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CONTENTS

DO YOU KNOW HOW MANY PEOPLE IN AUSTRALIA HAVE DEMENTIA?	4
WHAT IS DEMENTIA?	6
DO YOU KNOW THERE ARE DIFFERENT TYPES OF DEMENTIA?	8
DO YOU KNOW SOMEBODY WHO'S DEMENTIA EFFECTS THERE CULTURE?	10
HOW DOES DEMENTIA EFFECT ABORIGINAL AND TORRES STRAIT ISLANDER COMMUNITIES?	12
DO YOU KNOW EVERYDAY THERE IS SOMEONE WITH DEMENTIA ADMITTED TO HOSPITAL?	14
HOW DO WE RECOGNISE DEMENTIA?	16
HOW DO WE COMMUNICATE WELL WITH SOMEONE WITH DEMENTIA?	18
I HAVE DEMENTIA MY PERSPECTIVE	20
WHO CAN HELP?	22



DO YOU KNOW HOW MANY PEOPLE IN AUSTRALIA HAVE DEMENTIA?

- Dementia is NOT A NATURAL PART of ageing
- Approximately 300,000 AUSTRALIANS are living with a dementia
- Over 1,000,000 Australians are involved in CARING for a family member or friend with dementia
- An estimated 1,000 NEW CASES of dementia diagnosed EACH WEEK
- There are MANY DISEASES that CAUSE DEMENTIA
- ALZHEIMER'S DISEASE is the MOST COMMON CAUSE of dementia (between 50-70%), SECOND CAUSE IS VASCULAR DEMENTIA which may be preventable
- MODERATE TO SEVERE DEMENTIA amongst Australians
 1 in 15 aged 65 yrs +, 1 in 9 aged 80-84 yrs, 1 in 4 aged 85 yrs PLUS
- Currently nearly 10,000 AUSTRALIANS UNDER AGE 65yrs have EARLY ONSET dementia
- By 2050, it is projected that there will be 900,000 AUSTRALIANS living with a dementia
- Between 2000-2050 the number of PEOPLE WITH DEMENTIA is expected to INCREASE to 327% while the population increases by less than 40%



WHAT IS DEMENTIA?

- Dementia is a term that is used to DESCRIBE PROBLEMS with MEMORY and THINKING
- There are PHYSICAL CHANGES in the BRAIN that are occurring
- Different SIGNS and SYMPTOMS occur as the DISEASE PROGRESSES
- More common in the AGEING POPULATION, there are RISK FACTORS which INCREASE THE INCIDENCE
- A person with dementia may find it harder to do tasks that were once familiar, such as:

REMEMBERING
MAKING DECISIONS
UNDERSTANDING WHAT IS BEING SAID
FINDING YOUR WAY AROUND
EXPRESSING THOUGHTS
WRITING
READING
SHOWERING
USING NUMBERS

There are MORE than 100 DISEASES that CAUSE DEMENTIA



DO YOU KNOW THERE ARE DIFFERENT TYPES OF DEMENTIA?

- ALZHEIMER'S DISEASE
 Tangles build up and disrupts messages in the brain
- VASCULAR DEMENTIA
 Due to problems with circulation of blood to the brain
- DEMENTIA WITH LEWY BODIES
 Debilitation of nerve cells in the brain
- FRONTAL LOBE DEMENTIA
 Degeneration in one or both frontal lobes of the brain
- PEOPLE WITH PARKINSON'S DISEASE
 May develop dementia late in the course of this disease
- ALCOHOL-RELATED DEMENTIA (KORSAKOFF'S)
 Irreversible brain damage related to dangerous levels of consumption

- CREUTZFELDT-JACOB DISEASE
 Caused by presence of a protein particle
- Other conditions associated with dementia are MIS-USE OF SUBSTANCES, AIDS, MULTIPLE SCLEROSIS, INFECTIONS of the BRAIN, exposures to certain TOXINS



DO YOU KNOW somebody who's dementia effects their culture?

DO YOU KNOW SOMEBODY WHO'S **DEMENTIA EFFECTS THEIR CULTURE?**

- 1 in 5 older AUSTRALIANS are BORN OVERSEAS
- 1 in 8 Australians with dementia DO NOT SPEAK ENGLISH at home
- In NSW there are MORE NON-ENGLISH SPEAKERS than other STATES/TERRITORIES
- THE EXPERIENCE is compounded due to lack of SOCIAL ISOLATION, lack of EMPATHY, MISUNDERSTANDING
- People that have dementia REVERT to ORIGINAL LANGUAGE as most recent learnt language is lost
- LANGUAGE and COMMUNICATION barriers can be DIFFICULT when needing to ACCESS SERVICES
- Need to understand CULTURE, RELIGION and SPIRITUALITY which can be powerful forces
- FAIL TO RECOGNISE new environments; don't feel safe, it is all new and frightening
- How OVERWHELMING to be in a COUNTRY and where you do not speak the HOME LANGUAGE



HOW DOES DEMENTIA EFFECT

Aboriginal and Torres Strait Islander communities?

HOW DOES DEMENTIA EFFECT ABORIGINAL AND **TORRES STRAIT ISLANDER COMMUNITIES?**

- Of critical importance is INCREASING the AWARENESS and UNDERSTANDING of dementia among INDIGENOUS people
- Prevalence of dementia among REMOTE and RURAL Indigenous people could be 4-5 times HIGHER than those in the general Australian population
- Access to HEALTH CARE SERVICES for this population is more RESTRICTED
- Need to be FLEXIBLE in RESPONDING to the needs of INDIGENOUS PEOPLE
- High incidence of LIFESTYLE RELATED ILLNESS in Indigenous populations that are at risk for dementia
- Considered NOT A MEDICAL ISSUE often thought of as a natural part of the CYCLE OF LIFE AND DEATH
- BARRIER is that there are MANY INDIGENOUS LANGUAGES present in the KIMBERLY REGION in northern WA covering 421,451sq kms there are 30 languages
- There is a LACK of CULTURALLY APPROPRIATE ASSESSMENT TOOLS



DO YOU KNOW EVERYDAY THERE IS SOMEONE WITH **DEMENTIA ADMITTED TO HOSPITAL?**

- People with dementia can have a LOSS OF SHORT-TERM MEMORY and forget why they are in hospitals
- Crucial to INVOLVE CARERS
- Consider the ENVIRONMENT, LIFESTYLE, and LEVEL OF FUNCTION
- PROVIDE large clear VISUAL CUEING
- REDUCE STIMULI both HUMAN and MECHANICAL by simplifying hospital processes and behaviours
- **REDUCE** the number of **BED MOVES** a patient with dementia makes
- UNDERSTAND, PREVENT and MANAGE agitated behaviours
- **COMMUNICATE SENSITIVELY** with the person who has dementia



HOW DO WE RECOGNISE DEMENTIA?

- There are a range of **SCREENING TOOLS** available
- **HELPS** to **ASSESS NEEDS** of the person
- It's MORE THAN a MEDICAL DIAGNOSIS
- INITIATED when a person such as FAMILY or a CARER EXPRESSES CONCERNS about SYMPTOMS or CHANGES are noted
- **SCREENING** refers to action to determine the presence of likely or possible disease in a person without problems or symptoms pointing to the possibility of dementia
- You NEED a PRACTITIONER to help you RECOGNISE DEMENTIA
- MMSE Mini Mental short Examination
- **RUDAS** Rowland Universal Dementia Assessment Scale



HOW DO WE COMMUNICATE WELL WITH **SOMEONE WITH DEMENTIA?**

- JUST LISTEN DON'T RUSH
- Sometimes a GENTLE PROMPT is all that is needed
- Avoid BACKGROUND NOISE if able
- LOSING ABILITY to COMMUNICATE is one of the most FRUSTRATING and DIFFICULT problems for people with dementia, their families and carers
- Be FLEXIBLE and allow PLENTY OF TIME for a RESPONSE
- SIMPLE STATEMENTS with a REASSURING voice TONE and MANNER
- Use positive HAND GESTURES and FACIAL EXPRESSIONS
- POINTING and DEMONSTRATING may HELP
- WATCH for NON-VERBAL CUES especially those indicating distress
- Be PATIENT and RESPECTFUL
- Remember NOT to ARGUE, or to ORDER ME or tell me what I CAN'T DO, DON'T BE CONDESCENDING



I HAVE DEMENTIA MY PERSPECTIVE

- "when the DOCTOR said I had dementia I was SHATTERED I was really SHAKY".
- "I NOTICE that some people LOSE PATIENCE if I ask for something more than once, but it's just that I DIDN'T REMEMBER what they said the first time".
- "I DON'T FEEL ILL, I don't feel WORRIED, I don't feel there's ANYTHING WRONG with me really. It's my wife who feels it. I feel SORRY for her because we know that she's going to be in for further down the track".
- "I might be FINE ONE MINUTE and the next minute I'm FORGETTING THINGS AGAIN, so you NEVER KNOW WHAT YOU'LL GET WITH ME".
- "I walk around with a DIARY IN ONE HAND and a SENSE OF HUMOUR in the other these are my TWO HELPERS in living with dementia".
- "at my SUPPORT GROUP we LAUGH A LOT and we PLAY A LOT. We have fits of laughter".
- "we have TOO LONG A ROAD TO TRAVEL with dementia TO SPEND IT CRYING".
- "it's a BUGGER ... it's just BAD LUCK ... it's an ILLNESS which is UNPREDICTABLE and when it comes, you've JUST GOT TO COPE with it ... it's like losing your skin or something" (Hazel Hawke, Nov 2, 2004).



WHO CAN HELP?

ALZHEIMER'S AUSTRALIA

National Peak Body

Tel: 1800 100 500

Web: www.fightdementia.org.au/

NSW/ACT DEMENTIA TRAINING STUDY CENTRE

Tel: 02 4221 5927

Email: dementia@uow.edu.au

Web: http://dtsc.com.au/new-south-wales-australian-capital-territory/

COMMONWEALTH CARER RESOURCE CENTRES

Tel: 1800 242636

DEPARTMENT OF HEALTH

Web: www.health.gov.au/dementia