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
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

Graphics by Sherry Johnson | Gunditjmara

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.

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

Q 1 Who are you?

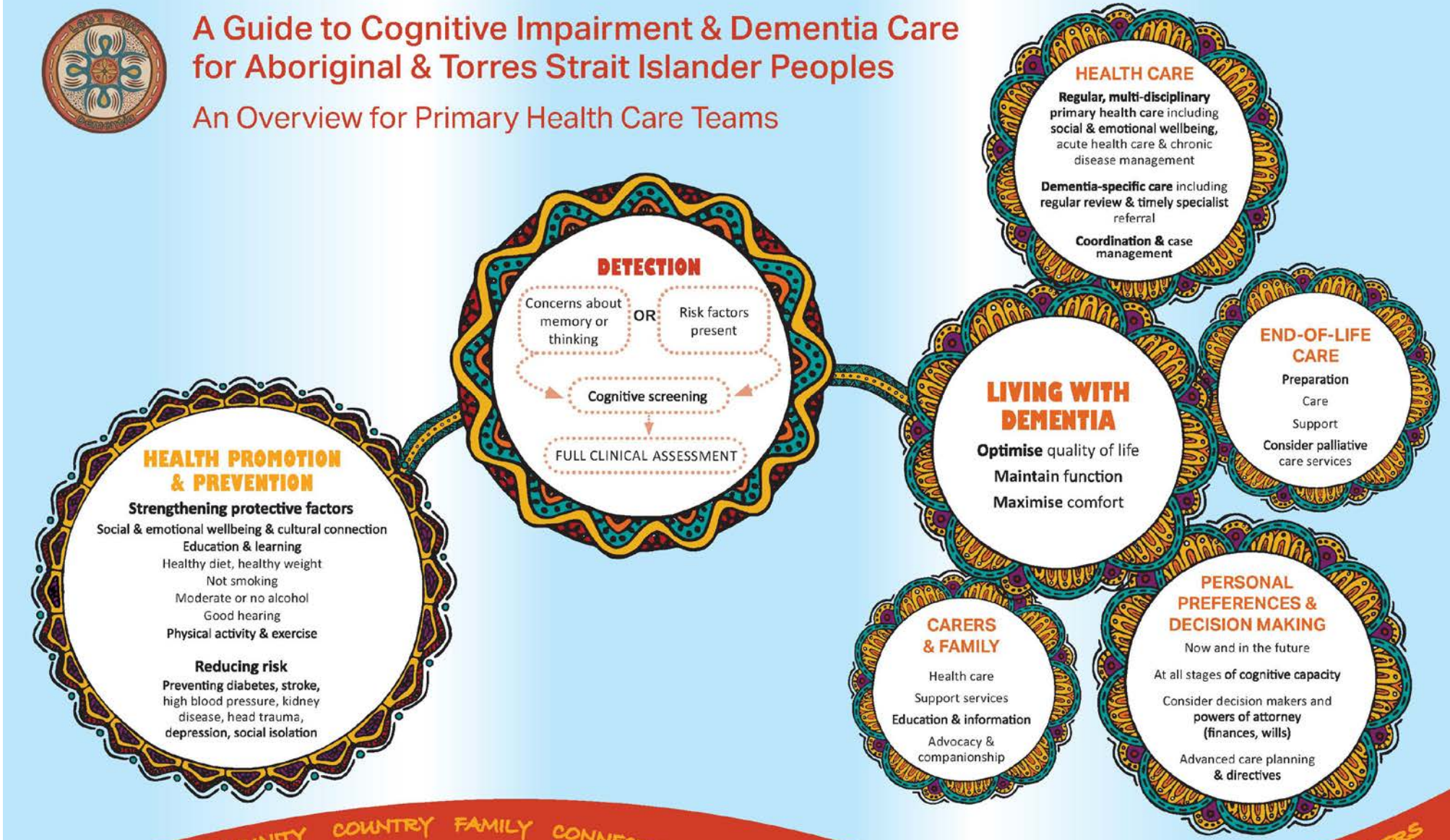
Q 2 Where do you work?

Q 3 How often do you see Aboriginal and/or Torres Strait Islander patients?

Q 4 Are you of Aboriginal or Torres Strait Islander origin?

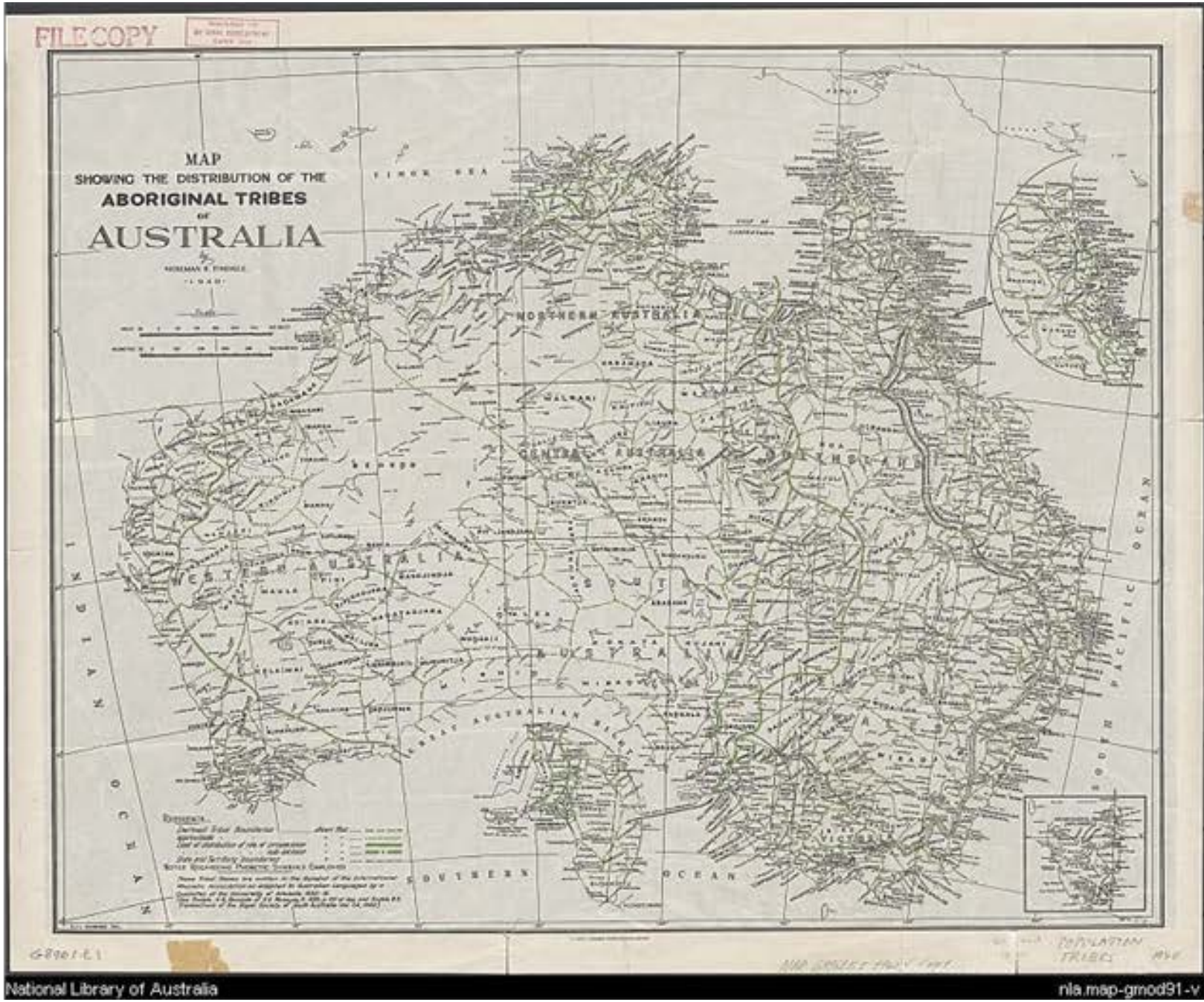
A Guide to Cognitive Impairment & Dementia Care for Aboriginal & Torres Strait Islander Peoples

An Overview for Primary Health Care Teams



Key considerations

- Cultural context
  - role of Elders
  - connection to Country/place
  - family & relationships
  - holistic way of being
- Cultural & linguistic diversity
- Diversity of community and of health service settings
- Impact of colonisation and subsequent harms
- Trauma informed care



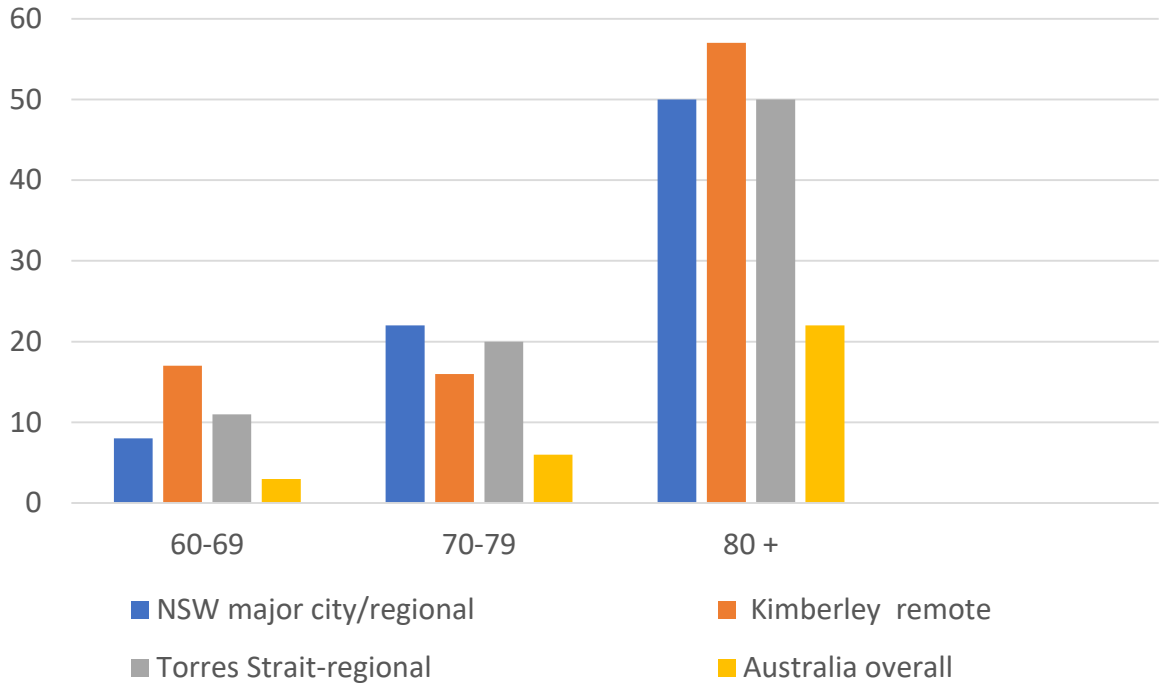
Norman B Tindale, *Aboriginal Tribes of Australia*
Transactions of the Royal Society of South Australia 64 (1) 26 July, 1940

Other background

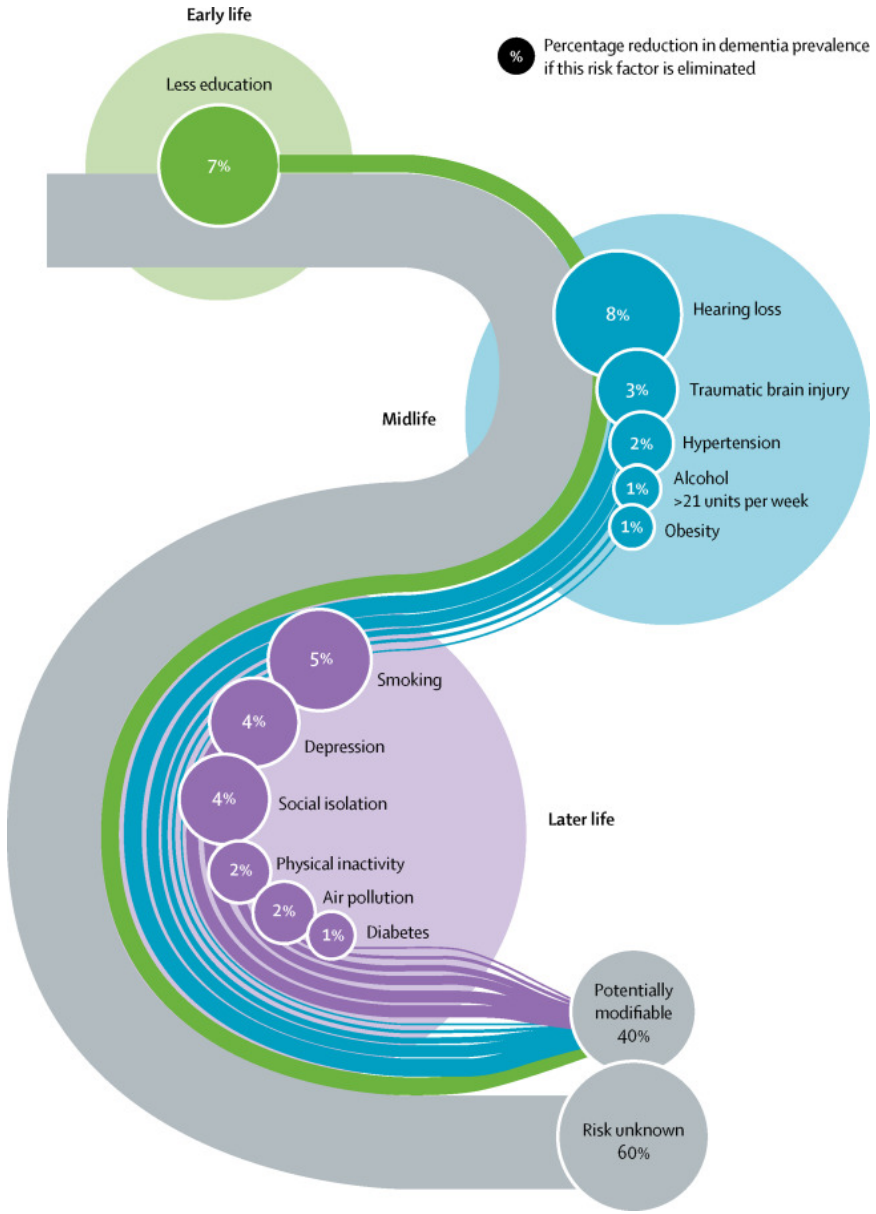
- The population is ageing
- Dementia rates are high and there is higher onset at younger age
- Most people do not develop dementia and live well to older age

- 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 commonest
- Very low rates dementia secondary to alcohol (ie unfounded myth)

Dementia prevalence (%)



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+

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

64% have ≥ 4 risk factors

Other

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

LoGiudice D et al. Let's CHAT Dementia project, 12 ACCHSs, 2021, unpublished

Brain health over the life-course

Living well supports ageing well

- Strengthening protective factors and effectively identifying and modifying 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….

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.

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

Annual health check - new recommendation re cognitive assessment ≥ 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

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

How are cognitive impairment and dementia detected?

- Patient/family presents with concerns OR
- Concerns are identified through questioning OR
- Patient has significant risk factors

- Cognitive screening

- Full clinical assessment

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.

Care planning

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

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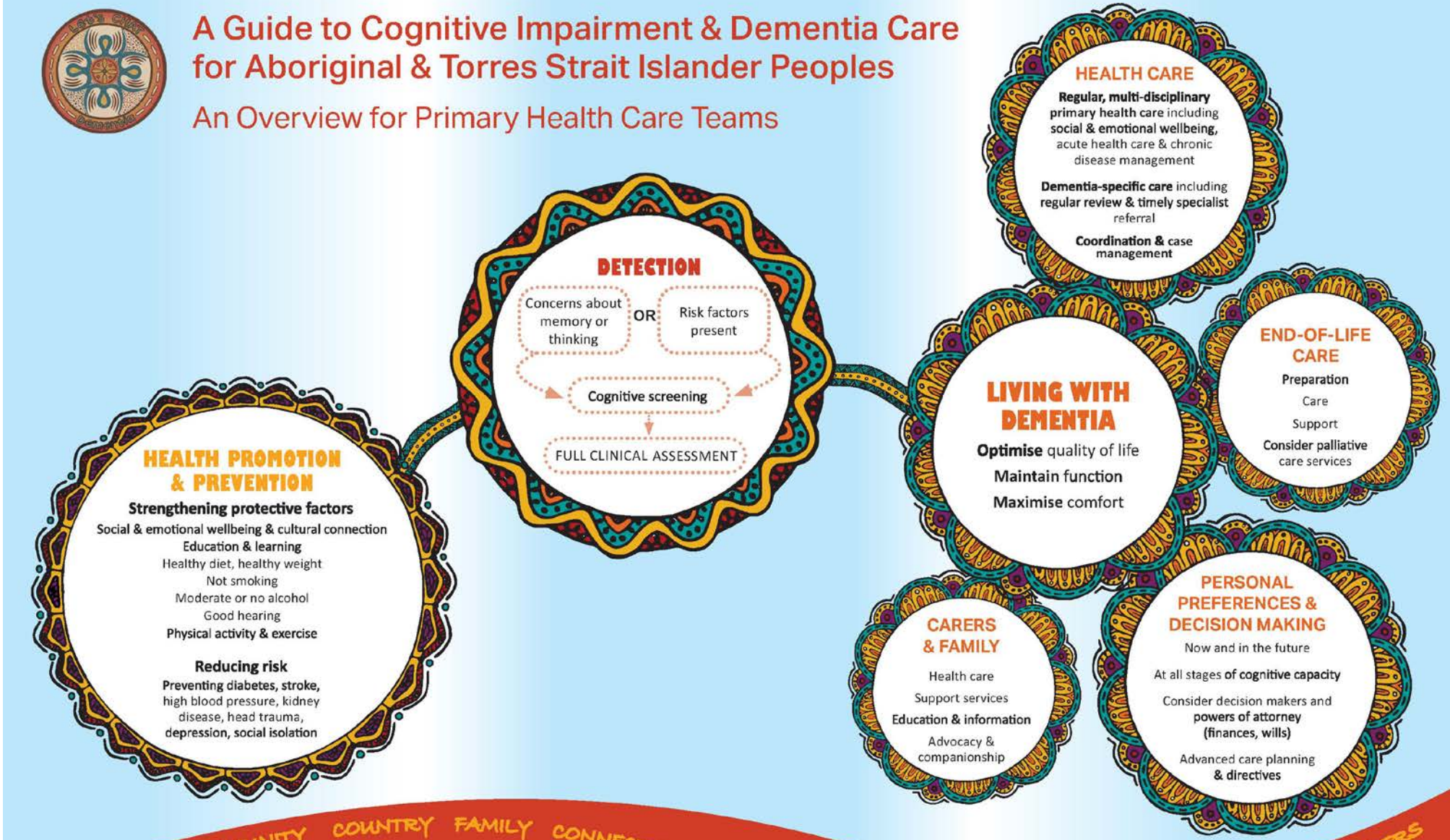

Living with cognitive impairment and dementia

- Goals of care: to ***support quality of life***, to ***maintain function*** and to ***maximise comfort***
- Support and care of carers
- Supported by continuity of care and multidisciplinary case management approach

Principles of dementia care

- General health and dementia-specific care
- Person & family centred
- Access to appropriate services
- Regular review of goals of care
- Culturally appropriate and trauma informed care and services

Regular care & dementia-specific care 50 years plus

General medical care

- 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

Allied health & nursing

- 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

Tracking function

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

Risk assessments

Nutrition & hydration
Pain
Falls
Continence
Elder abuse

*Monitoring BPSD**

Depression
Agitation
Anxiety
Sleep disturbance
Aggression
Wandering

*Behavioural & psychological symptoms of dementia

Referral

1. **Geriatrician/memory service/psychogeriatrician/other specialist**
   - 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)**

Personal preferences, decision making & planning

- Introduce conversations about personal preferences early and revisit regularly – consider advance care planning
- Decision making may be a shared and collective experience
- Need to identify who is authorised to make decisions - consider POA
- Importance of Country and place of care and end-of-life
- *Quality of life* may mean different things: See *Good Spirit Good Life* Tool

Carers and family

- Carers may:
  - be older with complex health needs
  - be young with their own families and complex health and social issues
  - have cultural and spiritual beliefs about changes in thinking or memory
  - have population risk for cognitive impairment
- The person with dementia may be a carer
- Often experience poor health and isolation

End of life and advance care planning

dying to talk®

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

Thank you

Some helpful resources:

- Best practice guide to cognitive impairment and dementia care for Aboriginal and Torres Strait Islander people attending primary care Full guide, poster & summary
- 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 including recommendations for care plans
- 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
- National best practice guidelines for collecting Indigenous status in health data sets