DEMENTIA
What do you need to know about dementia?
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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

Mild to moderate 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?
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?
DO YOU KNOW THERE ARE DIFFERENT TYPES OF DEMENTIA?

- **ALZHEIMER’S DISEASE**
  Tangles build up and disrupt 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?
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?
• 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?
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?
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?
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

COMMONWEALTH CARER RESOURCE CENTRES
Tel: 1800 242636

DEPARTMENT OF HEALTH
Web: www.health.gov.au/dementia