

DTA Webinar Series

Webinar 4 - Health Prevention and Promotion for Cognitive Impairment and Dementia

Dr Sarah Russell and Lauren Poulos



CULTURE COMMUNITY COUNTRY FAMILY CONNECTION

KINDNESS, COMPASSION

LIVING WELL AGEING WELL

RESPECT FOR ELDER

ENGAGEMENT, TRUST, HEALTH LITERACY

SEEN, HEARD, RESPECTED, VALUED

WHOLE PERSON, WHOLE OF LIFE

GETTING HEALTH CARE

HIGH QUALITY HEALTH CARE, EVIDENCE-BASED GUIDELINES

FAIRNESS, EQUITY, EVERYONE



Acknowledgement of Country

We acknowledge the traditional owners of this land and pay our respect to Elders past, present and emerging.

We also acknowledge the Stolen Generation and their families.

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Aims of the Let's CHAT Dementia project

To increase:

- health service and community awareness of Cognitive Impairment / Dementia
- health service knowledge about and skills for preventing, detecting and managing CI/D
- detection rates of CI/D

To maximise:

- care of people with CI/D
- carer health and wellbeing





Let's CHAT Implementation best-practice dementia care

Let's CHAT Webinars:

1. GP Webinar
2. Detection of Cognitive Impairment and Dementia
3. Health Care for People Living with Cognitive Impairment and Dementia
4. **Health Promotion and Prevention**
5. Health and Wellbeing of Carers of People with Cognitive Impairment and Dementia
6. Planning, Decision-making and End-of-life Care

Resources

- *Best Practice Guide to Cognitive Impairment and Dementia Care for Aboriginal and Torres Strait Islander People in Primary Care*
- *Summary Guide*



Webinar 4 Learning Objectives

At the end of
this webinar,
you should be
able to:

Discuss the modifiable risk factors for cognitive impairment and dementia

Discuss the protective factors which assist in building resistance against cognitive impairment and dementia

Understand health promotion and prevention

Implement a health promotion campaign in primary care

Age well by living well

- The most effective strategies to reduce the risk of dementia are those that support good health; ***ageing well*** is best supported by ***living well***
- This is a **life-course approach**.
- **Culturally compatible** with Aboriginal and Torres Strait Islander ways of being
- Supported by **clinical evidence**.
- Key factors:
 - Growing a strong brain and then looking after it
 - Strengthening protecting factors throughout life
 - Minimising harm and preventable risk factors

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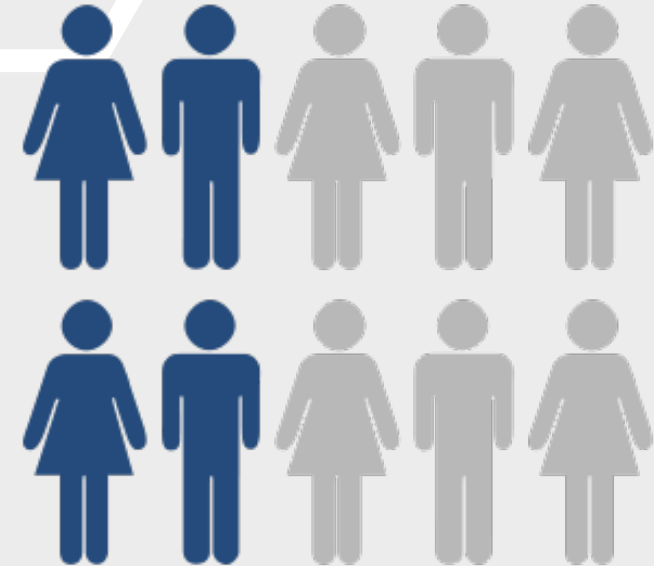
Is dementia preventable?

What percentage of dementia in the general population is preventable?

The progression of the disease can be delayed through the management of **modifiable risk and protective factors**.

Possibly higher in Aboriginal and Torres Strait Islander populations

40%



3.1 Case Study: Aunty Molly



Aunty Molly is a 68-year-old woman who lives with her son Frank.

After visiting the health service because of memory and behaviour changes, Molly was diagnosed with Alzheimer's disease.

A case conference with GP Mary, health worker Harry and other health staff from the service, was held to discuss Molly's care.



3.2 Case Study: Frank



Frank talking to his friend, Harry

Frank has been worrying about his own health and memory. He is worried that he is getting dementia too.

Frank confides in his friend Harry, a health worker at the local AMS. *"I am really worried about my memory as I think I am getting dementia like mum. I can't keep track of what I have to do, I lose my keys and I am cranky with the grandkids"*.

Frank tells Harry that his mum's mother had dementia that was really bad and he is worried it runs in the family.

Harry suggests that Frank go to the dementia education which is happening soon at the Elder's group.

Modifiable risk and protective factors

Cognitive reserve is the brain's ability to cope with damage and find alternative ways to get the job done.



Protective factors are factors which strengthen or help to build a healthy, resilient brain. These are factors which help to strengthen cognitive reserve, thinking ability and memory.



Modifiable risk factors are lifestyle factors which damage, reduce or limit brain health. These are factors which may limit cognitive reserve, cause brain damage or reduce brain development.

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What are the modifiable risk factors for CI and dementia?

Risk factors for dementia – damaging, reducing or limiting brain health

Childhood and adolescence:

- Childhood trauma and early life adversity
- Middle ear disease and hearing impairment
- Low level education

Middle life:

- Hearing impairment
- Hypertension
- Other cardiovascular risk factors including atrial fibrillation
- Psychosocial stressors
- Chronic kidney disease

Later life:

- Stroke
- Epilepsy
- Delirium
- History of depression/chronic grief
- Social isolation/loneliness
- Polypharmacy and anticholinergic medications

Throughout all stages of life:

Excessive alcohol intake

Obesity

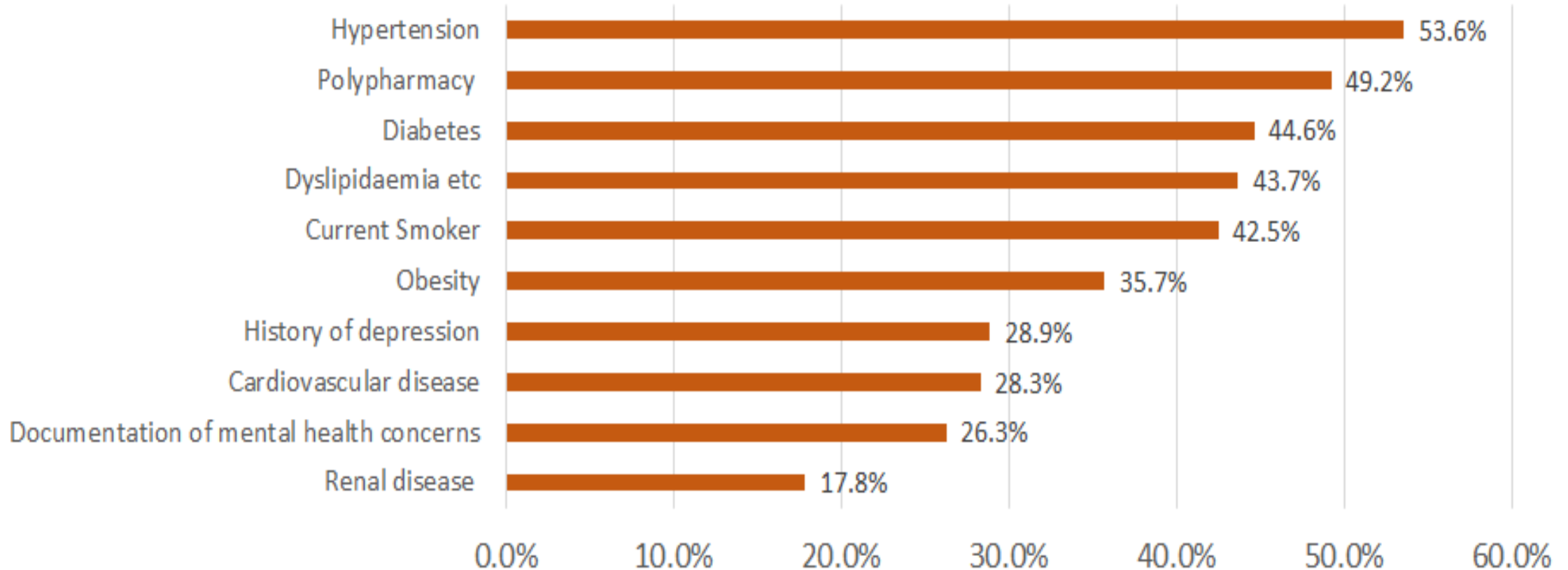
Diabetes

Smoking

Head injury

Risk Factors for Dementia in Aboriginal and Torres Strait Islander Communities

Top 10 Dementia Risk Factors Found in 50+ patients, Let's CHAT Dementia Study ($n=1653$)



Protective factors for brain health

Strengthening or building cognitive resilience

Protective factors that help to prevent or delay the onset of dementia

- Healthy pregnancy
- Secure home environment
- Good diet
- Good hearing and language acquisition
- Strong development and engagement in education and learning
- Healthy lifestyle
- Healthy weight
- No smoking
- Regular exercise
- Low alcohol intake
- Education and employment
- Cultural and social connection
- Cognitive activities

3.3 Case Study: Health promotion



Harry giving information to Frank

Frank goes and talks with Harry to discuss preventative strategies.

Harry talks about early risk factors of dementia, prevention and early intervention.



Health promotion

The health promotion and disease prevention message for cognitive impairment and dementia are similar for most chronic conditions



The role of primary care in health promotion

Primary care has a key role in providing health care and support services throughout the life course. As well as ***targeted chronic disease prevention and management***, other key primary health programs impact on neurodevelopment, cognitive reserve and dementia risk.



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The role of primary care in health promotion

Health programs which impact on neurodevelopment, cognitive reserve and dementia risk include:

- Antenatal care
- Early childhood services
- Ear health
- Parenting and family support services
- Alcohol and other drug services
- A broad range of mental health/social and emotional wellbeing services

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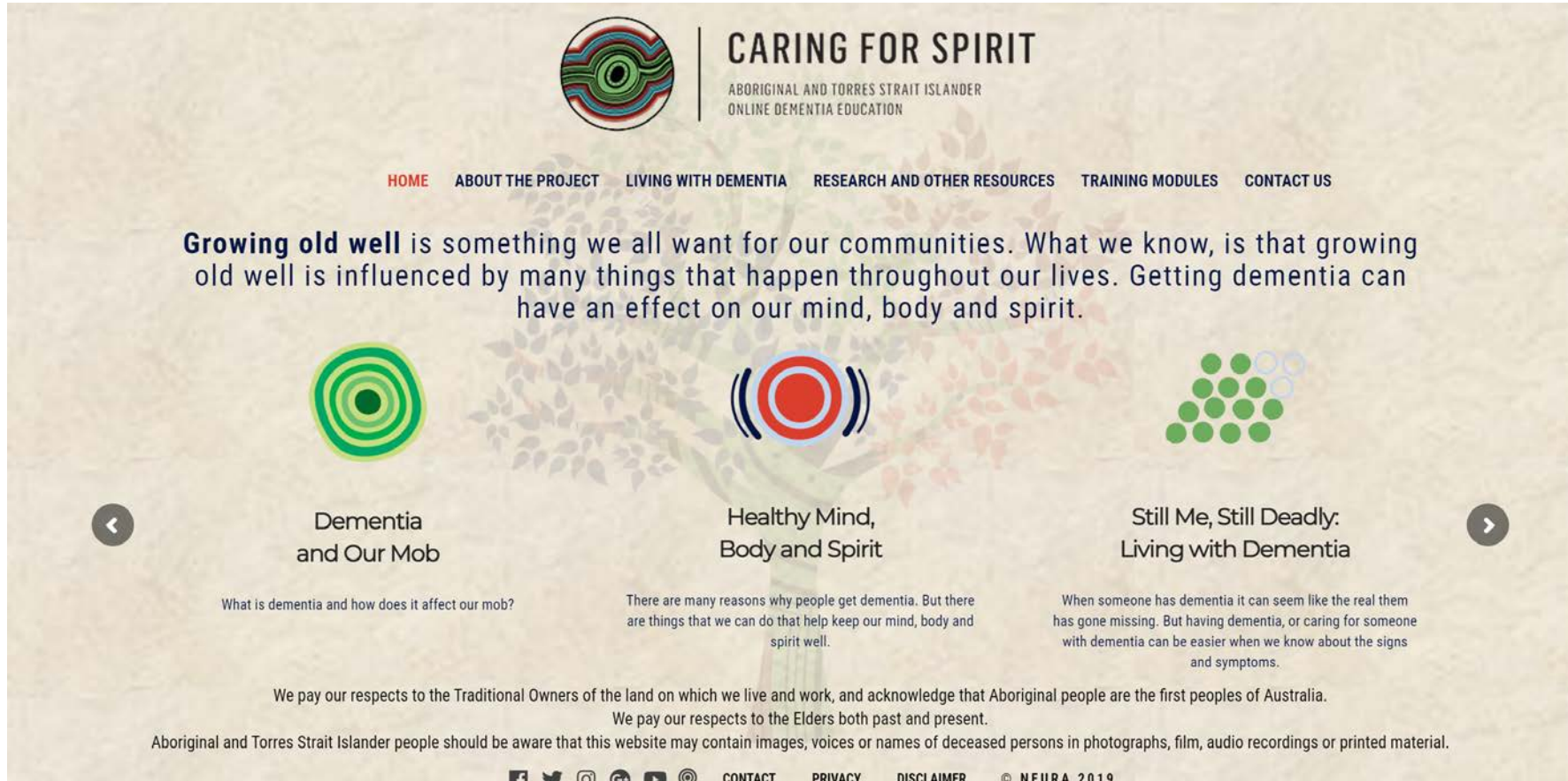
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Community resources on dementia



CARING FOR SPIRIT
ABORIGINAL AND TORRES STRAIT ISLANDER
ONLINE DEMENTIA EDUCATION

[HOME](#) [ABOUT THE PROJECT](#) [LIVING WITH DEMENTIA](#) [RESEARCH AND OTHER RESOURCES](#) [TRAINING MODULES](#) [CONTACT US](#)

Growing old well is something we all want for our communities. What we know, is that growing old well is influenced by many things that happen throughout our lives. Getting dementia can have an effect on our mind, body and spirit.

Dementia and Our Mob
What is dementia and how does it affect our mob?

Healthy Mind, Body and Spirit
There are many reasons why people get dementia. But there are things that we can do that help keep our mind, body and spirit well.

Still Me, Still Deadly: Living with Dementia
When someone has dementia it can seem like the real them has gone missing. But having dementia, or caring for someone with dementia can be easier when we know about the signs and symptoms.

We pay our respects to the Traditional Owners of the land on which we live and work, and acknowledge that Aboriginal people are the first peoples of Australia.
We pay our respects to the Elders both past and present.
Aboriginal and Torres Strait Islander people should be aware that this website may contain images, voices or names of deceased persons in photographs, film, audio recordings or printed material.

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WWW.CaringForSpirit.org.au

Caring for Spirit – Online Learning Modules



- Caring for Spirit Online Learning Modules
- Four modules
 - What is Dementia?
 - Dementia Assessment and Professional Support
 - Supporting People Living with Dementia
 - Strong and deadly - Looking after yourself (for a person with Dementia and for carers)

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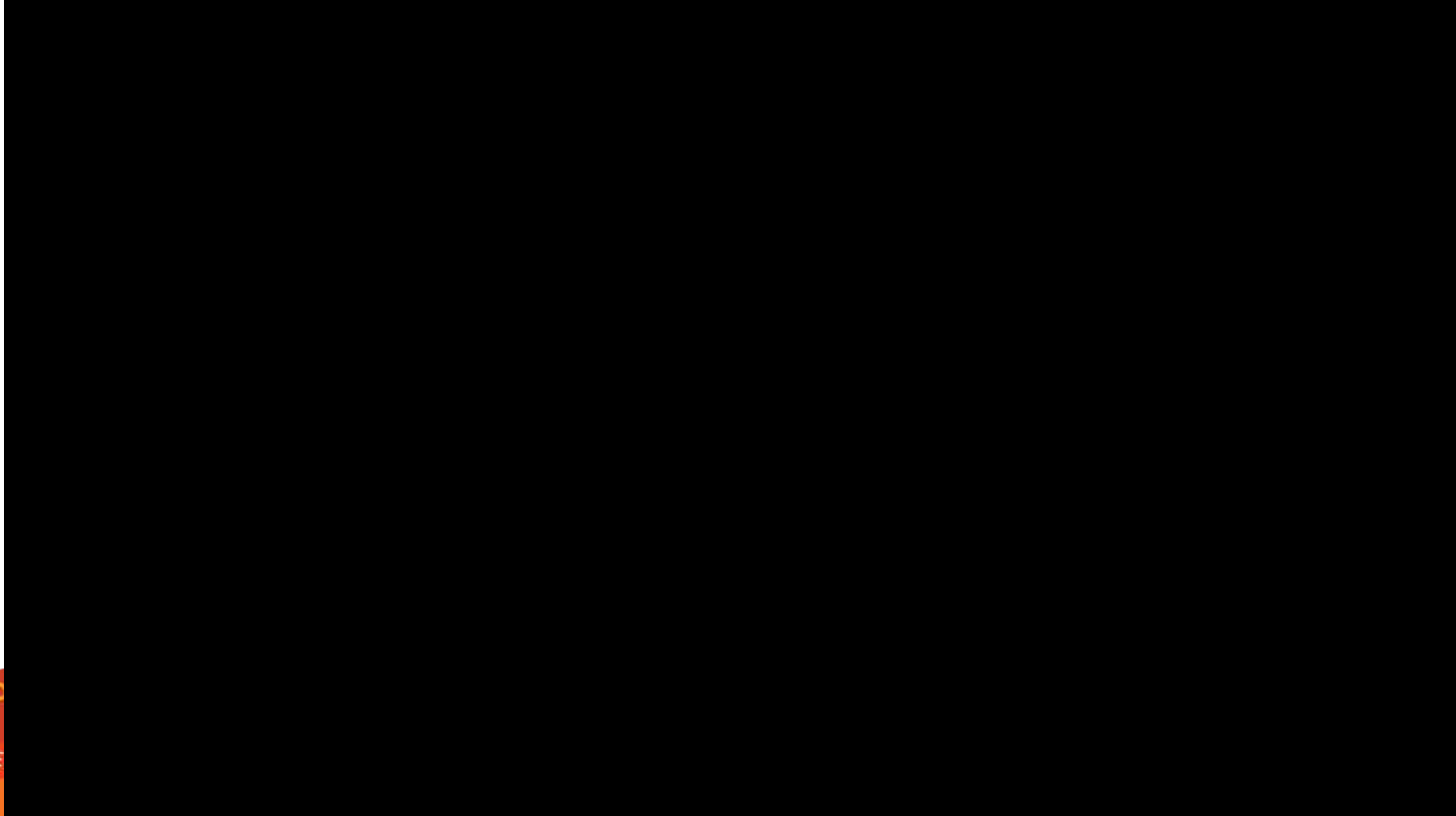
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Caring for Spirit Video Content





3.4 Case Study: Frank



Frank talks to Harry after the education session at the Elder's group. Frank tells Harry how he is worried he is forgetful and irritable and he thinks maybe he has dementia as well.

Harry speaks openly with Frank. *"You have a lot on your plate with being carer for your mum. We all forget things, and not all memory loss is dementia. There are many things we can do to maintain a healthy brain. Why don't I make an appointment for you to see Dr Bill to have a health check and draw up a care plan to keep your body and brain as healthy as possible".*

Managing the risk factors

- Cardiovascular disease
- Renal disease
- Diabetes
- Obesity

Primary prevention - reduce the incidence

Secondary prevention - reduce the impact

- Increase resilience and social and emotional wellbeing

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Key messages from Webinar 3: Health Prevention and Promotion for Cognitive Impairment and Dementia

- ***Living well*** supports ***ageing well***.
- There are ***many protective factors*** that can increase cognitive reserve
- ***Many*** risk factors for cognitive impairment and dementia are ***modifiable risk factors***
- Primary health care has a large role to play in ***promoting brain health*** across the life course.

Resources

- <https://medicine.unimelb.edu.au/lets-chat-dementia>

- **MBS 715 Health Check**

<https://www.racgp.org.au/the-racgp/faculties/aboriginal-and-torres-strait-islander-health/guides/resources/2019-mbs-item-715-health-check-templates>

- www.caringforspirit.org.au



Next webinar 9th February 2022

Webinar 5

Health and Wellbeing of Carers for People with Cognitive Impairment and Dementia



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Thank you!



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