September 2023

Repositioning Dementia: Let's get real

Q&A follow up

What are the qualifications of those delivering the programme for young onset dementia please. Are they Allied Health? PT, DT, RT?

There are two staff who deliver the YOD Programme here in Canterbury – one is our designated Key Worker for YOD who regularly attends the Cognitive Disorders Clinic where majority of our clients with Younger Onset Dementia have been diagnosed – this staff member has a Speech Language Therapy Registration. To further explain, the Key Worker role here in Canterbury is a generic one – also on this team are nurses, social workers and an OT.

The other staff member for the YOD Programme is the leader of our Activities Team and has a professional qualification as a Registered Exercise Professional. However, alongside this qualification it is very much her vast skills and experience in working with persons living with dementia that make her an appropriate person to co-deliver the programme.

Braintree, is this private or publicly funded?

In 2017, The Canterbury Brain Collective was formed – this is a partnership with MS&P society and was established to develop a wellness centre for local people living with neurological conditions. The Canterbury Brain Collective (CBC) has been responsible for all the fundraising involved to create the BrainTree building, which is owned 50/50 by Dementia Canterbury and MS Parkinson's Canterbury. CBC has had oversight of the building development and will continue to oversee the operation of the Braintree Wellness Centre to ensure that it remains financially sustainable and remains true to its purpose of supporting people with neurological conditions.

We will add more answers to the questions we weren't able to answer on the day as we receive them.

Do house surgeons have the diagnostic ability to add dementia on discharge?

The answer isn't straightforward…There are many steps involved in a diagnosis ending up being coded on a discharge summary: a) the diagnosis has to be recognised (either pre-existing or diagnosed during admission and therefore included in the medical history) b) the diagnosis has to end up on the d/c summary (and overworked house officers may not see it as a relevant issue is e.g. someone has come in with a relatively straightforward issue medical or surgical issue).

The biggest barrier though is probably that dementia just isn't recognised during the admission (or the cognitive changes are put down to a delirium as a result of the underlying health issue. Hospitals are slowly waking up to the fact that dementia significantly complicates hospital admissions (longer duration of stay, more care needs etc) so are being more proactive about identifying and managing this, but change is slow.

From the figure it looked like there are increasing rates in Asian communities. Do we know why that is?

Dementia is primarily a disease of older people so Asian (along with Māori and Pacific) dementia prevalence is increasing faster than Europeans purely as a result of these population groups ageing at a faster rate.

Do we know what is the prevalence for Dementia in the Pacific and Tonga specifically?

Sadly, we don't. We have shown that Pacific peoples in NZ have a higher prevalence of dementia compared to Europeans and this is probably because many of the risk factors are higher compared to NZ as a whole. These risk factors, particularly the cardiovascular related ones like obesity, diabetes, and hypertension, are even higher in the Pacific so I would expect the prevalence of dementia to by significantly higher in the Pacific compared to a the likes of NZ/Australia. There was one dementia prevalence study carried out in Guam and this showed a significantly higher prevalence compared to NZ.