

Tools to help you support dementia education and care for Aboriginal and Torres Strait Islander People

Diane Cadet-James



CULTURE COMMUNITY COUNTRY FAMILY CONNECTION

KINDNESS, COMPASSION

LIVING WELL AGEING WELL

RESPECT FOR ELDERLY

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

Acknowledgment of Country

I acknowledge the traditional owners of the lands on which we are meeting, the Djabagay, Yirriganydji and Gimuy-Walubarra Yidi. I also acknowledge the traditional owners of all the lands on which we are working on for this project.

Warning:

My slides and the website do include photos and videos of Aboriginal people who have passed since developing the resources, however we have consent to use the resources developed with their valuable contributions.

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The Let's CHAT Dementia project- Co-design project with 12 ACCHSs

Aims:

1. To find more people with cognitive impairment and dementia (CI/D):
 - *by raising health service and community awareness of CI/D*
 - *by increasing health service knowledge about and skills for preventing, detecting and managing CI/D.*
2. To improve care of people with CI/D, their carers and families.



Australian Government
National Health and
Medical Research Council



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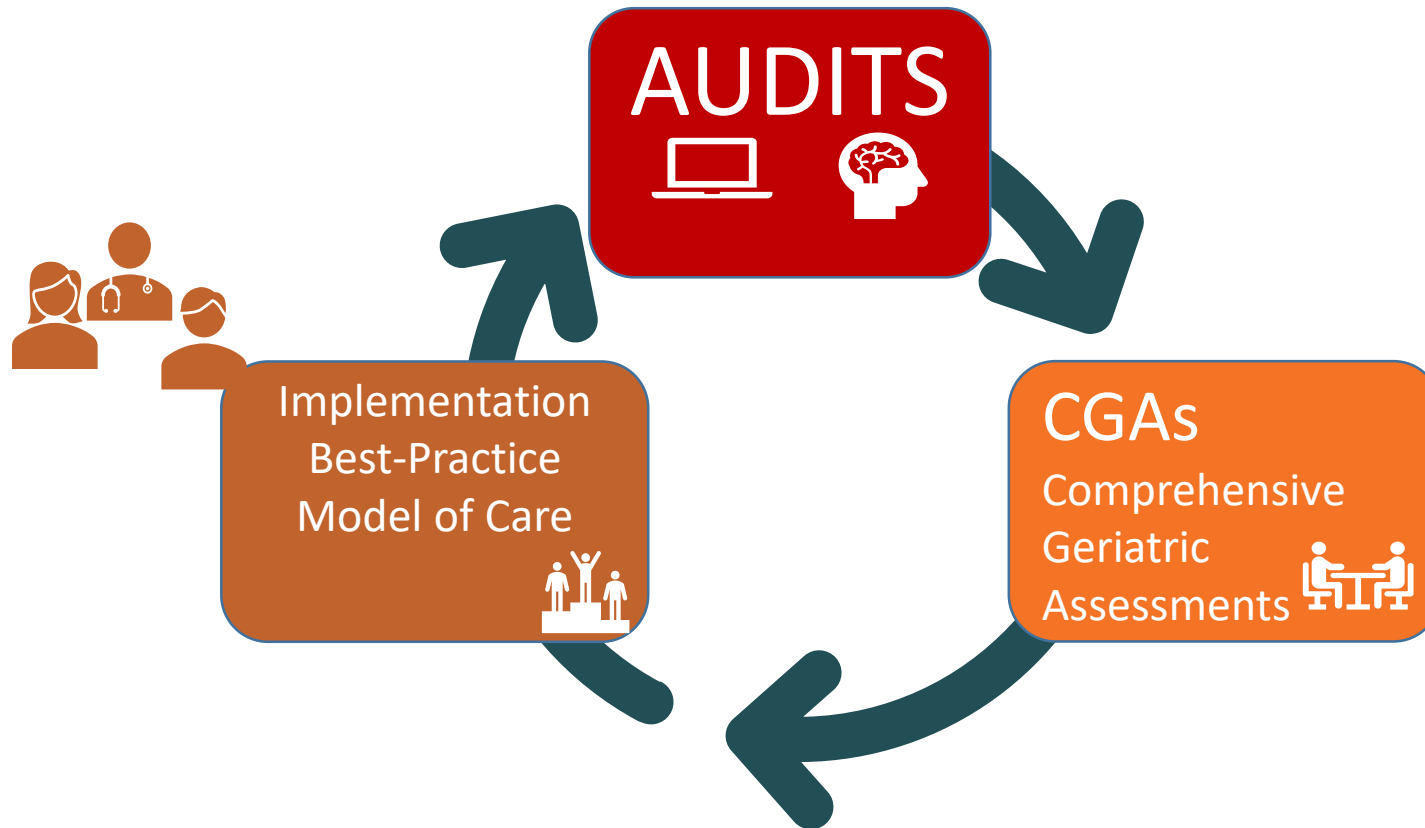
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Let's CHAT Study Design

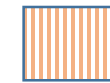
Indigenous Reference Group



Let's CHAT Stepped Wedge Study Design

Sites	Baseline data collect.	Step 1	Step 2	Step 3	Data analysis, translation
Group 1 (1,2,3,4)	Control	Intervention	COVID	Intervention	Data analysis phase
Group 2 (5,6,7,8)					
Group 3 9,10, 11,12					

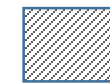
Legend



Control phase




Intervention phase



Data analysis phase

Clinical Resources – Best Practice Guide








THE UNIVERSITY OF
MELBOURNE

—
The University of Melbourne

**Best-practice guide to cognitive
impairment and dementia care for
Aboriginal and Torres Strait Islander
people attending primary care**

Version 1.2.4
16 May 2022



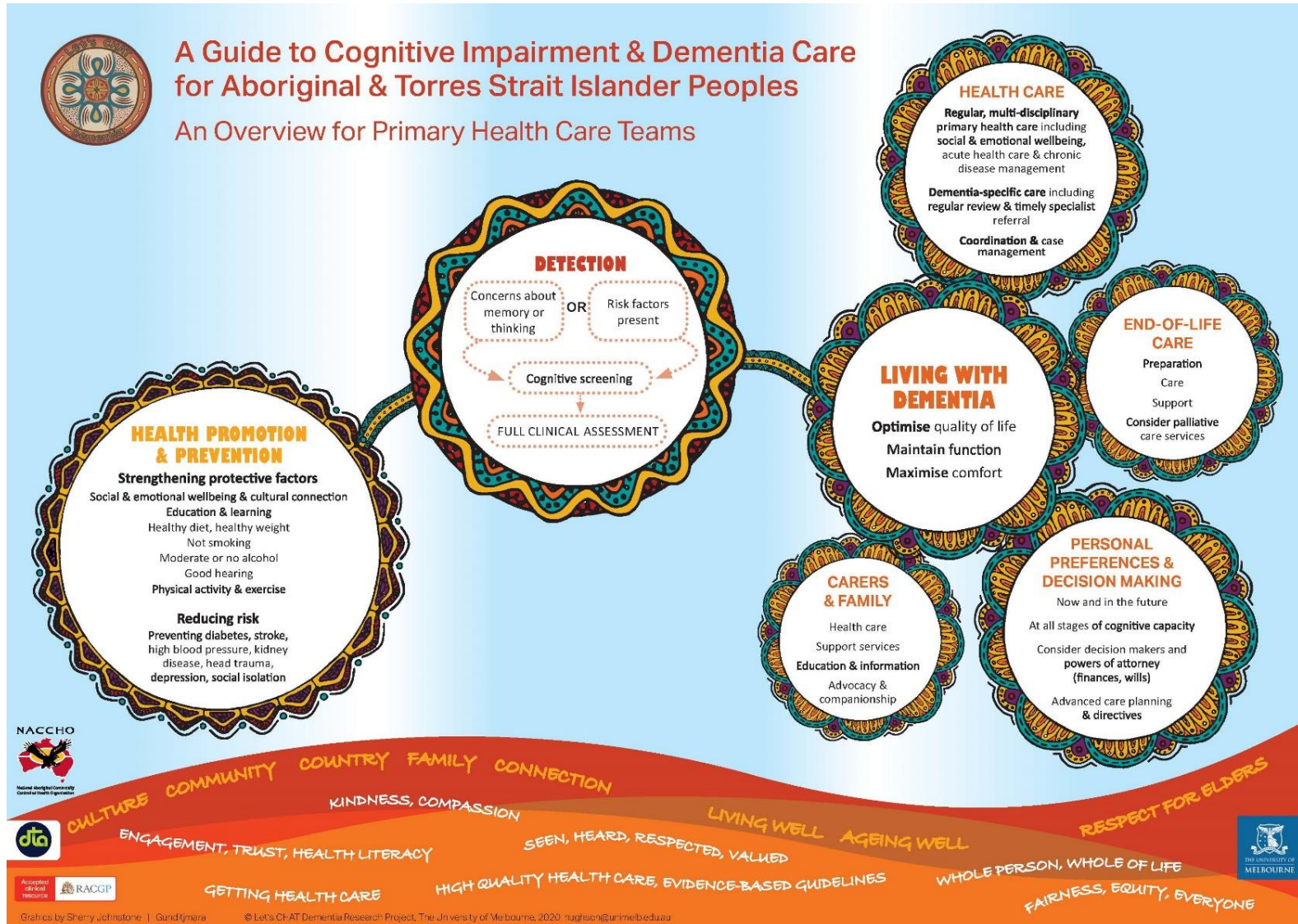
Accepted
clinical
resource

RACGP

Dementia
Training
Australia

NACCHO
National Aboriginal Community
Controlled Health Organisation

Clinical Resources – Best Practice Guide



Clinical resources: GPMP recommendations

The screenshot shows a web page from the University of Melbourne. The header includes the university logo and navigation links: 'Melbourne Medical School > Our Departments > Medicine > Research > Let's CHAT Dementia > Resources > Clinical Re'. The main heading is 'GP Management Plan Recommendations'. Below this, the sub-heading is 'GP Management Plan Recommendations - Dementia'. A table titled 'MCI or Dementia GP Management Plan: Recommended Components' is visible, with columns for 'Health issues and health status', 'New onset', 'Equipment and services required, including letters to be written by the GP', and 'Arrangements for providing services to the patient'. The table contains several rows of text, some of which are partially obscured or cut off.



Clinical resources: Cognitive impairment and dementia protocol

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Cognitive Impairment and Dementia

Case Definitions

Cognitive Impairment

May be due to **reversible causes** (e.g. delirium, medications, depression) or indicate **dementia**.

Mild Cognitive Impairment (MCI)

- Objectively assessed cognitive impairment
- Modest cognitive deficits that **generally do not impact on a person's capacity to function in daily life**
- Conditions such as Alzheimer's and cerebrovascular disease, pain, depression, polypharmacy or delirium can lead to MCI.
- Not static- can improve or decline with time.

Note that MCI overlaps with the DSM-5 classification **Mild Neurocognitive Disorder**.

Dementia

Dementia can occur in Aboriginal populations at 3 – 5 times the rate of other populations

- Progressive, non-reversible condition
- Encompasses disordered thinking, executive function and memory
- Severe enough to interfere with a person's life** that is a change from previous levels
- Diagnosis should only be made after depression and delirium as causes for symptoms are excluded, although both commonly co-exist with dementia
- Most common causes are Alzheimer's disease and vascular dementia, although a mixture of varying pathologies are often present.

The DSM-5 term for this condition is **Major Neurocognitive Disorder**.

Risk Factors

Risk factors for cognitive impairment and dementia include:

- Impaired hearing
- Lower education levels
- Family history of dementia
- Smoking
- Depression
- Social isolation
- Traumatic brain injury
- Hypertension, ischaemic heart disease, atrial fibrillation
- Childhood trauma
- Physical inactivity
- Air pollution
- Diabetes
- Obesity
- Heavy alcohol consumption
- Cerebrovascular disease
- Epilepsy
- Psychosocial stressors
- Polypharmacy

A life-course approach is recommended to prevent or delay cognitive impairment or dementia.

Refer to [Healthy Lifestyle Protocol](#) and [Chronic Disease Protocol \(Type II Diabetes, Hypertension, etc.\)](#).

In addition, regular review of vision, hearing, social and emotional well-being (SEWB) and medications with potential cognitive side effects is recommended.

Case Finding

A case finding approach to detecting MCI and dementia is recommended in **Aboriginal and Torres Strait Islander patients 50 years and over**.

Case finding may be facilitated by:

- Assessing risk factors for dementia (see above)
- Asking questions about memory or thinking problems (e.g. do you have any worries about your memory? Does anyone in your family have any concerns about your memory or thinking?)
- Staff raising concerns (e.g. due to missed appointments, patient appearing vague, etc.)
- Family or other community (members) raising concerns.

Always consider using an interpreter, and/or involving an Aboriginal Health Practitioner

Note, that especially in those under 50 years, other causes may need to be considered (e.g. brain injury).

Initial Assessment

When cognitive impairment is identified or suspected:

- Use **cognitive screen** e.g. [KICA-Screen](#) (< 21/25 indicates possible dementia) or [KICA-Cog](#) (< 34/39 indicates possible dementia)
- Take **collaborative history** from patient and family including onset and progression of symptoms, medications, other illnesses and associated behavioural and psychological symptoms (BPSD). See [KICA-Carer](#) within full KICA (> 2/16 suggest further investigation)
- General examination** including cardiovascular, neurological and gait assessment
- Differentiate from **depression or delirium** (see [Box 1, Table 1](#))
- Review **medication list** and adherence
- Standard **pathology tests**: FBC, UEC, LFT, calcium, magnesium, HbA1c, B12, thyroid function and syphilis serology
- Conduct **CT brain** where possible
- When cognitive impairment is confirmed or highly suspected consider **referral to a geriatrician or physician** for further assessment and management of comorbidities.

Let's CHAT Workshops with ACCHS Staff



Six-part series:

1. Detection of Cognitive Impairment and Dementia
2. Caring for People Living with Cognitive Impairment and Dementia
3. Health Promotion and Prevention
4. The Lived Experience, Building Empathy and Understanding
5. Health and Wellbeing of Carers of People with Cognitive Impairment and Dementia
6. Planning, Decision-making and End-of-life Care

The health and wellbeing of carers of Aboriginal and Torres Strait Islander peoples with cognitive impairment and dementia



Webinar 5 Learning Objectives

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

Recognise the value of identifying, educating and supporting distressed carers.

Understand the importance of regular assessment of carer health and wellbeing.

To use culturally appropriate or adapted tools to assess carer health.

Recognise the importance of linking carers with appropriate support services in a timely manner.

To be aware of elder abuse and that prevention and response is found in the community.



4:13 / 32:34



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5-Part Video Series: Yarning about memory and thinking problems and conducting a cognitive assessment



Part 1 - Memory and Thinking Problems and Our Mob



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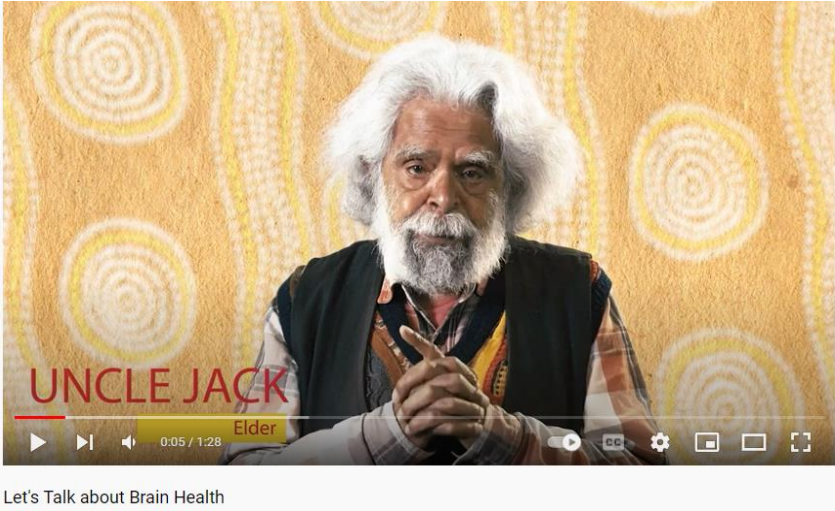
RESPECT FOR INDIVIDUALS

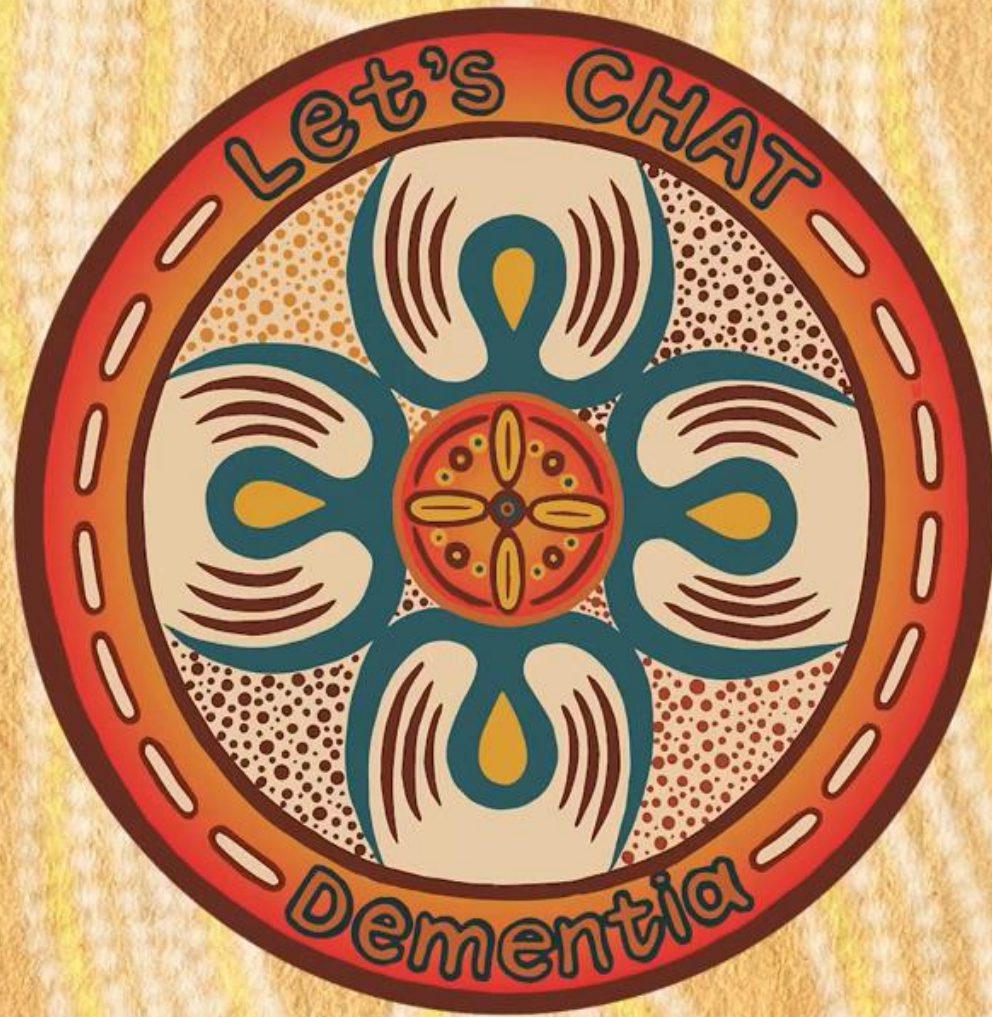
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Let's CHAT Brain Health Ads





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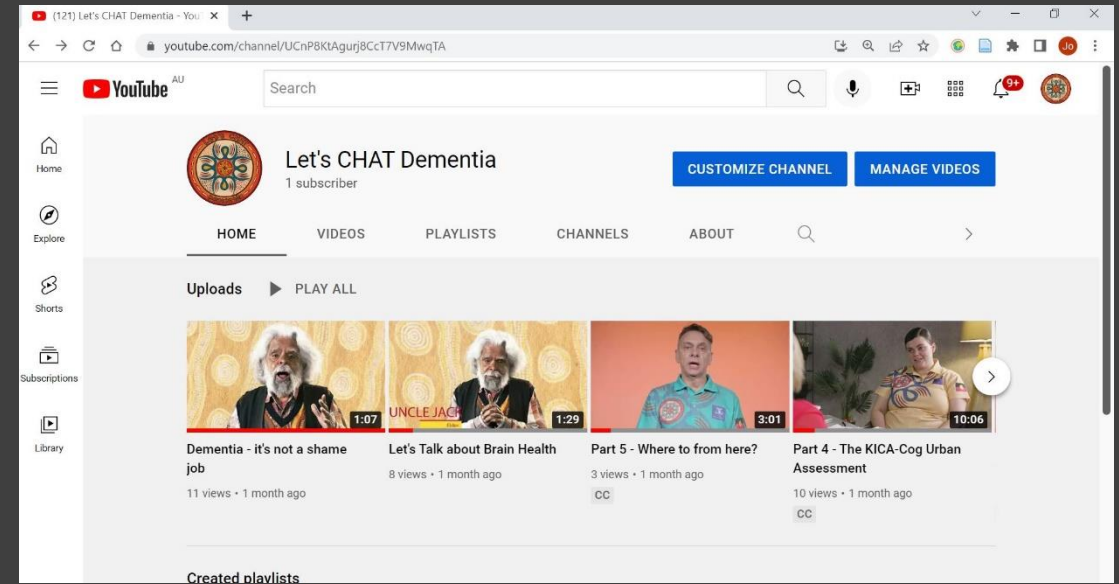
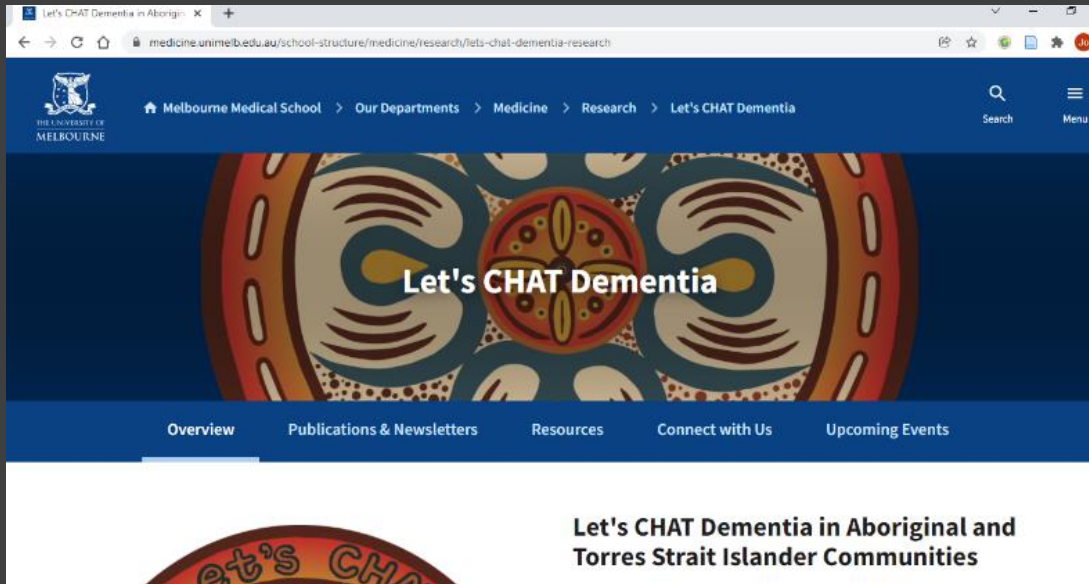
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Best-practice guide and other resources available for download



Let's CHAT Dementia Website and YouTube Channel

Examples of other project work

Aboriginal and Torres Strait Islander health check –
Older people (≥50 years)

MBS items 715 VR/228 non-VR

Assessment

Memory and thinking

Do you have any worries about your memory or thinking?

Yes No Details:

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

Yes No Details:

If any concerns are raised and/or high risk for cognitive impairment identified, follow up with cognitive screening (eg clock test, GPCOG, KICA-Cog, MMSE)

Details:

Worked with services to introduce questions about memory & thinking to the older person's Aboriginal Health Check (715).

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Examples of other project work

Assisted some of our ACCHS partners in setting up visiting geriatrician services

Trained clinic staff to conduct a Kimberley Indigenous Cognitive Assessment (KICA)

Engaged in Community Outreach activities, such as presenting at Elders Groups, Women's and Men's Groups, hosting stalls at NAIDOC Week events

Developed "implementation packs" for services unable to complete training

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Feedback from ACCHS staff on educational impact

“(I’ve noticed an) increased recognition of signs and symptoms, increased identification of risk factors, since the workshops. (Staff are) becoming more confident.”

“I have got a better understanding that there is a lot of things that could help slow down the process; if they changed their diet and changed their ways of doing things, with the extra little things [from the] research.”

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Discussion/Conclusion

- Detection of cognitive impairment and dementia have increased, although cases remain below expected prevalence.
- Resources available for use, including software changes (updates to Aboriginal Health Check) and KAMS dementia protocol

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Acknowledgements

- The Let's CHAT Indigenous Reference Group
- Our Let's CHAT ACCHS partners
- Our research participants

Funding partners:

- National Health and Medical Research Council
- Dementia Training Australia



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Links

- <https://medicine.unimelb.edu.au/school-structure/medicine/research/lets-chat-dementia>
- hart.org.au
- <https://dta.com.au/>

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Thank you

Questions?

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