



Let's CHAT Dementia Study

Issue Number 05 | 12 May 2021

In this issue

1. Plan for 2021
2. Health Service Activities
3. Let's CHAT project resources
4. Dementia research retreat, Yulara, NT
5. Derbarl Yerrigan Health Service

Contact:

Marycarol Holdaway
marycarol.holdaway@unimelb.edu.au

2021 Welcome from the Project Lead – Dina LoGiudice

Greetings everyone. We have hit the ground running this year, picking up from the major interruptions caused by COVID. Although 2020 was difficult for all, it did give the team the opportunity to focus on developing resources including the Best Practice Guide and workshops for the health services. In collaboration with Dementia Training Australia these resources will be available on their website for greater coverage. It is wonderful that we are now able to re-engage with the Aboriginal Health Services and their communities again. A highlight of this year has been a training retreat based at Yulara for the Let's CHAT staff. It was a fabulous success, reconnecting with each other, sharing ideas, and planning for the future. We hope you enjoy reading the update of activities, and as always we thank those older people and their families and communities who have contributed so generously to this project. Take care.

Health Service Activities Planned for 2021

Following a hiatus during COVID-19, all twelve co-researching ACCHSs have now entered the implementation phase of the project. Implementation activities will continue until mid-2022. During this time, the Let's CHAT team will deliver up to six **dementia workshops for health service staff** and initiate small practice change initiatives. The overall goal is to increase detection and supports for people with cognitive impairment and dementia, their families and communities.

Let's CHAT Dementia project implementation timeline.

Sites	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
1,2,3,4			COVID HIATUS			Analysis, workshops, complete translation.
5,6,7,8						
9,10,11,12						
	Recruitment & training of research staff & champions, development and testing of training tools and BPG					
	Audits, baseline assessments of people identified with CIND /dementia					
	Implementation of Let's CHAT Dementia Model of Care					

Services that entered the implementation phase in 2020 or 2019 have already completed workshops about dementia detection, care principles, and health promotion and prevention. All services can look forward to workshops on the “lived experience” of dementia, health and wellbeing for carers, and planning, decision-making and end-of-life planning.

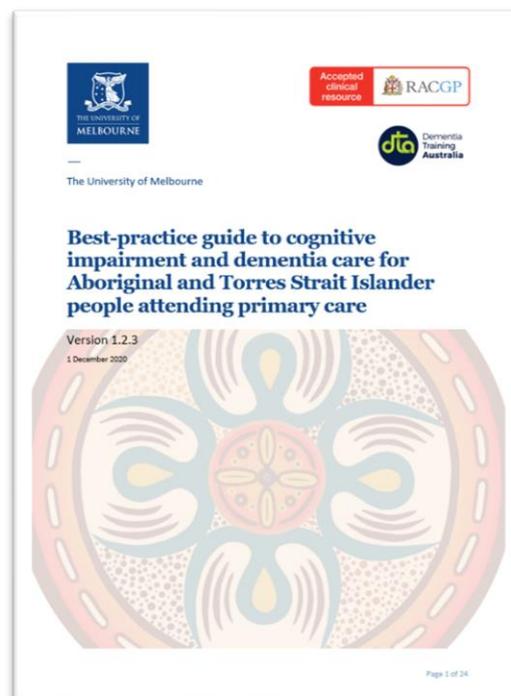
In 2021, the Let’s CHAT teams in each state will start **interviews with health service staff** seeking feedback about whether knowledge and dementia care has changed over the course of the project at their health service. Results from the interviews will be shared with the services.

New Let’s CHAT Dementia Project Resources

In the next few newsletters, we will include information about Let’s CHAT resources developed for ACCHSs, Aboriginal and Torres Strait Islander patients and their communities.

Best Practice Guide for dementia care

The Let’s CHAT Dementia Best Practice Guide (BPG) is designed to assist health care staff working within ACCHSs and in the mainstream primary health system to better understand Aboriginal and Torres Strait Islander cultural considerations, health care needs, and preferences with respect to cognitive impairment and dementia. It covers all major areas including health promotion and prevention, detection and diagnosis, and living with cognitive impairment and dementia, including carer health and wellbeing. The BPG was developed from evidence-based recommendations for clinical care combined with key cultural and other elements that support effective healthcare. Recently, the BPG was approved as an accepted clinical resource by the Royal Australian College of General Practitioners (RACGP). The BPG will be available for download from the Let’s CHAT Dementia website, as well as the DTA website and RACGP website.



Dementia care protocol at KAMS

Kimberley Clinical Protocols

Cognitive Impairment and Dementia

Principles of Management

The diagnosis and management of cognitive impairment or dementia should be undertaken using a multidisciplinary approach.

General Measures

- Identify and manage cerebrovascular risk factors and diabetes
- Review medications and minimise or eliminate medications that can contribute to cognitive impairment e.g. oxybutynin (see Box 3)
- Consider deprescribing where medications may be of minimal benefit (e.g. PPI, statin), simplify dosages and monitor medication adherence
- Regular review of vision, hearing and oral and dental health
- Advance Care Planning.

Dementia Specific Care

- Monitor SEWB and depression
- Regular review of frequently associated conditions: falls, incontinence, poor nutrition, chronic pain
- Regular review of function: safety with ADLs, driving, finances
- Be alert to Elder abuse, including financial
- Monitor carer health and well-being
- Engage multidisciplinary assistance e.g. podiatry, dietetics, occupational therapy, physiotherapy, counselling for client and/or family and carers
- Consider early referral to [My Aged Care](#) or [NDIS](#) for

Antipsychotic medications are associated with an increased risk of cardiovascular disease and deaths – only use if benefits outweigh risks.

For Behavioural and Psychological Symptoms of Dementia (BPSD) (see Box 2), if non-pharmacological measures are not helpful, consider:

- Risperidone 0.25mg daily (if no signs of parkinsonism)
 - Watch for side effects, in particular extrapyramidal syndrome, falls and increased confusion.
 - If risperidone ineffective, consider referral to specialist geriatrician or psychogeriatrician.
- Quetiapine 12.5mg twice daily and increasing slowly to a maximum dose of 100mg daily (if signs of parkinsonism or diagnosis of Dementia with Lewy Bodies).
- Review need for ongoing medications and aim for time-limited use of 12 weeks or less.

Antidepressant Medications

Antidepressants may be required as depression and anxiety are common features of dementia. Start low and go slow!

- Use an SSRI e.g. [citalopram](#) 10mg – 20 mg or [mirtazapine](#) 15mg – 45 mg (use Mirtazapine if night time sedation is desirable).
- Monitor for side effects including hyponatremia, falls, increased confusion, drowsiness.

Consider review by Kimberley Mental Health and Drug Service, geriatrician or [Dementia Support Australia](#) for symptoms that are not improving

In collaboration with Kimberley Aboriginal Medical Services (KAMS), the Let’s CHAT team has helped to prepare a KAMS Dementia Care Protocol. This will be used by health care staff at all KAMS service, including at our partner services BRAMS and Bidyadanga. The four-page document provides definitions, case finding principles, initial assessment, management, and follow up for patients at risk of, or with cognitive impairment and dementia. It includes referral and contact information relevant in the Kimberley region. The Dementia Care Protocol has been endorsed by the Kimberley Aboriginal Health Planning Forum (KAHPF) and is available in local health services, and on the KAMS

website at: <https://kahpf.org.au/clinical-protocols>.

We will be working with our other ACCHS partners to develop similar locally relevant protocols for their health services.

Let's CHAT Research Retreat, Yulara NT



Recently, Let's CHAT research staff came together from across the country in Yulara, NT. It was the first time the team had met in person in more than 12 months and there was a lot to catch up on. Over four days they participated in workshop facilitation training, discussed future planning for engagement at ACCHSs, and Aboriginal and Torres Strait Islander research staff held yarning sessions to share their ideas and preferred processes and outcomes for research with and for their communities.

In between workshop sessions, there was plenty of activity. The group spent time at Uluru and Kata Tjuta and some went camel riding and visited the field of lights.

On the final evening, the group came together for a farewell gala dinner. We would like to acknowledge the contribution of the NT

Government Business Event Support Fund which made this event possible.

We feel very fortunate to have come together in a unique part of Australia to share knowledge and experiences and help develop the project. Thank you to all who attended for making the trip positive, productive, and special.



Sunset over Uluru with the Let's CHAT Research Assistants

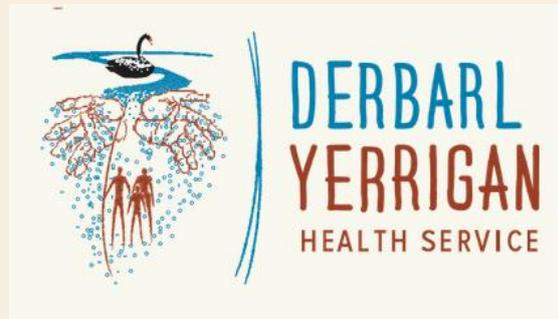
Dementia Services at Derbarl Yerrigan Health Service

Derbarl Yerrigan Health Service (DYHS) in East Perth, WA has experienced recent successes introducing dementia-specific services for older clients. Aboriginal Health Practitioner, Sadia Rind, is the local Let's CHAT Dementia Champion and coordinator of the Elders' Connect program at DYHS. She has shared some of the milestones at DYHS in the past 12 months.

Sadia found that discussions among health service staff about dementia in their community were important when DYHS introduced the new MBS 715 Template including questions about memory and thinking. The discussions helped to raise awareness of dementia detection strategies and highlight how healthcare staff at DYHS support older people and their families living with cognitive impairment and dementia.

Sadia receives internal referrals for clients who are experiencing memory problems and assists them to attend a follow-up appointment with visiting geriatrician and Let's CHAT Chief Investigator, Prof Leon Flicker, who started a clinic at DYHS last year.

So far, feedback from clients has been positive about dementia-related services at the health service and there is now a



waiting list to see Prof Flicker each month.*

Sadia uses her important relationship with the Elders' Connect group to educate her patients about brain health and dementia. She often explains that dementia is not a normal aging process and encourages clients to seek out a referral at DYHS. In addition to meetings at the health service, Sadia visits clients at home to speak with them about dementia and how DYHS can support them, their family and community.

**Let's CHAT is helping to set up geriatric clinics at other services also. Onsite and telehealth clinics at ACCHSs help to uphold cultural safety, reduce often long waitlist times elsewhere and improve continuity of care for people seeking these services. The geriatrician will help to confirm a diagnosis of cognitive impairment or dementia, provide advice about other health concerns, and help to manage dementia-related medications. In most cases, clinics are run once or twice a month for patients referred directly from their GP or Aboriginal Health Worker.*

Let's CHAT Dementia Partners

