A Person Centred Approach to Dementia Care

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• Overview
• System of dementia care in Singapore
  – Awareness
  – Diagnosis & Management
  – Services
• Person centred approach to dementia care
Dementia

- Cognitive symptoms
- Functional problems
  - Social, occupational, activities of daily living
- Behavioural symptoms
  - Behavioural and psychological symptoms of dementia (BPSD)
World Alzheimer Report 2015

- Estimated that 46.8 million people worldwide are living with dementia in 2015
- Will almost double every 20 years, reaching 74.7 million in 2030 and 131.5 million in 2050
- These new estimates are 12-13% higher than those made for the World Alzheimer Report 2009

One new case of dementia every 3 seconds
## Prevalence Estimates

### 10/66 Dementia*

<table>
<thead>
<tr>
<th>Age group</th>
<th>Cases</th>
<th>Unadj.</th>
<th>Adj.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall</td>
<td>399</td>
<td>16.5</td>
<td>10</td>
</tr>
<tr>
<td>60-74</td>
<td>45</td>
<td>3.2</td>
<td>3.4</td>
</tr>
<tr>
<td>75-84</td>
<td>134</td>
<td>21.2</td>
<td>21.9</td>
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<tr>
<td>85+</td>
<td>220</td>
<td>57.1</td>
<td>56.2</td>
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</tbody>
</table>

### Gender

<table>
<thead>
<tr>
<th>Gender</th>
<th>Cases</th>
<th>Unadj.</th>
<th>Adj.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>275</td>
<td>19.9</td>
<td>11.6</td>
</tr>
<tr>
<td>Male</td>
<td>124</td>
<td>11.9</td>
<td>8</td>
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</tbody>
</table>

### Ethnicity

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Cases</th>
<th>Unadj.</th>
<th>Adj.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chinese</td>
<td>166</td>
<td>17.8</td>
<td>10.4</td>
</tr>
<tr>
<td>Malay</td>
<td>138</td>
<td>19</td>
<td>10.2</td>
</tr>
<tr>
<td>Indian</td>
<td>95</td>
<td>13.1</td>
<td>7.8</td>
</tr>
</tbody>
</table>

* Education adjusted
DEMENTIA
A PUBLIC HEALTH PRIORITY
Dementia : a public health priority

• The total estimated worldwide costs of dementia were US$ 604 billion in 2010

• In high-income countries
  – informal care (45%), formal social care (40%), direct medical costs (15%)

• In low-income and lower-middle-income countries
  – informal care costs (i.e. unpaid care provided by the family) predominate.
Dementia: a public health priority

- The priority areas of action that need to be addressed
  - Raising awareness
  - Timely diagnosis
  - Commitment to good quality continuing care and services
  - Caregiver support
  - Workforce training
  - Prevention
  - Research
Where are we now?

- Awareness lacking
- Dementia care tends to be hospital based
- Health care and social care are independent of each other
- Caregivers have great difficulty manoeuvring the system
- Dementia services are inadequate and fragmented
- People with dementia and their families fall through the gaps
The ideal system of care

- Prevention
- Awareness
- Recognition
- Assessment
- Diagnosis
- Management and treatment
- Crisis management
- End of life
World Alzheimer Report 2014
Dementia and Risk Reduction
AN ANALYSIS OF PROTECTIVE AND MODIFIABLE FACTORS
Risk Factors and Risk Reduction

Risk Factors

- Early Life
  - Low education
- Midlife
  - Hypertension
- Across the life course
  - Smoking
  - Diabetes

Risk reduction strategy

- Improve access to secondary and tertiary education.
- Improved detection and treatment of diabetes and hypertension
- Smoking cessation
- Increased physical activity
- Reduction in levels of obesity
Integrate Health Promotion

• Brain health promotion messages should be integrated in public health promotion campaigns
  – anti-tobacco or non-communicable disease (NCD) awareness campaigns
  – “What is good for your heart is good for your brain”.
Raising awareness about dementia

• Early diagnosis - access to interventions and services
• Reduce stigma
• Educate caregivers and families
• Dementia friendly community - building support for people with dementia and their caregivers in their neighbourhood
  – E.g. Help people with dementia in community who get lost
  – E.g. Employers that are more sympathetic when caregivers need time off work in a crisis
Impact on Healthcare Services

- Primary care
- Hospital Services
- Community based services
  - Home care
  - Day care
- Residential care
Hospital care

- People with dementia aged 65 and above are currently using up to a quarter of hospital beds at any one time
- People with dementia tend to stay longer
  - Increased length of stay leads to financial pressure on health care services

Counting the cost: caring for people with dementia in hospital wards, Alzheimer’s Disease Society
• Over a third of people with dementia who enter hospital from their own home go into a care home.
• Sampson et al. (2009) found that 24% of acute medical inpatients with severe cognitive impairment died during admission.

Counting the cost: caring for people with dementia in hospital wards, Alzheimer’s Disease Society
BPSD in Acute Hospitals

- People with dementia are 2-3 times more likely to be admitted to hospital than people without dementia of the same age
- 230 people with dementia admitted for an acute medical illness
  - 75% had BPSD
  - 43% had BPSD that was moderately/severely troubling to staff
  - Aggression, activity and sleep disturbances, anxiety

Sampson et al BJP (2014) 205;189
• Diagnosis of dementia in delirious patients
• Training of staff in dementia care
• Specialist dementia teams
Elderly services

Social Services
• Befrienders
• Home help
• Neighbourhood links
• Senior Activity Centre
• Social Day Care Centre
• Sheltered Housing
• Destitute Homes

Health services
• Home Medical
• Home Rehabilitation
• Home Nursing
• Day Rehabilitation Centres
• Dementia Day Care Centres
• SPICE - Singapore Programme for Inclusive Care of the Elderly
• Dementia Hostel
• Nursing Homes
Transforming Dementia Care

• Definition
  – to change (something) completely and usually in a good way
Alzheimer’s Disease Association

• Dementia Day Care Centres
  – New Horizon Centres
• Awareness
• Training
• Support groups for family carers
Alzheimer’s Disease Association

• Caregiver centre
  – Helpline
  – Counselling
  – Eldersit programme
    • In collaboration with the DemAct programme of CGH
  – Home Intervention programme
    • Social Worker and Occupational Therapist
    • Caregiver stress
Alzheimer’s Disease Association

- Dementia and Arts
- Family of Wisdom
- Memories Cafe
Alzheimer’s Disease Association

- Dementia and Arts
- Family of Wisdom
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Integrated Residential Services

• Medical / Nursing
• Psychosocial
• Integrate with community based services
  – Day rehabilitation
  – Dementia day care
  – Home based medical, nursing and social care
Collaborations with Nursing homes

• Projects that support nursing homes to improve care
  – Training
  – Consultations for challenging behaviours
  – Multidisciplinary Case Discussions
  – Crisis
  – End of life
  – Reduce unnecessary transfers to hospitals
Training

• Knowledge
• Skills
• Attitudes
• Person Centred Care
  – Treat the person with dementia not just the disease
Person Centred Care = VIPS

- Valuing people with dementia and those who care for them (V)
- Treating people as individuals (I)
- Looking at the world from the perspective of the person with dementia (P)
- A positive social environment in which the person living with dementia can experience relative well-being (S)
Establishing a Connection

Caregiver

Increased effort to maintain connection

Normal connection

Person with Dementia

Increased egocentricity as external world shrinks to immediate environment of perhaps a metre diameter

Virginia Moore, Dementia Services Consultant, Brightwater Care Group
Understanding Dementia

Dementia = NI + H + B + P + SP

• Neurological impairment
• Health (mental & physical)
• Personality
• Biography
• Social Psychology (social & physical environment)
Neurological Impairment

- Memory loss
- Language
- Recognition
- Complex tasks
- Judgement
- Planning
Cerebral Cortex

- **Frontal lobe**: (sense of smell, motor control, and higher mental abilities such as reasoning and planning)
- **Parietal lobe**: (sensation such as touch, temperature, and pressure)
- **Occipital lobe**: (vision)
- **Temporal lobe**: (hearing and language)
- **Cerebellum**: (posture, coordination, muscle tone, and memory of skills and habits)
Health

• Exclude delirium
• Medical issues
• Physical discomfort
  – Constipation
  – Pain
  – Hunger
  – Thirst
  – Fatigue
• Look for depression
Personality

- Premorbid personality
- Traits
- Temperament
- Reaction to stress
Biography

• Background
  – Childhood memories
  – Preferences
  – Education
  – Occupation
  – Family life
  – Relationships
  – Stresses
Environment

• Physical
  – Elder friendly
  – Design for dementia

• Social
  – Relationships
  – Daily tasks
  – Activities
Signs of well being

- assertiveness
- relaxation
- sensitivity to the needs of others
- humour
- creative self expression
- showing pleasure
- helpfulness
- initiating social contact
- showing affection
- expression of a range of emotions.
Partnerships

• Mutually beneficial relationship between organizations
• Opportunity for hospitals and community organizations to identify shared goals, uncover gaps, and join forces to achieve improved health care and quality of life for individuals in their communities
Building Partnerships

• Making the case for partnerships from the practice, patient, and community perspectives;
• A framework and examples of partnership arrangements between practices and community entities
• Building blocks and activities to develop successful partnerships
• Levers for sustaining practice-community partnerships
Partnership

• Model of partnership
  – Clear objectives
  – Who are the partners

• Collaborative planning
  – Shared goals
  – Coordinated work plan
  – Assign lead person
  – Flexibility

• Operational issues
Organizations

• Credibility
  – Trustworthiness, Reliability, Integrity
  – Standing, Sincerity, Experience

• Accountability

• Team
  – Leadership
    • Strong, humility, openness to collaborate
  – Support of senior management
  – Staff engagement and buy-in
Engage

• People with dementia and caregivers
  – Understand their needs

• Engaging the community
  – Healthcare agencies
    • Source of referrals
  – Local communities
    • Grassroot organisations, Religious /social organisations
    • Local trade
  – Other eldercare agencies
Engage

• Engaging governments
  – Political support
    • “not in my backyard” syndrome
  – Size of the problem
  – Needs
  – At different levels
    • Informal and formal meetings
    • Parliament
Operational issues

- Admission criteria
- Equipment
- Interventions
  - Multidisciplinary discussions
- Discharge criteria
- Communication
- Evaluation
Partnerships

• Trust
  – differences in scope of expertise, work ethic, and communication
  – building a foundation of respect
  – transparent about goals
  – “we have come to learn”

• Philosophy
  – Person centred care