



Dementia Training Australia

Let's CHAT Dementia Webinar: Best practice cognitive impairment and dementia care for Aboriginal and Torres Strait Islander peoples attending primary care - 2 Sept, 2021

Audience Q&A's

Question(s)	Answer(s)
Why is low education a risk factor?	It is thought that education builds up lots of brain tissue (neural connections) which helps a person keep good thinking until late in life. In addition, those with less education may experience poorer health including the risk factors for dementia.
My great grandmother and mother died suffering later stages of dementia. I am an Aboriginal woman 50yrs old, what are my chances of getting it? I dont have any health issues.	This is very much an individual thing. Not a lot of dementia is inherited although you could discuss this with your doctor. Thinking about your risk factors in terms of some of the other issues we've mentioned, and paying attention to exercise and a good diet with lots of vegetables and fruit (or a Mediterranean diet - but thats technical) and keeping up social contact and thinking and learning activities - all these things can prevent or delay dementia. There is another webinar on this in this series.
What effect does Fetal Alcohol Spectrum Disorder (FASD) have on the later development of dementia?	FASD does cause long standing cognitive impairment . We are not aware of studies in Aboriginal and Torres Strait Islander people, but there is emerging evidence of FASD being a risk factor for dementia in other communities.
How effective is trauma informed care in minimising longer term risk of dementia - what if any studies have been done on this?	No studies that we know of, but in principle would be beneficial.
How does one approach the patient that has clinically overt dementia but is resistant to care?	Often those with dementia may have limited insight into their condition. It is important to engage the family and get support from e.g. Dementia Support Australia. Responsive behaviours usually arise from unmet needs that the person cannot express easily, therefore brainstorming and trialling strategies is important.
Has the Good Spirit Good Life tool been validated?	Yes in Perth and Melbourne Aboriginal communities. There are plans to further validate in the Torres Strait Islander communities and remote regions.
Do Aboriginal and Torres Strait Islander people need to have a chronic disease to be approved for the CTG (Closing the Gap) PBS Co-payment?	No, this used to be the case but not longer is. See Services Australia CTG PBS Co-payment information (see <i>Resources slide in the presentation</i>)
The person with dementia may be a carer' - is this statement only applied to the Aboriginal and Torres Strait Islander community?	No, not only Aboriginal and Torres Strait Islander communities because there are alot more older people who are carers of young children as well as other family members/partners
It's interesting that the only requirement to get registered into the CTG program is that they simply need to self identify. Do people abuse this? ie. do people who are not Aboriginal or Torres Strait Islander register?	It's possible that a non-Indigenous person may identify in order to have access to subsidised medicines but fortunately GPs don't have to regulate this. For the purposes of accessing CTG PBS subsidised medicines, if a person says they are of Aboriginal or Torres Strait Islander origin they can be registered.
Is it usual for a team approach to be utilised? Dementia has multi modal causes in people with other comorbidities. I'm thinking from a previous rehab type platform where a raft of people were involved to get best outcomes ie. Psychologist/OT/Exercise Physiologist and community programmes for exercise and weight loss if relevant. Rehabilitation needs to be central thinking with early dementia diagnosis.	We agree. It is best practice to approach dementia care using a multidisciplinary team and utilising principles of holistic care. An enablment approach to maintaining independence is important, and strategies should be implemented as early as possible.



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<p>Has health care navigation been compromised for people during COVID and has this caused issues in care?</p>	<p>Unfortunately yes, in particular older people with or without dementia have been socially isolated and we know that this has a negative effect on both mental and cognitive health. In addition, older people have been less likely to address their other medical conditions during this time that may have further impact on cognition.</p>
<p>Any tips to prevent kitchen fire accidents related to mild demented patient?. Where can I get more information to support the patient and ensure their safety?</p>	<p>An Occupational Therapist can assess a person in their home to suggest strategies to improve safety. There are stove alarms, and occasionally the stove may need to be disconnected if there is no carer and the risk outweighs the benefit. Providing opportunities for adequate nutrition are important in people with dementia.</p>
<p>What are the strategies to give information to Aboriginal and Torres Strait Islander communities, in order to increase awareness as well as prevent dementia in the young adults?</p>	<p>There is increasing information about promoting brain health and explaining dementia and prevention in culturally relevant ways. You need to find out what is available for your local community, as information must be tailored to the specific Aboriginal and Torres Strait Islander language and cultural group. Groups such as DTA, Dementia Australia and Dementia Support Australia may have relevant information. The Lets CHAT website also may help. Check with your local community health service first</p>