

BEST PRACTICE COGNITIVE IMPAIRMENT AND DEMENTIA CARE FOR OLDER ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE ATTENDING PRIMARY CARE

GP WEBINAR

Dr Mary Belfrage and Prof Dimity Pond



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 that we are gathered on the traditional lands of Aboriginal and Torres Strait Islander peoples and pay our respect to Elders past and present.

We also acknowledge and pay our respect to those of the Stolen Generations and their families.

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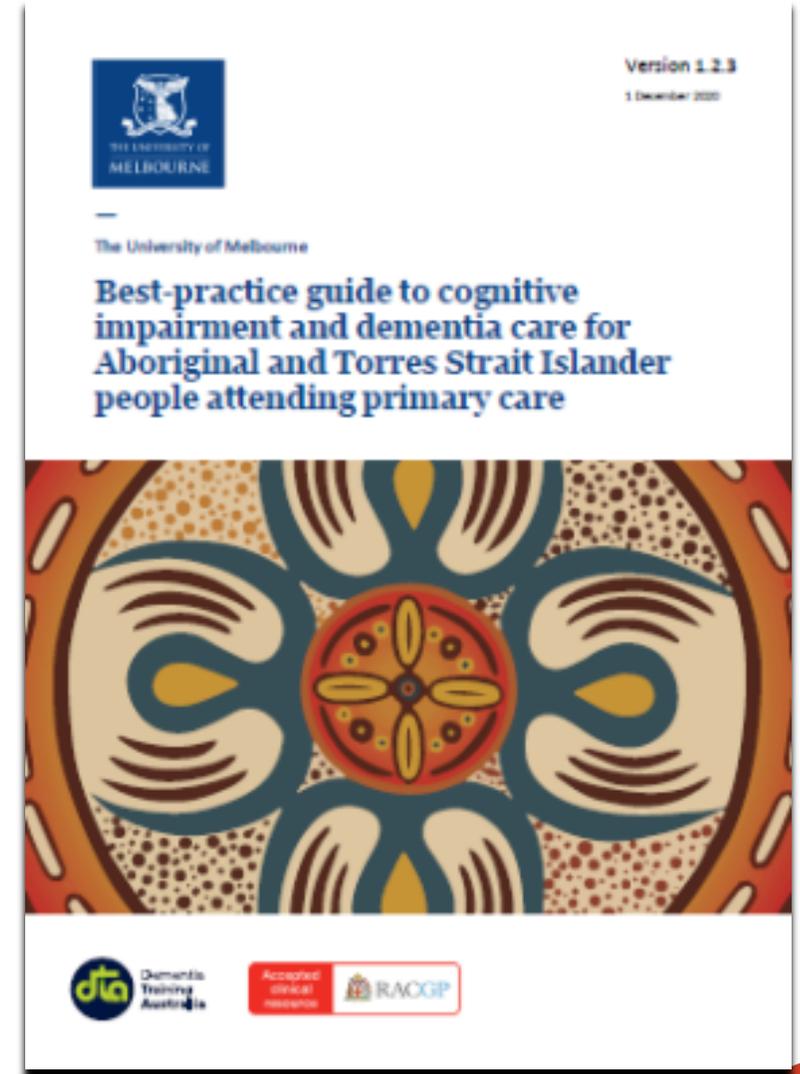
Let's CHAT Dementia project

Aims

Optimised detection and management of cognitive impairment and dementia

- 5-year project, NHMRC funded, 12 ACCHSs
- Co-design model
- Tailored to local needs and preferences
- Developed **Best Practice Guide**

RACGP Accepted clinical resource



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In this webinar

- Best practice guide: clinical and cultural aspects of detection and management of cognitive impairment and dementia for Aboriginal and Torres Strait Islander people attending primary care
- Brain health and primary health care throughout the life course
- MBS and PBS aspects of providing care

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Poll 1 : Who are you?

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Poll 2: Where do you work?

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Poll 3: How often do you see Aboriginal and Torres Strait Islander patients?

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Poll 4: Are you of Aboriginal or Torres Strait Islander origin?

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

An Overview for Primary Health Care Teams



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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 there is higher onset at younger age
- Most people do not develop dementia and live well to older age

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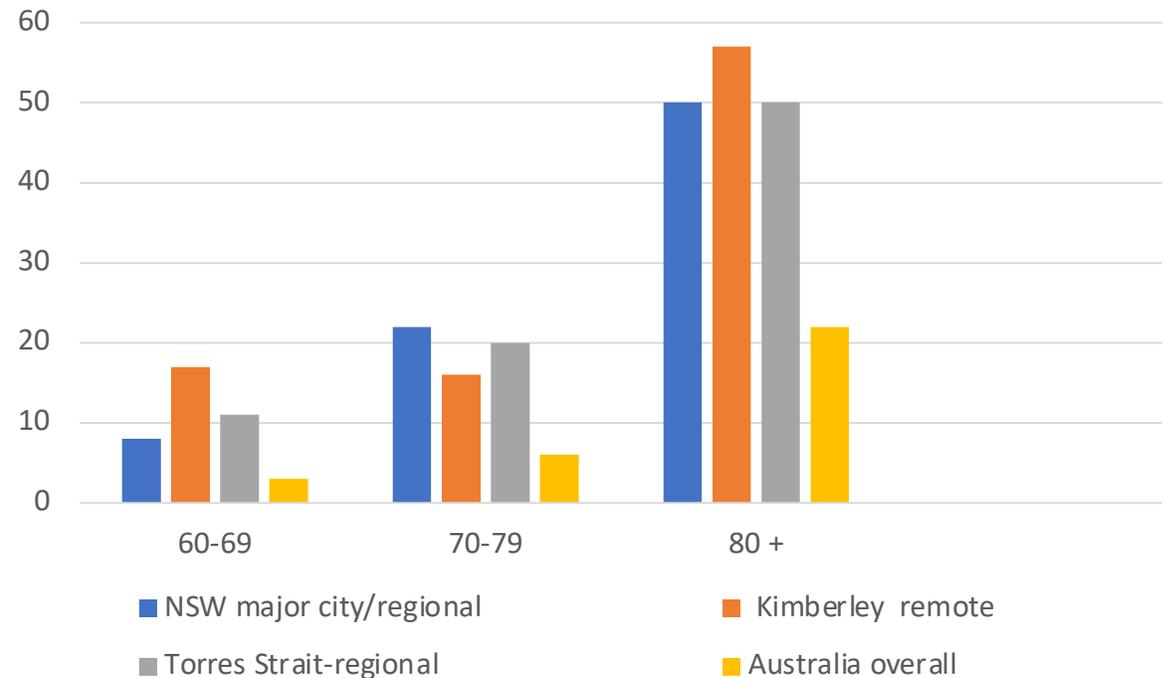
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- 1 in 5 people over the age of 50 years has some form of cognitive impairment in this population.
- Alzheimer’s Disease and Vascular Cognitive Impairment common
- Very low rates dementia secondary to alcohol (ie unfounded myth)

Dementia prevalence (%)



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Principles of dementia care

- Person & family centred
- Timeliness and responsiveness
- Access to appropriate services
- Regular review of goals of care
- Culturally appropriate and trauma informed care and services



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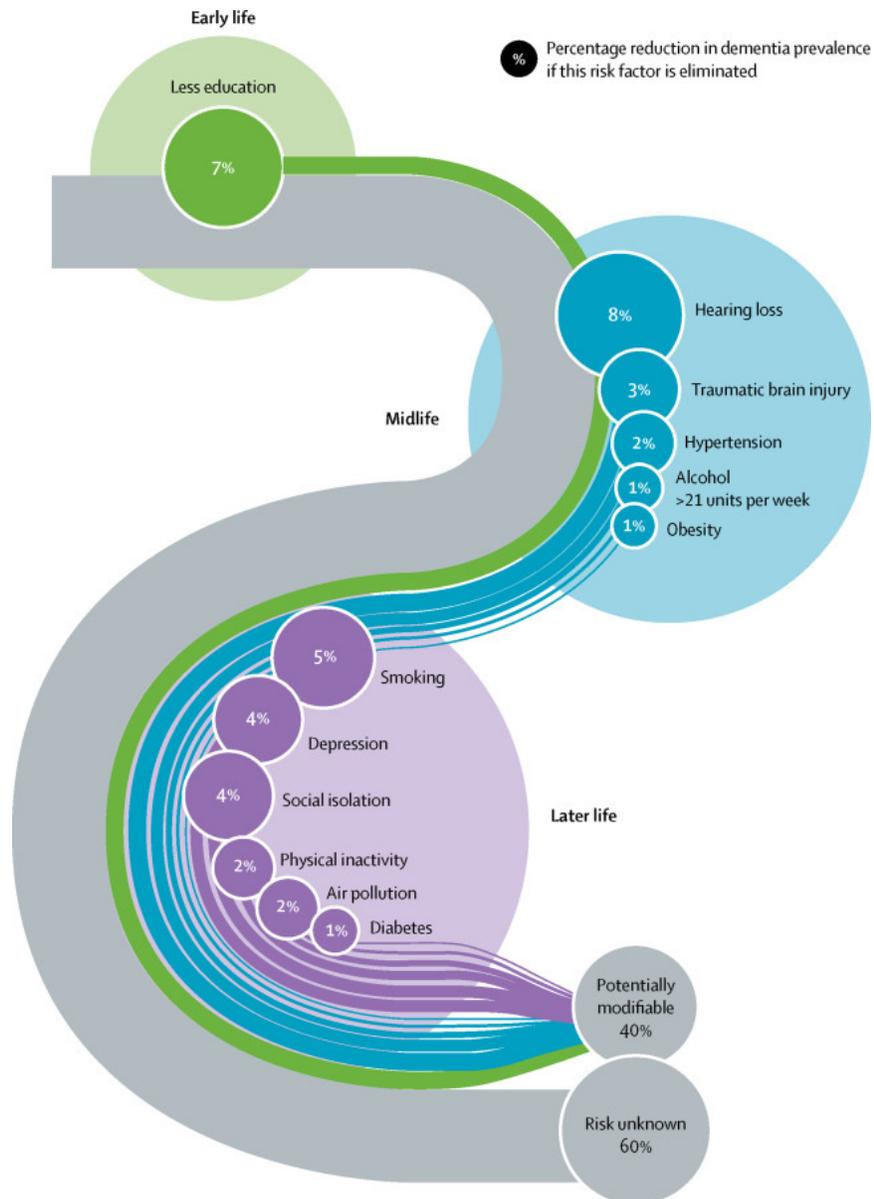
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LANCET Commission: 12 Modifiable Risk Factors



Relative risk for dementia

Early life (<45 years)

- Less education 1.6

Midlife (45-65 years)

- Hearing loss 1.9
- Traumatic Brain Injury 1.8
- Hypertension 1.6
- Alcohol >21 units per week 1.2
- Obesity 1.6

Later life (age>65years)

- Physical inactivity 1.4
- Diabetes 1.5
- Depression 1.9
- Smoking 1.6
- Social isolation 1.6
- Air pollution 1.1

Risk factors for dementia in Aboriginal and Torres Strait Islander peoples

Top 5 risk factors 50+ (12 ACCHS)

Hypertension	53%
Polypharmacy	48%
Diabetes	44%
Current smoker	42%
History depression	29%

Other

- Childhood trauma is associated with dementia diagnosis (OR 1.6) (NSW urban)
- Head injury (OR 3.7) (remote WA)

64% have ≥ 4 risk factors

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Brain health over the life-course

Living well supports ageing well

- Strengthening protective factors and effectively identifying and modifiable risk factors can impact onset and course of cognitive impairment and dementia
- Primary care: antenatal care, developmental tracking, ear health & hearing engagement in learning, mental health and social & emotional wellbeing, social & cultural connection, smoking prevention & cessation, safe alcohol, physical activity, good diet & healthy weight....

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Aunty Molly

- Aunty Molly is 68 year old and lives with son Frank
- Diabetes, hypertension, obesity. Aunty was taken from her family as a young child (*Stolen Generation*).
- Frank is worried as his mother is more forgetful, she is moody, more withdrawn and doesn't want to go to Elders group anymore. She forgets to take her diabetes tablets sometimes. Aunty doesn't think she has any memory problems, and becomes upset if the issue is raised.



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Detection and diagnosis

Clinical recommendation – *case finding from the age of 50 in Aboriginal and Torres Strait Islander populations (based on high prevalence)*

Passive

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

Active

- Assessing risk factors
- Asking questions about thinking, memory and confusion

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Annual health check - new recommendation re cognitive assessment \geq 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

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Case finding: What might it look like

1. Assessing risk factors
behaviours lifestyle, chronic illness, stroke, epilepsy, head injury, psychosocial factors
2. Asking questions about memory and thinking
eg How is your memory? Is anyone in your family worried about your memory and thinking?
3. Staff raising concerns eg missed appointments, appear vague
4. Family or other community raise concerns eg about driving, money
5. Using cognitive screening tools eg clock drawing, KICA, MMSE

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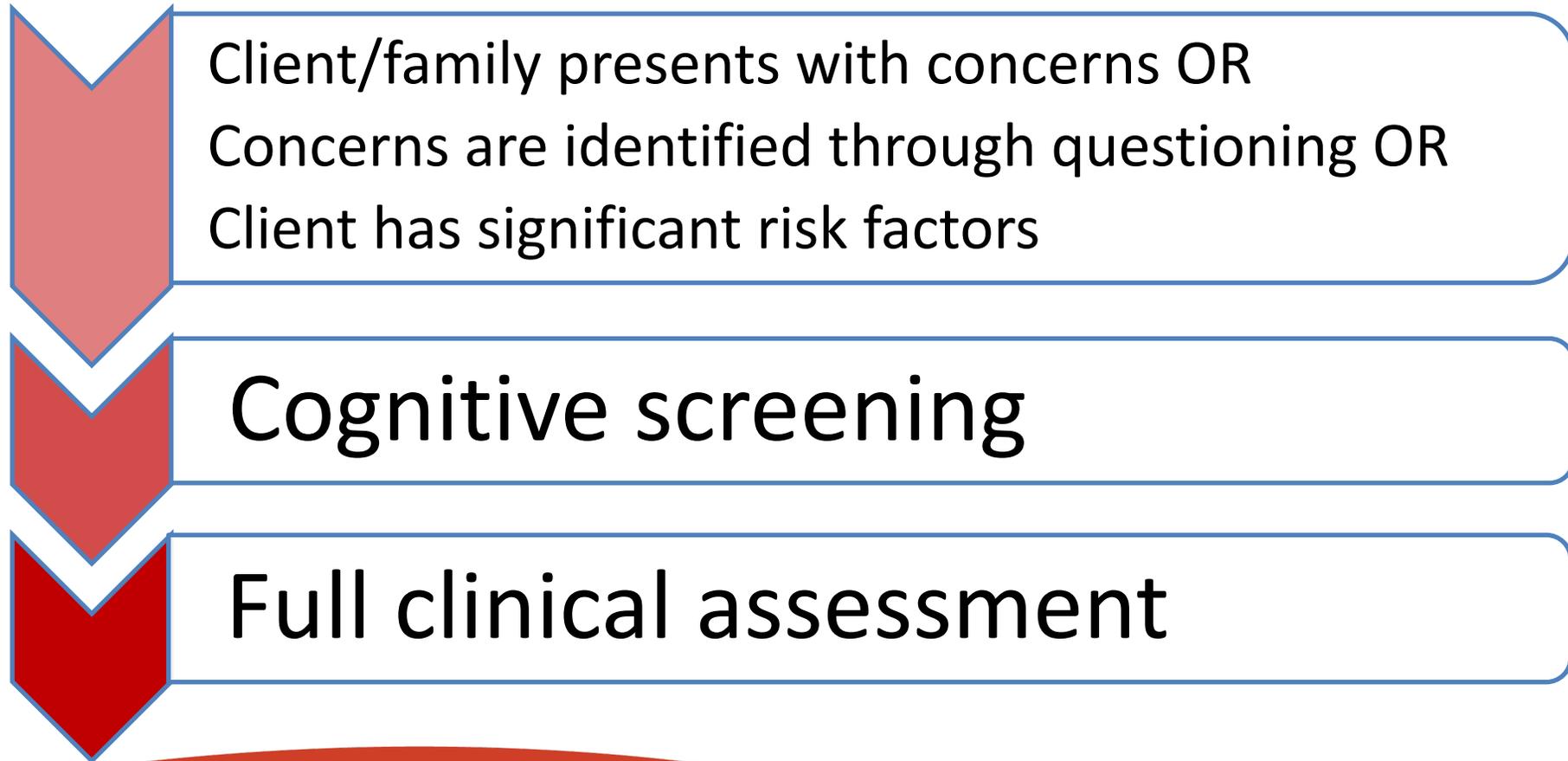
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How are cognitive impairment and dementia detected?



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Initial assessment when CI or dementia is suspected or identified

- Informant history : chronicity, change from previous level, functional decline
- Cognitive assessment eg MMSE, KICA, RUDAS
- Exclude depression, delirium
- Review medications
- Dementia screen: FBE, E&Us, LFT, Ca, thyroid, B12, folate
- CT brain
- Consider referral for further assessment eg physician or geriatrician or memory clinic if available.

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Personal preferences and decision making

- Introduce conversations about personal preferences early and revisit regularly
- Decision making may be a shared and collective experience
- *Quality of life* may mean different things: See *Good Spirit Good Life* Tool

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Living with cognitive impairment and dementia

- Goals of care should support quality of life, maintain function and maximise comfort
- General health and dementia specific care
- Regular review as needs change
- Supported by continuity of care and integrated multidisciplinary case management approach
- Person/family-centred care

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Carers and family

- Carers may be:
 - older with complex health needs and are often carers themselves
 - young with own families and complex health and social issues
- Have cultural and spiritual beliefs about changes in thinking or memory
- Often experience poor health and isolation
- Potentially have population risk for cognitive impairment



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End of life and advance care planning



Aboriginal and Torres Strait Islander
Discussion Starter

WORKING OUT WHAT'S RIGHT FOR YOU

dyingtotalk.org.au

Let's talk

What would happen if you were very sick?

If you become so sick that you couldn't talk, your family and health worker may need to make decisions for you.

Talking about how this would make you feel and what you want in advance will make their decisions easier and less stressful.

What's involved?

1: Thinking about you and your family

Think about what is and isn't important to you and your family.

2: Thinking about your health care

Think about where you want or don't want to be cared for, who you want and don't want to care for you and the things you do and don't want.

3: Preparing your discussion

Prepare for talking with your family, a friend or your health worker.

4: Reviewing your discussion

Think about how your talk went. What went well and what didn't go so well?

What's next?

We have included some other planning activities that may support you and your family.

My Aged Care & access to PBS medications

- Eligible for enrolment in My Aged Care at 50
- *Close the gap* PBS co-payment for Aboriginal & Torres Strait Islander people
 - 🌀 Increased subsidy introduced in 2010 to support access to medications
 - 🌀 Eligibility: self-identify, will support adherence, enrolled in Medicare
 - 🌀 Once-off registration
 - 🌀 Register or check registration on HPOS
 - 🌀 Any PBS prescriber can register a patient

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Care planning

- Elements to include in care planning
 - optimising brain health
 - dementia care
 - see resources



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Regular care & dementia-specific care 50 years plus

<p>General medical care</p> <ul style="list-style-type: none"> • Routine primary care including acute care, immunisation, etc • Social & emotional wellbeing • Risk factors & comorbidities • Oral and dental care • Medication review • Encouraging physical activity, social connection and cognitive activity 	<p>Tracking function</p> <p>Cognition (decision-making, finances, safety) ADLs (self-care, driving)</p>		<p>Referral</p> <ol style="list-style-type: none"> 1. Geriatrician/memory service/psychogeriatrician/other specialist <ul style="list-style-type: none"> • Comprehensive assessment/review • Advice re general & BPSD management • Dementia medication 2. Allied health & 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)
<p>Allied health & nursing</p> <ul style="list-style-type: none"> • Aboriginal health worker/practitioner • Case management • Diabetes & other chronic disease management • Pharmacist: medication monitoring & review • Physio: falls, mobility, exercise • OT: functional independence • Audiology, optometry • Podiatry, dietician, other • Psychology, social work, counselling 	<p>Risk assessments</p> <p>Nutrition & hydration Pain Falls Continence Elder abuse</p>	<p>Monitoring BPSD*</p> <p>Depression Agitation Anxiety Sleep disturbance Aggression Wandering</p> <p>*Behavioural & psychological symptoms of dementia</p>	

Thank you

Some helpful resources:

- Best practice guide to cognitive impairment and dementia care for Aboriginal and Torres Strait Islander people [BPG & poster](#)
- Care plans
- [Good Spirit Good life](#): Quality of life tool for older Aboriginal Australians
- [Dying to Talk](#): Palliative Care Australia Aboriginal and Torres Strait Islander Discussion Starter
- [Let's CHAT Dementia website](#)
- Services Australia [CTG PBS Co-payment information](#)
- [KICA tools](#) : Cognitive assessment tools for older Aboriginal Australians
- Cognitive Decline Partnership Centre [People with dementia: a care guide for general practice](#)

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