregivers's care related to elderly people with dementia

Most of the caregivers of elderly people with dementia are female more than male. There was a relationship as a child of an elderly person suffering from dementia in line with the finding of Zarit, S. H., et al. (1998) Schulz R., Bagel D, Moryez , E., and Visintiner, P. (1989) Phenkhae Chiewayaphan (2002) discovered that cares were relatives or key persons in the patient's life. They could be spouses, fathers, moms, children, or siblings who are solely concerned with assisting others. without obtaining any remuneration or benefits According to Schulz R., Bagel D., Moryez E., and Visintiner P. (1989), this is linked to the concept of caring, which claims that empathy is the driving force behind caring. Pity those who want to rely on caregivers who are members of the same family, are related as relatives, or have previous merits with each other, resulting in a bond and a desire to help. Caregivers, on the other hand, are influenced by their health, time, finances, emotions, and socialization.

The process of caring for the elderly with dementia in line with the finding of Department Mental Health (2005) take care of the daily routine, prevention of complications and accidents, prevention of complications and memory retention. There are two types of care

structured caregivers and unstructured caregivers in line with the finding of Sasipat Yodphet (2004).

4. Community-based dementia care for the elderly

Communities can contribute in the care of dementia patients by cooperating with relevant network partners from the public, private, and Civil Society sectors, according to research employing the AIC method in community planning. The study of Wantanee Wasikasin ,Surangrat Wasinarom ,Kitiphat Nonthapattamadul (2007), which found that being kind and caring to help those in need has been a culture of Thai society since the past, and Wirot Wanphira (2012), who discovered that home visits are care for sickness, is consistent with the study of Wantanee Wasikasin, Surangrat Wasinarom ,Kitiphat Nonthapattamadul (2007), which found that being kind and caring both in emergency and non-emergency situations to provide assistance to the elderly.

During home visits, the family's physical, mental, and environmental assessments must be reviewed in order to detect disease and provide aid by following the plan or adapting to the circumstance. This will make house visits more successful, therefore competent visitors must possess a key skill: communication skills in order to create connections and trust, as well as the ability to refrain from criticizing what he or she has observed. Problem tracing and solving skills with an emphasis on holistic management, psychological care and the use of family medicine tools after the home visit. Records

must be recorded as a home visit record in a family file or OPD card or electronically. The SOAP format may be used: subjective, informed information of patients and relatives which covers physical, mental, social, and spiritual aspects observational data and visitor detection data were used to decide. Determine the nature of the patient's and family's issues. Plan management as a complete, integrated, ongoing, and comprehensive solution. As a result, the appropriate and effective care system for the elderly with dementia in Thailand must be caused by cooperation from many parties, such as a family of an elderly person suffering from dementia, community involvement both public and private agencies, hospital or services related to the elderly with dementia, as well as a national policy that is prescribed for the care of elderly people with dementia and leads to community action.

- Communities can contribute in the care of dementia patients by cooperating with relevant network partners from the public, private, and Civil Society sectors Establish a registration system for the elderly with dementia in the community

- Finding Elderly people at risk of dementia – related illness.(New case)

- Give knowledge about dementia to people in the community.

- Home visits for elderly with dementia by nurse or community's volunteers

Suggestions

1. Policy recommendation

MINISTRY OF LABOR:

-The government should provide assistance to dementia-affected elderly people, such as job opportunities, so that the elderly retain their sense of self-worth and are rehabilitated, as well as preventing the condition of the elderly with dementia from deteriorating further.

MINISTRY OF PUBLIC HEALTH:

- Dementia care policy should be set on the national agenda
- The government should be to have a follow-up from the policy down to the practitioner
- There is a public health system that allows elderly people with dementia to access services easily and quickly
- It is collaboration between government organizations and private sector in caring for the elderly with dementia to receive specialized care and caregiver's services are also available
- A campaign to raise dementia awareness, which includes knowledge dementia and screening of high-risk groups
- There should be the establishment of social service facilities. It's a method of assisting Dementia-stricken older people. By

providing a One-Stop Service, we will be able to assist both the elderly with dementia and their cares.

MINISTRY OF SOCIAL DEVELOPMENT AND HUMAN SECURITY:

- Social Welfare to the elderly with dementia in each stage of illness

- It is necessary to form a legal advisory organization to the elderly with dementia and their caregivers, since if the elderly has severe dementia, it may generate paranoia in family members, which could be related to riches, money, and other things.

2. Recommendations on the operational level

MINISTRY OF PUBLIC HEALTH:

- Caregivers should receive training to possess specific information about dementia and its treatment so that caregivers can provide care at home rather than relying on a service center.

- A body of information for the public should be produced. Dementia screening was done in conjunction with the elderly examination in order to prevent dementia-related sickness.

MINISTRY OF DIGITAL ECONOMY AND SOCIETY:

- Various forms of media regarding cognitive dementia should be available.

- In the community, day care center of dementia

- Both public and private agencies must be proactive.

To provide dementia-affected seniors with access to social services.

- Personnel should be trained and developed in different departments. to be well-versed in dementia and how to care for it.

MINISTRY OF SOCIAL DEVELOPMENT AND HUMAN SECURITY:

- Should advocate for the construction of a community-based facility to care for the elderly with dementia

- Personnel should receive training and welfare in caring for the elderly with dementia in each stage

Community – based

- Communities can contribute in the care of dementia patients by cooperating with relevant network partners from the public, private, and Civil Society sectors Establish a registration system for the elderly with dementia in the community

- Finding Elderly people at risk of dementia-related illness.
(New case)

- Give knowledge about dementia to people in the community.

- Home visits for elderly with dementia by nurse or community's volunteers

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