DTA Webinar Series

Webinar 2 - Detection of Cognitive Impairment and Dementia:

Best practice for Aboriginal and Torres Strait Islander people attending primary care

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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.

Let’s CHAT Dementia project

Aims

Optimised detection and management of cognitive impairment and dementia

- 5-year project, NHMRC funded, 12 ACCHSs
- Developed **Best Practice Guide (*RACGP Accepted clinical resource*)**
- Co-design model
- Tailored to local needs and preferences

Webinar objectives:

- Describe best practice clinical and cultural aspects of care in relation to the detection of cognitive impairment and dementia
- Learn about the definition of cognitive impairment and dementia
- Understand the value of detecting cognitive impairment or dementia in a timely manner
- Identify strategies that support detection of cognitive impairment or dementia

Background

- Older people and Elders are deeply respected and have important roles in families, communities and on Country
- The population is ageing
- Dementia rates are high and higher onset at younger age (often not diagnosed)
- Most people do not develop dementia and live well to older age

Background (cont'd)

- 1 in 5 people over the age of 50 years has some form of cognitive impairment including dementia in this population
- Alzheimer's Disease and Vascular Cognitive Impairment are common
- Very low rates dementia secondary to alcohol
- We know that childhood trauma increases the risk for cognitive impairment and dementia

Aunty Molly

- Aunty Molly is 68 years old and lives with son Frank
- Health conditions: diabetes, hypertension, obesity.
- Aunty was taken from her family as a young child (*Stolen Generation*).
- Molly & Frank visit the local health service, where Karen, the Aboriginal & Torres Strait Islander Health Worker, greets them.
- Frank is worried because his mum has been forgetful & acting out of character. She gets angry when she wouldn't usually, including with her grandchildren, who she used to love having around.
- Karen notes that Aunty Molly has missed several health checks at the health service. She used to come in regularly for her appointments.

What is cognitive impairment?

Refers to problems with brain functioning, especially:

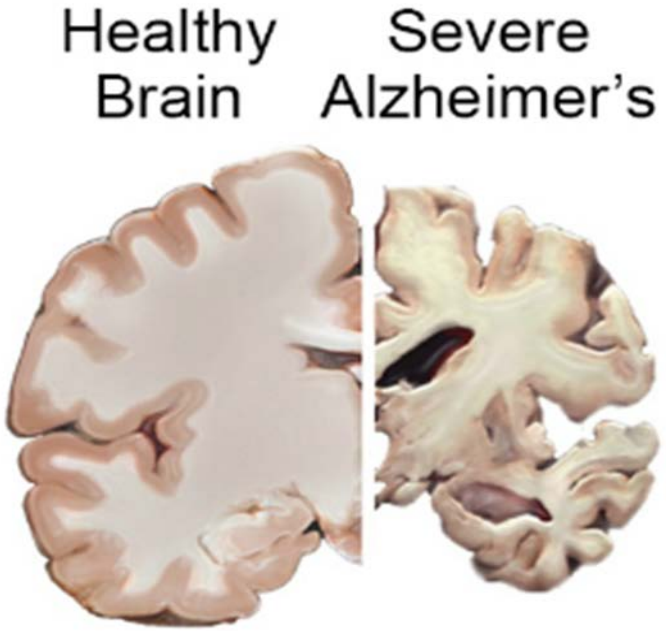
- memory
- thinking
- confusion

Cognitive impairment:

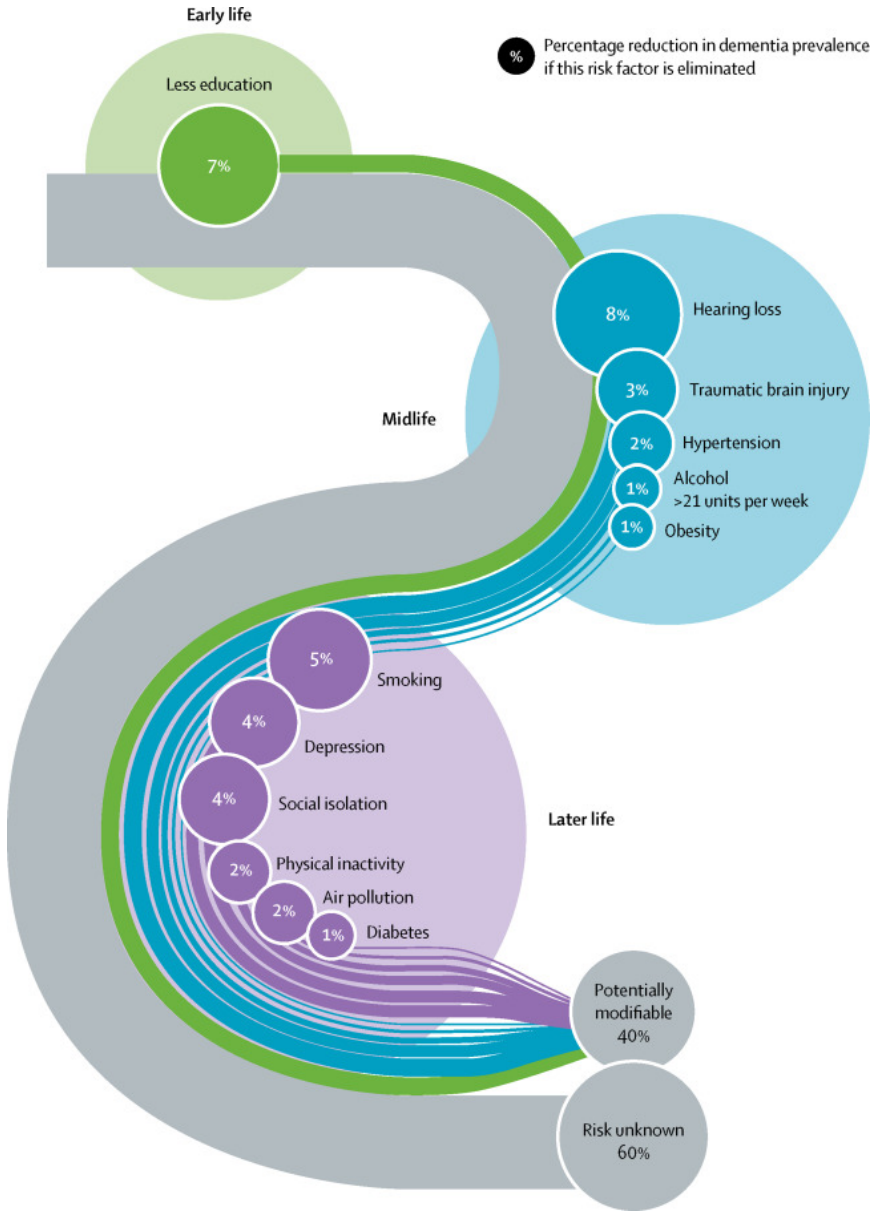
- is not part of ordinary, healthy ageing
- may be
  - Reversible (eg delirium, medications, depression, & others)
  - Mild Cognitive Impairment (MCI)
  - Dementia
- requires careful clinical assessment

What is dementia?

- Not one specific disease
- Not a normal part of ageing
- Umbrella term for a group of conditions that:
  - affect how the brain works
  - get worse over time
  - impact on thinking, memory, behaviours
  - affect physical functioning and the ability to do everyday tasks.
  - Family or others have noted changes



Factors that increase risk of dementia across the life course



Childhood trauma

Early life (<45 years)

- Less education

Midlife (45-65 years)

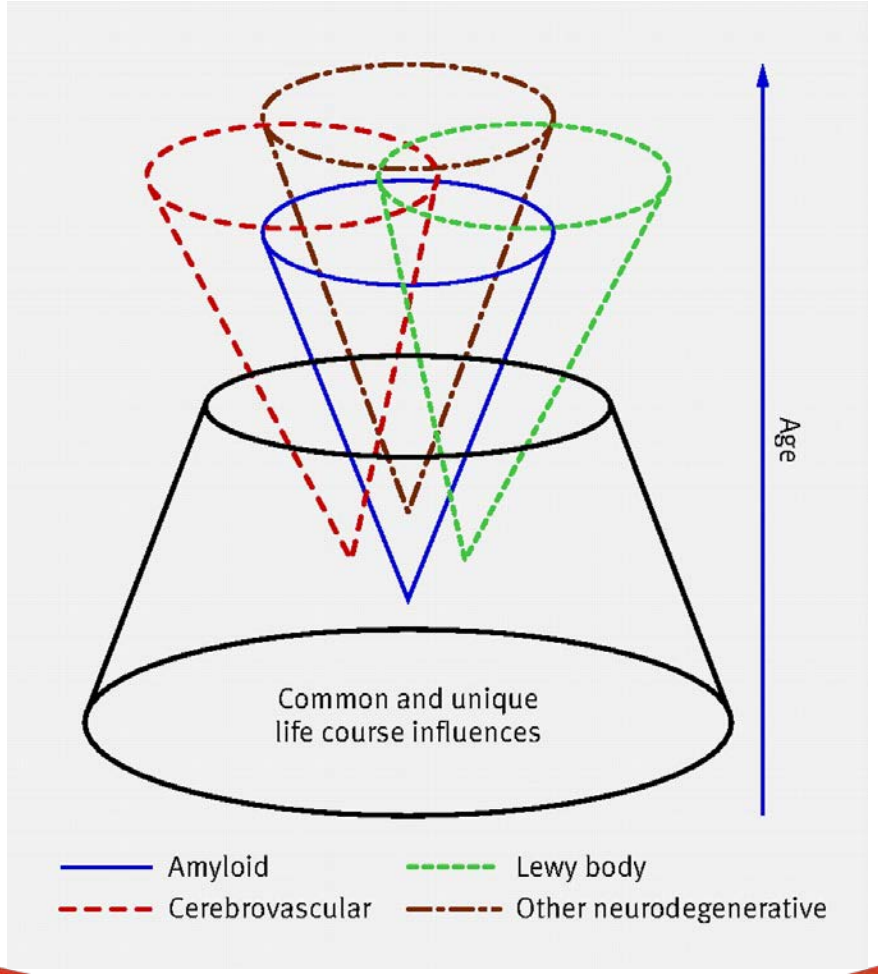
- Hearing loss
- Traumatic Brain Injury
- Hypertension
- Alcohol >21 units per week
- Obesity

Later life (age>65years)

- Physical inactivity
- Diabetes
- Depression
- Smoking
- Social isolation
- Air pollution

Types of dementia

- **Alzheimer's Disease (50-70%)**
- Vascular (10-20%)
- Lewy Body (10%) and Parkinson's related
- Frontotemporal (<5%)
- **Mixed**
- Alcohol-related (less than thought)
- Head injury-related



Why we want to pick it up early

- We might be able to ***slow down disease progress***
- To ***support quality of life***: we can make sure people are getting the right health care and support services
- So that people can ***discuss their preferences*** and have a say in how decisions will be made as dementia progresses
- To identify ***carers***, and consider their needs and the support services that are appropriate for them
- To find out whether ***potentially reversible factors*** are contributing (eg depression, medication, delirium)

Step 1: Case Finding

Passive

- Patient or family member/friend raises concerns about thinking, memory or confusion
- You or another health practitioner has concerns about thinking, memory or confusion

Active

Recommended from the age of 50 due to high prevalence:

- Check risk factors
- Ask questions about thinking, memory and confusion

If concerns have been raised, proceed to cognitive screening.

Annual health check - new recommendation re cognitive assessment for people 50 years and over

- Do you have any worries about your memory or thinking?
- Does anyone in your family have any worries about your memory or thinking ?

If ***yes*** to either and/or if health service ***staff raise concerns*** and/or the ***patient has high risk*** for cognitive impairment

Then: follow up with cognitive screening and further assessment

What signs might give a clue …

- Forgetting appointments
- Chronic disease not well managed (e.g. diabetes)
- Not taking medications properly
- Word finding difficulties
- Seem different, more grumpy, saying things wouldn't normally say
- Seem depressed and withdrawing from activities
- Dressing less well
- Losing weight
- Multiple hospital admissions
- Family are worried

Step 2: Cognitive screening

- Mini Mental State Examination (MMSE)
- Kimberley Indigenous Cognitive Assessment (KICA) Screen
- Rowland Universal Dementia Assessment Scale (RUDAS)
- Clock test
- KICA Carer (informant questions)

Become familiar using screening tools and use as part of health assessments

Step 3: Team approach to making a diagnosis of dementia

- Discuss with the GP regarding the need for further assessment to exclude conditions that might be making cognition worse, e.g. infection, depression, drugs
- Try and get a history from the family or community about whether there has been a change over time
- Is the cognition impacting on everyday function (e.g. home visit)?
- How is the carer coping?

Barriers to detecting cognitive impairment

Patient and family barriers

- Differentiating between normal ageing and dementia
- Belief that a diagnosis won't make any difference
- Fear and stigma
- Lack of insight from patient
- Stoicism (toughing it out)

Health service barriers

- Lack of knowledge about diagnosis, treatment and care
- Complex health care and chronic conditions
- Difficulty raising sensitive issues
- Lack of specialist services to refer to
- Misdiagnosis

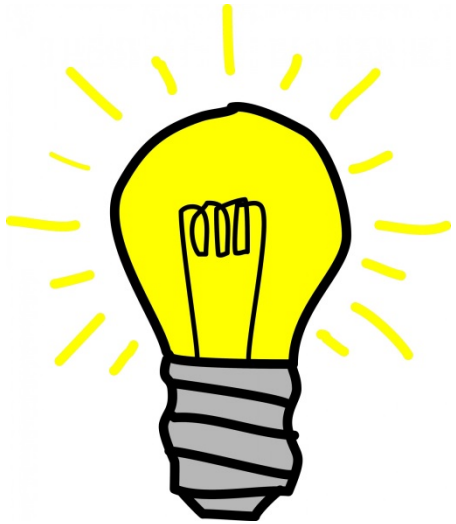
Tips on how to approach cognitive screening and talking about memory and thinking problems

Some people may find it difficult to have a conversation with an Elder about memory problems

- Prepare well
- Feel comfortable with the tests
- Make time and space
- Explain what you are going to do and why
- Explain that there are many things that the health service can help with to keep your brain healthy, and prevent memory problems getting worse

Supporting detection in the health service

- ***Think about*** brain health
- ***Be aware*** of risk factors, especially in 50+ patients
- ***Take notice*** of concerns about memory, thinking & confusion and follow them up
- ***Ask questions***
- ***Respond*** to concerns or suspicion of CI
- Use existing ***tools***:
  - health assessments
  - chronic disease care plans
  - referrals
  - recalls



Aunty Molly and Frank…what happened next

- Karen did an annual health assessment including the KICA screen, where Aunty had an obvious memory problems (KICA Screen score 18/25 and KICA Carer was 5/16)
- The findings were discussed with Aunty and Frank and then with her GP
- Dementia screening blood tests and CT brain were organised and medications reviewed
- Karen was nominated as the main point of contact for Aunty and Frank
- Aunty was referred to a specialist and diagnosed with mild Alzheimer's Disease and the diagnosis discussed with both of them.
- Medications for dementia were started (with Frank monitoring her tablets)
- Karen had a yarn with Frank about dementia and how to help Aunty but also how to look after himself
- Tune in to the next webinars to see what happens next……

Thank you

SOME USEFUL RESOURCES:

- RACGP/NACCHO Aboriginal Health Check templates (MBS 715)
- KICA tools : Cognitive assessment tools for older Aboriginal Australians
- Best practice guide to cognitive impairment and dementia care for Aboriginal and Torres Strait Islander people BPG & poster
- Let's CHAT Dementia website
- Cognitive Decline Partnership Centre People with dementia: a care guide for general practice
- Caring for Spirit: Aboriginal and Torres Strait Islander Online Dementia Education

Back to DTA for Q and A