A very warm welcome to DSIDC’s summer newsletter where we bring you up to date with all of our activities and let you know about upcoming events and training. The last few months have been a very busy time for all at DSIDC and those involved in dementia care generally. In January our sister organisation the Living with Dementia (LiD) Programme at Trinity College Dublin published a research review for Ireland’s National Dementia Strategy. It was launched at a one day conference at the Science Gallery by Health Minister Dr James Reilly and had some very informative presentations from speakers such as Glen Rees (CEO, Alzheimer’s Australia) and Prof Alistair Burns (UK’s National Clinical Director for Dementia). The research in this report will form the evidence base for the creation of the National Dementia Strategy which should be published in 2013. LiD followed this up with a condensed version of the main report entitled ‘Future Dementia Care in Ireland’. Launched by Kathleen Lynch, Minister of State at the Dept of Health it sought to lay out in plain language the key findings from the main report. Both the main report and the abridged version are available for download at our website www.dementia.ie Following hot on the heels of the launch of the research review the DSIDC in conjunction with the Mercers Institute for Successful Ageing (MISA) held the 2nd National Memory Clinic Conference on 27th April 2012.

The theme of the conference was ‘Memory Clinics, Intervention and Assessment’ and had experts from both home and abroad keeping the large audience engaged and entertained. Presentations from the day can be viewed in their entirety on the website www.memoryclinics.ie In other conference news the DSIDC’s annual conference will be held on Thursday the 22nd November 2012 and will be addressing the issue of ethics in dementia care. With national and international speakers already lined up this promises to be an exciting day. Topics will include sexuality, legal issues and assistive technology amongst others. Flyers with the final programme will be distributed over the next few weeks. The DSIDC are also proud to be sponsoring Activage 2012, part of Dublin City of Science 2012. Activage “brings together engineers, designers, artists and older people in the community in a public engagement process to present, challenge, inform, debate and subvert ideas on current and future technologies for the support of successful ageing. On November 2nd filmmaker Annette Wagner will be showing her movie “Squeeze me” at the Science Gallery in Dublin. “Squeeze me” examines the current scientific and ethical debate over the use of robots in dementia care. In June DSIDC helped to officially launch Ireland’s first Alzheimer Café at the Avila Carmelite Centre in Donnybrook. A collaboration between Sonas aPc, the Alzheimer Society of Ireland, DSIDC, NHI, the HSE and Third Age, the Alzheimer Café has been running since December 2011 and is attracting large numbers of people with dementia, their families and carers and interested healthcare professionals. Officially launched by Miriam O’Callaghan last month a most enjoyable night was had by all. The Alzheimer Café model itself is also proving to be popular with new cafes launching in North Dublin, Kildare and Cork. We wish them every success. http://www.alzheimercafe.ie

Matthew Gibb
Acting Director DSIDC
New Guide on Dementia Care Launched in Trinity College Dublin

Associate Professor Suzanne Cahill and Research Fellow Dr Maria Pierce from the Living with Dementia programme, Trinity College Dublin, in collaboration with Professor Eamon O’Shea from the Irish Centre for Social Gerontology (ICSG), NUI Galway have published a new Guide to Dementia entitled ‘Future Dementia Care in Ireland: Sharing the Evidence to Mobilise Action’. The Guide was launched by the Minister with responsibility for Disability, Older People, Equality and Mental Health, Kathleen Lynch TD, in Trinity College Dublin on Tuesday 19th June 2012. The research work was funded by The Atlantic Philanthropies and supported by the Department of Health.

The Guide was written for the general public, including those diagnosed with dementia, their family caregivers and those experiencing the symptoms of dementia and is the first of its kind in Ireland. It was developed to disseminate to the public, and in lay man’s terms the key findings contained in a report entitled, Creating Excellence in Dementia Care: A Research Review to inform Ireland’s National Dementia Strategy. This report was launched at our conference in January 2012 and was the outcome of a research review commissioned and undertaken to provide the evidence base for Ireland’s forthcoming National Dementia Strategy. The Guide sets out the key facts about dementia in Ireland and internationally, including new estimates on prevalence and costs of dementia; what other countries are doing to plan for dementia; potential core elements for inclusion in the forthcoming National Dementia Strategy for Ireland; and the next steps for public policy on dementia.

What happens when a person becomes incapable of managing his or her affairs because of dementia?

When a person has dementia they may not be able to manage their affairs as well as they previously could, they may not be able to manage their bank account or perhaps pay their monthly bills. This could have very serious consequences if you were self employed, who would manage your business if you were the only one with authority for the company bank account?

In this situation, the person may have to be made a Ward of Court and usually this application is made by a family member on the person’s behalf. An application must be made to the High Court. As with any High Court application, it can be an expensive and time consuming process. The High Court will decide who is appointed to manage the affairs of the person with dementia or another mental illness. The appointed person has a number of responsibilities such as reporting on a regular basis to the Wards of Court office regarding the financial affairs of the Ward. There is also an annual levy on the Ward’s income payable to the Wards of Court office.

How can someone decide who will manage their affairs if they become incapable of managing their own affairs due to their dementia?

A person can sign a document called an Enduring Power of Attorney where they appoint someone to manage their affairs if they become incapable of managing their affairs due to dementia. An Enduring Power of Attorney must be signed when the person signing is comos mentis (not of unsound mind). In this document, you can appoint a family member or friend to look after you and your affairs. The advantage of signing an Enduring Power of Attorney is that you, not the High Court, decide who manages your affairs. It gives piece of mind not only to you but also to your family. Another advantage is that there is no annual levy payable to Wards of Court office. This document only takes effect when it is registered; it has no legal standing until then.

The following article has been reprinted with kind permission from Katherine Irwin, Solicitor and Proprietor, Irwin Solicitors. If you have any questions relating to this article please contact Katherine Irwin: Tel: 01 2849034 or email: info@irwinsolicitors.ie
The Alzheimer's Café
Takes place on the second Thursday of the month
Avila Centre, Donnybrook, Dublin 4
7pm – 9pm
for further information please visit alzheimercafe.ie

Also at Clareville Centre, Clareville Court, Glasnevin on Tuesday 25th September and the last Tuesday of the month
7pm – 9pm
for further information please visit google.com/site/alzheimercafeireland

***IMPORTANT INFORMATION***
The Department of Health and Children have started the public consultation process for the National Dementia Strategy. The consultation process closes on the 31st August 2012 so it is vital that you have your submission in by that date. Please see the link below for further details.
http://www.dohc.ie/consultations/open/dementiastrategy/
Cognitive Stimulation Therapy  
Cecilia Craig  

According to Cantegreil-Kallen et. al., (2009), the aim of cognitive stimulation is to slow down the rate of cognitive decline and focus on the cognitive ‘reserve’ capacity in a person with dementia. Cognitive stimulation, as a therapeutic intervention, has come to the forefront in recent years as more research evidence emerges to support its effectiveness. Despite this, its potential to slow the cognitive decline has not been fully realised in the care sector. Spector et. al., (2001) devised a Cognitive Stimulation Therapy (CST) programme based on research relating to psychological therapies for people with dementia. It takes many of the positive aspects of the 1950’s Reality Orientation (RO) but uses a more person centred approach. The programme consists of 14 group sessions, twice weekly, each of which seeks to actively stimulate and engage participants. A standardized format is used which focuses on a theme. There are approx 5-6 participants and two leaders per group. Leaders do not need specialist training to facilitate it. This makes it more user-friendly and likely to be implemented. However, there are key person centred principles that leaders must adhere to. Research to support the effectiveness of CST is promising. A large scale, single blind, randomised control trial demonstrated that CST significantly improved cognitive abilities and quality of life (Spector et. al., 2003). Another study showed that the improvements in quality of life were as a result of the improvements in cognitive function (Woods et. al., 2006). Knapp et. al., (2006) indicated that CST may be more cost effective than the usual medical treatment given. NICE (2006) has recommended that people with mild to moderate dementia should be given the opportunity to participate in group cognitive stimulation therapy. Nearer to home a small scale study (n=27) showed a significant increase in MMSE scores after a CST programme (Coen et. al., 2011). CST is for people with early to moderate stage dementia who have the ability to communicate. If they have a severe hearing or visual impairment or a physical illness, it is unlikely they will benefit being part of the group. The manual is presented in a simple format with easy to read instructions (Spector et. al., 2006). A maintenance programme has also been developed (Orrell et. al., 2005) as a follow on programme. The benefits of CST are clear. By slowing the cognitive decline it may reduce the level of physical dependency of participants. It has also been demonstrated that participants’ quality of life can improve as a result. As health care professionals we have an ethical duty to identify interventions that improve the individual’s quality of life. Since facilitators do not need specialist training, this programme can easily be implemented in residential, day care and other non-acute settings as part of the structured activity programme routine. As there are few cognitive based therapies being used in dementia care, CST is well placed and could be adopted as one of the key therapies for those with dementia. Indeed, it should become the norm in dementia care.  

Reference:  

DATE FOR YOUR DIARY  

DSIDC Autumn Conference  
Thursday 22nd November 2012  
Ethics and Dementia Care  
Keynote speaker Dr Clive Baldwin  

The Chartered Accountants Building  
Pearse Street, Dublin 2  

Please see our website for further details  
www.dementia.ie  

Early Bird Registration Fee €85.00