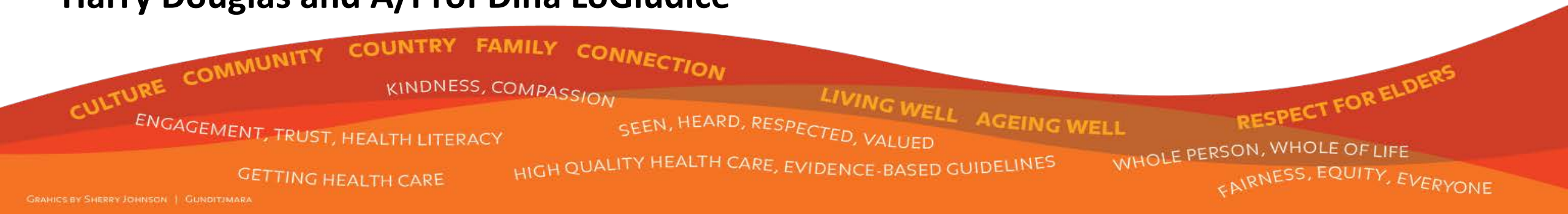
DTA Webinar Series
Webinar 3 - Health Care for Aboriginal & Torres Strait Islander People Living with Cognitive Impairment & Dementia

Harry Douglas and A/Prof Dina LoGiudice



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.

Aims of the Let's CHAT Dementia project

To increase:

- health service and community awareness of CI/D
- 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*

Key messages from Webinar 2: Detection of Cognitive Impairment and Dementia

- Understand about **cognitive impairment** and **dementia**
- Know the different **types of dementia**
- Be aware of **risk factors**, especially in 50+ patients
- Take notice of **concerns about memory, thinking & confusion** and follow them up
- **Respond to concerns** or suspicion of CI
- Use existing **tools & processes**
  - health checks
  - chronic disease care plans
  - referrals & recalls

Webinar 3 Learning Objectives

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

- Describe best practice clinical and cultural aspects of care for Aboriginal and Torres Strait Islander peoples who have been diagnosed with dementia
- Learn about the progression of dementia
- Learn about the general health and dementia-specific care needs of a person living with dementia and how to incorporate support for these needs into everyday care management
- Understand the importance of a co-ordinated and holistic case management approach to the care of a person living with dementia

Principles of care

- Culturally appropriate: family & person-centred, trauma-informed
- Optimise quality of life, maintain function, maximise comfort
- Multidisciplinary, well coordinated
- Regular review
- Health care *and* social & support services

A Guide to Cognitive Impairment & Dementia Care for Aboriginal & Torres Strait Islander Peoples

An Overview for Primary Health Care Teams

HEALTH CARE

Regular, multi-disciplinary primary health care including **social & emotional wellbeing,** acute health care & chronic disease management

Dementia-specific care including **regular review & timely specialist** referral

Coordination & case management

DETECTION

Concerns about memory or thinking **OR** Risk factors present

Cognitive screening

FULL CLINICAL ASSESSMENT

HEALTH PROMOTION & PREVENTION

Strengthening protective factors

Social & emotional wellbeing & cultural connection
Education & learning
Healthy diet, healthy weight
Not smoking
Moderate or no alcohol
Good hearing
Physical activity & exercise

Reducing risk

Preventing diabetes, stroke, high blood pressure, kidney disease, head trauma, **depression, social isolation**

LIVING WITH DEMENTIA

Optimise quality of life
Maintain function
Maximise comfort

END-OF-LIFE CARE

Preparation
Care
Support
Consider palliative care services

CARERS & FAMILY

Health care
Support services
Education & information
Advocacy & companionship

PERSONAL PREFERENCES & DECISION MAKING

Now and in the future

At all stages **of cognitive capacity**

Consider decision makers and **powers of attorney (finances, wills)**

Advanced care planning **& directives**

CULTURE COMMUNITY COUNTRY FAMILY CONNECTION

KINDNESS, COMPASSION

ENGAGEMENT, TRUST, HEALTH LITERACY

SEEN, HEARD, RESPECTED, VALUED

LIVING WELL AGEING WELL

RESPECT FOR ELDERS

GETTING HEALTH CARE

HIGH QUALITY HEALTH CARE, EVIDENCE-BASED GUIDELINES

WHOLE PERSON, WHOLE OF LIFE

FAIRNESS, EQUITY, EVERYONE

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The different stages of dementia

Four main stages of dementia:

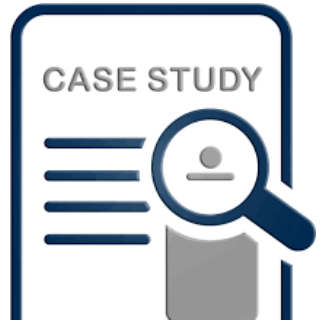
- Mild cognitive impairment (mild memory and thinking problems)
- Early dementia
- Mid-stage dementia
- Late dementia

Progress of disease → different care needs

Stages of cognitive impairment and dementia

	Mild cognitive impairment	Early dementia	Mid-stage dementia	Late-stage dementia
General profile	Not dementia. Able to function fairly normally but friends & family usually notice the person is having thinking problems. May revert to normal cognitive functioning	Thinking is noticeably affected.	Cognitive & behavioural problems from early stages become more pronounced. Physical function declines.	Progressively unable to speak or communicate.
Cognitive symptoms include	Increased forgetfulness, some difficulty concentrating, trouble finding words	Changes in memory, judgement, planning, mood & insight, episodes of confusion. Denial might be a factor.	Forgetting home address, names of close family, recent events	
Possible functional impacts	Getting lost, decreased work performance	Problems travelling alone to new locations, socialising (withdrawal from family & friends), managing finances, driving, completing more complex tasks easily or correctly	Needing assistance with ADLs, ranging to extensive assistance. BPSD. Onset of physical issues: incontinence, speech problems.	Assistance needed with most activities (e.g., using the toilet, eating). Loss of psychomotor skills, eg. ability to walk.
Average duration	2-7 years	2 years	4 years	1.5 – 2.5 years

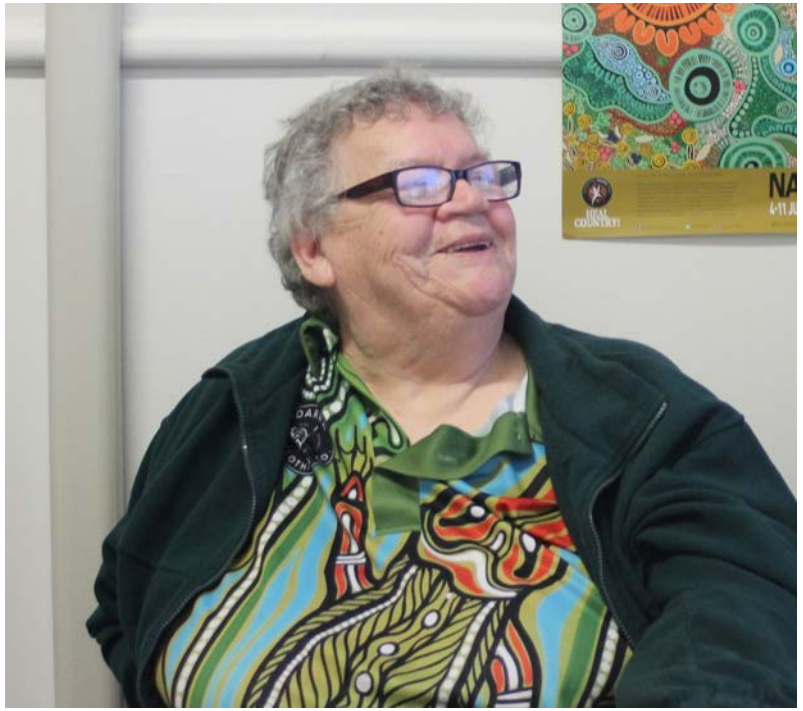
2.1 Case Study: Aunty Molly



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

Frank took Molly to see Karen the local health worker, due to concerns about Molly's memory and behaviour.

Karen performed a KICA-Screen and Molly got a score of 18/25. Molly was further assessed by the GP and was referred to see a geriatrician for a specialist assessment. A diagnosis of early stage Alzheimer's disease was made.



2.2 Case Study: Aunty Molly

Frank visits the health service to speak with Karen as he is worried that he doesn't know how to look after Aunty Molly properly, now that she has been diagnosed with dementia.

Frank tells Karen that Molly seems more forgetful and is doing strange things like putting the empty milk carton in the microwave. He also says that he found stained underwear and unwashed clothes in Molly's bedroom, which is unusual for her, and she's accusing him of stealing things.

Frank says, '*I am worried that mum's dementia will get worse. How do I get her to keep doing the things she can for herself? I haven't got the time to do everything for her as I have to look after my kids*.'

Care focus at the different stages

Mild cognitive impairment	Early dementia	Mid-stage dementia	Late-stage dementia

Support brain health & cognition
• Healthy lifestyle: good diet, no smoking, physical activity, safe alcohol, healthy weight
• SEWB: decrease stress, address mental health concerns, encourage social connection
• Manage medical conditions: hypertension, diabetes, heart disease, hearing impairment, medication review
• Brain training (some evidence of benefit – not much)
	Aim to slow down progress (secondary prevention) and adjust to diagnosis
	• All the things that support brain health
	• Strategies to support patient & family to understand and adjust to diagnosis
	• Regular review including reminders for appointments
	• Advice & supports for caregivers: information, strategies & safety considerations
	• Planning and decision-making
		Primary focus on management and support
		• Set up home supports for:
		  • Personal ADLs
		  • Instrumental ADLs
		  • Respite care
		• BPSD supports – Dementia Support Australia, DBMAS, App
		• Carer & family support
			Primary focus on management and support
			• Increased home supports
			• Carer & family support
			• Facilitate transitioning to residential care

Optimise quality of life, maintain function, maximise comfort

Regular care & dementia-specific care

General medical care

Allied health and nursing

Tracking function

Risk assessment

Monitoring BPSD

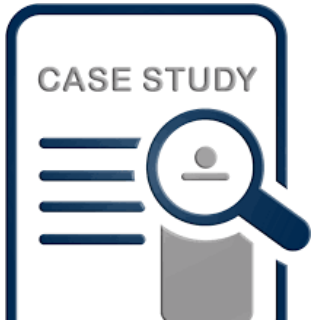
Referrals

Next slides, we will discuss these in more detail

General medical care

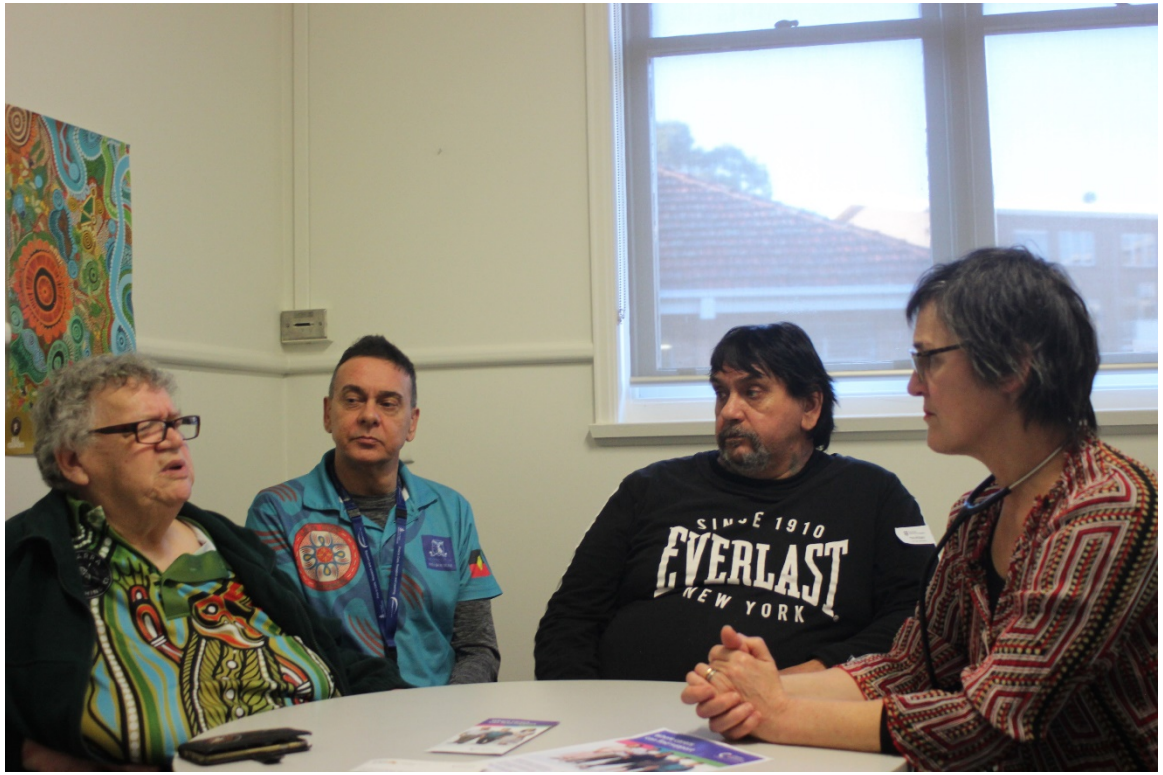
- Routine primary care including acute care, immunisation etc
- Social and emotional wellbeing
- Risk factors and comorbidities
- Oral and dental care
- Medication review
- Encouraging physical activity, social connection and cognitive activity

2.3 Case Study: Case conference



The GP Mary is concerned about Aunty Molly and calls for a case conference with other health staff to discuss Molly's diagnosis and care.

What other staff would be involved in Molly's care?



Allied health and nursing

- Aboriginal health worker / practitioner
- Case management
- Diabetes and other chronic disease management
- Pharmacy: medication monitoring & review
- Physiotherapy: falls, mobility, exercise
- OT: functional independence
- Audiology, optometry
- Podiatry
- Dietetics
- Speech pathology: swallowing and communication issues
- Psychology, social work, counselling

Tracking function

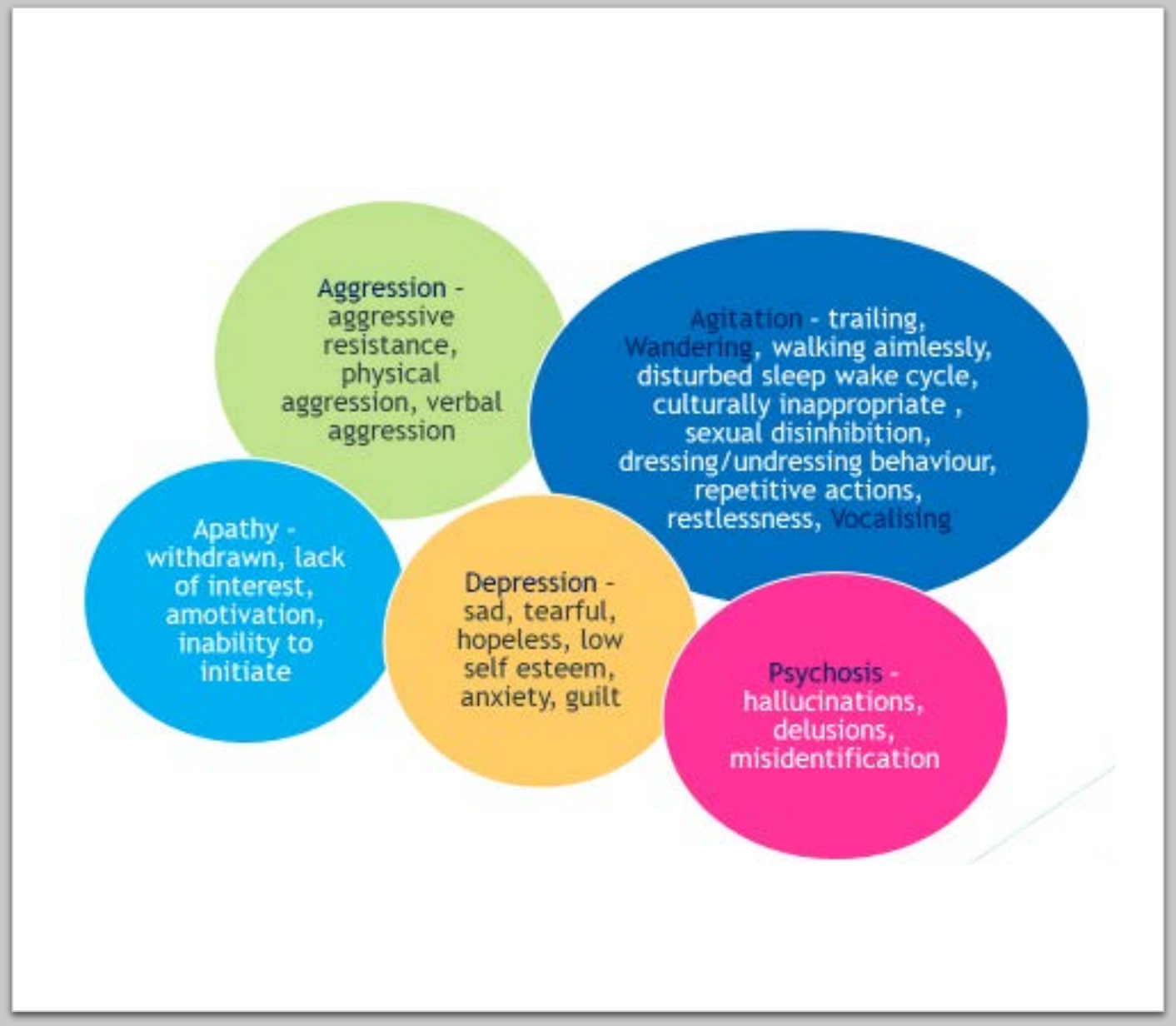
- Cognition (decision making, finances, safety)
- ADLs (self-care, driving)

Risk assessments

- Nutrition and hydration
- Pain
- Falls
- Continence
- Elder Abuse

Monitoring BPSD

- Depression
- Agitation
- Anxiety
- Sleep disturbance
- Aggression
- Wandering



Referrals - Multidisciplinary care approach

1. Geriatric/memory/service/ psychogeriatrician/other specialist
   a. Comprehensive assessment/review
   b. Advice re general & BPSD management
   c. Dementia medication
2. Allied health and nursing
3. Palliative care services
4. My Aged Care enrolment and assessment for access to funded services including Commonwealth Home Support Program (CHSP) and Aged Care Assessment Team (ACAT)

Coordinated case management approach

Responding to complex needs

- personal care
- medical
- SEWB & BPSD
- changes in needs
- carer & family health & wellbeing
- planning & decision-making

Day-to-day support & regular contact & review

Responsive support in acute & crisis situations

Clear for patients & family who their point of contact is

GP Management Plan Recommendations

Dementia care in care plans –

Health issues, care needs, relevant conditions	*How often*	*Treatment and services required, including actions to be taken by the patient*	*Arrangements for providing treatment/services (eg who, contact details, etc)*
SEWB including quality of life, anxiety, depression and other BPSD	6-12 months		Mental health Dementia Support Australia for BPSD Geriatrician/ Psychiatrist
Cognitive assessment	Annual	Use assessment tool eg KICA	AHW/Nurse/GP
Risk assessments: • falls • incontinence • pain • nutrition • Elder abuse	6-12 months	Consider using standardised tools	OT Physio/ Podiatry Community Dietician Dental review Home visits: care team; Referral MAC Continence Foundation Australia referral
Track function: • ADLs including self-care • driving • management of finances	6-12 months	Consider assessment of fitness to drive. Resources available at https://austroads.com.au/drivers-and-vehicles/assessing-fitness-to-drive Consider capacity re financial matters, appointment of power of attorney	GP/Nurse/AHW Allied health: OT, physio including home visits Consider referral to geriatrician for assessment of capacity
Medication review	6-12 months	General review of adherence, efficacy and adverse effects of medications. Identify anticholinergic load, including antipsychotics, antidepressants, anticonvulsants, hypnotics. Monitor therapeutic response to dementia medications. Consider referral for home medication review (HMR)	GP Pharmacist
Healthy lifestyle advice • physical activity • healthy diet • healthy weight • smoking cessation • safe alcohol	6-12 months	Provide advice including patient information resources	AHW/Nurse/GP Dietician Physio Exercise physiologist

Dementia care in care plans: continued

Immunisation	**Annual**	**Annual influenza** **Review need for pneumococcal, shingles**	**GP/Nurse/AHW**
Dental and oral care	Annual	Monitor for poor oral health particularly in setting of weight loss	**GP/Nurse/AHW** **Dentist**
Vision	Annual		**GP/Nurse/AHW** **Optometrist**
Hearing	Annual	Refer to audiology annually if hearing impairment identified. Otherwise, 5-yearly.	**GP/Nurse/AHW** **Audiologist**
Planning	6-12 months	Clarify who is involved in decision-making, formalise medical decision making process, consider need for power of attorney for financial and other affairs, consider advanced care plan.	**Consider case conference** **Consider family meeting**
Clinical and support services	6-12 months	Review all services involved in care including; • clinical services - geriatrician, allied health practitioners, palliative care, case manager, care coordinator, etc • support services - My Aged Care, social work, day programs, home support, etc Make sure communication/documentation is current in patient record.	**Consider case conference** **Consider family meeting** **Refer to My Aged Care** **Refer to local ACAT** **Refer to local supports including Dementia Australia or Dementia Support Australia** **Consider referral to Palliative Care**
Carer health and well being	6-12 months	Review general health including screening for mental health issues in carers	**Mental health review for carers** **Refer to Carers Australia** **Refer to Dementia Australia for education** **Refer to dementia Support Australia for assistance of management of BPSD** **Consider carers allowance**
General health care review	**6-12 months**	**Review of care plan** **Annual Indigenous health incentive PIP registration** **Consider annual MBS 715 health check or other health assessment (75+ or resident of aged care home)** **Take into account the CHANGING NEEDS of person with dementia.**	**AHW/Nurse/GP** **Assist patient to attend (e.g. reminder call). (Admin)** **Travel assistance**

Key messages from Webinar 3: Health Care for People Living with Cognitive Impairment & Dementia

- ***Goals of care***: optimise quality of life, maintain function, maximise comfort
- ***Good dementia care***
  - high quality primary health care
  - dementia-specific health care
  - coordinated, case management approach
  - regular review
- ***Health care and support needs change*** as disease progresses

Thank you!

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HIGH QUALITY HEALTH CARE, EVIDENCE-BASED GUIDELINES

WHOLE PERSON, WHOLE OF LIFE

FAIRNESS, EQUITY, EVERYONE

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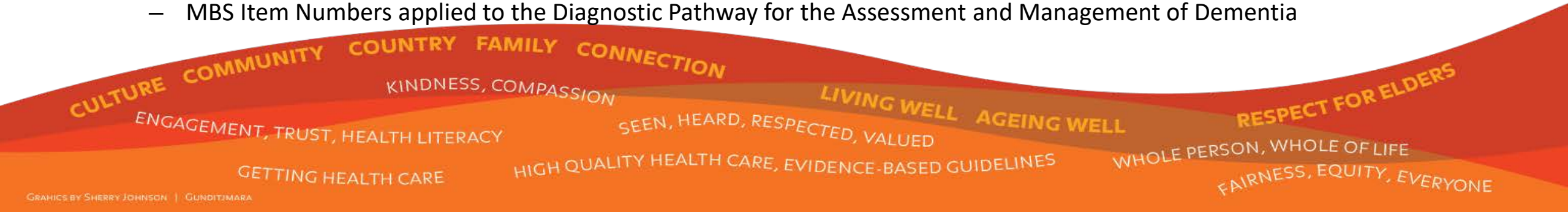
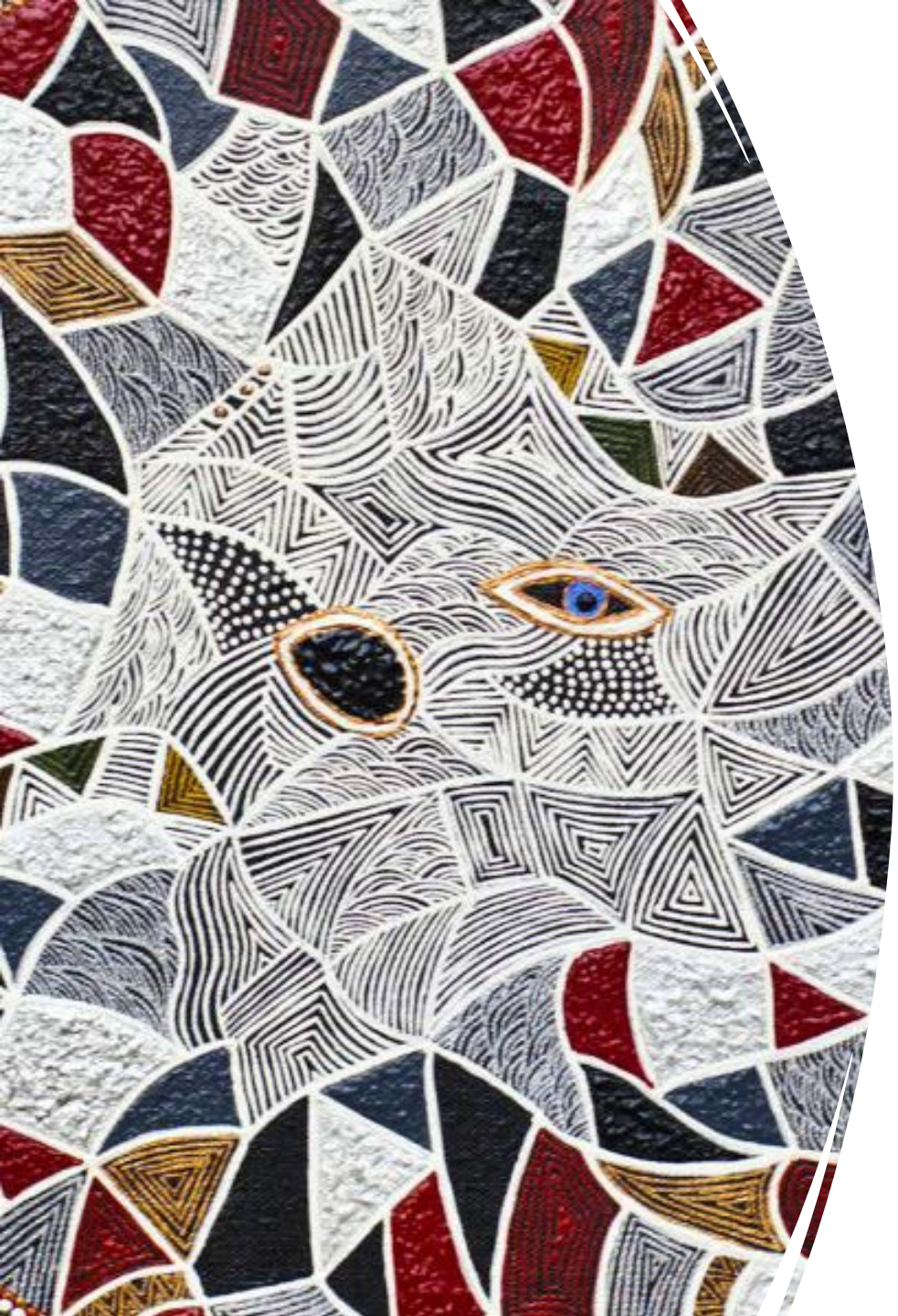
Thank you

Some helpful resources:

- Best practice guide to cognitive impairment and dementia care for Aboriginal and Torres Strait Islander people BPG & poster
- GP Management Plan recommendations
- Good Spirit Good life: Quality of life tool for older Aboriginal Australians
- Let's CHAT Dementia website
- KICA tools : Cognitive assessment tools for older Aboriginal Australians
- Cognitive Decline Partnership Centre People with dementia: a care guide for general practice
- Clinical Practice Guidelines and Principles of Care for People with Dementia
- Dementia Pathways Tool:
  - Diagnostic Pathway for the Assessment and Management of Dementia
  - MBS Item Numbers applied to the Diagnostic Pathway for the Assessment and Management of Dementia





Stay In Touch

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Artwork- ***Trek of hope for dementia***
Artist – ***Mary Jane Page***
To access the story connected to the artwork visit
http://ageingbycaring.com.au/wordpress/wp-content/uploads/2011/06/postcard-final-portrait-2-020712.pdf

Next webinar

Webinar 4

Health Promotion and Prevention

CULTURE COMMUNITY COUNTRY FAMILY CONNECTION
KINDNESS, COMPASSION
LIVING WELL AGEING WELL
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