



DEMENTIA SERVICES INFORMATION AND DEVELOPMENT CENTRE
promoting excellence in dementia care

Newsletter

Issue: No. 10 Winter 2004

Introduction

Welcome to the Winter edition of the DSIDC newsletter. We have several interesting developments to report in this issue as the Centre's professional activities continue to expand. Yes, it is true that the tide is changing and that increasingly attention is now being paid to the specialist and unique needs of people with dementia. This is reflected in continuous requests for training, and in the increased number of calls and visits made to the Centre over the last 6 months, by practitioners seeking out information on issues as diverse as, care plans and assessment tools for measuring pain in advanced dementia to furniture and fittings for specialist units. It seems that the traditional "anything goes" approach for persons with dementia is no longer acceptable and that nursing home proprietors and health care professionals now wish to share with us their new knowledge and expertise, and find out more from us about best practice principles and current thinking on dementia care.

It is also true that several new dementia projects are emerging around the country and it is encouraging to see how Administrators, Architects and Planners are now determined to do things correctly, by seeking out professional advice and following best practice principles about designing specialist dementia units, and equipping them with appropriate technology. One such project is the new Specialist Unit currently being built in Mount Carmel Hospital in Clonakilty. Here much attention has been paid to the careful physical lay out of the refurbished building. A local shop-front has been creatively designed within, and careful attention has been paid to designing a homely environment that is both safe and domestic. A big emphasis has also been placed on staff training and on the development of philosophy of care for the new Unit, that comes from staff themselves.

Around the country, the importance of outdoor space for persons with dementia and the need for multi-sensory gardens attached to dementia units is now increasingly being recognized by dementia care staff. The proposed multi-sensory garden in Dunmanaway which will include the conversion of a beautiful 18th century chapel (a former workhouse laundry) is another project which when completed will undoubtedly improve resident's quality of life and be extremely worthwhile. Other such developments include the new multi-sensory garden currently being planned in St Vincent's in Athy.

When the DSIDC was first established some 6 years ago, there were only four Old Age Psychiatry teams across

Ireland. Today a total of 19 teams exist, whose multi disciplinary staff can offer more dedicated dementia specific services. One such team (the Clare Mental Health Services for Older People) recently visited the Centre and spent a morning with us seeking out more detailed information on our services and how we can be of assistance to them. It seems that the issues around the country are similar and our discussions with their occupational therapist and other members of this team reminded us of the importance of regular respite for family carers and of the need for creativity in developing meaningful activities for those with more advanced dementia resident in long stay facilities.

Finally The DSIDC would like to warmly welcome both Cecilia Craig and Orla Fagan who joined the Centre in early September. Cecilia, our new Education Officer comes with a wealth of experience in dementia care having practiced as both a General and Psychiatric nurse for 17 years before moving into nurse education in both St John of Gods and University College Dublin. Orla Fagan, our new Administrator, has joined us from within and comes with an Arts degree from Maynooth and excellent IT skills.

Suzanne Cahill (Director)

Education and Training:

Requests for education days and workshops continue to pour in and our education programme is now fully booked until early next year. Negotiations with service providers have led to approximately two to three training days being facilitated weekly around the countrywide. While the basic education programme is very popular, increasingly there are interests in specialised areas of dementia care. For example a full specialist programme on Sexuality and Dementia was delivered to staff from the North Eastern Health Board in September. Training programmes always require in-depth discussion with senior staff members to elicit in advance, information about training needs and in order to design specialist programmes to fulfill these needs.

The extra mural classes held at the Centre from 5pm to 7pm continue to be very popular. The third course for 2004 is now completed and course 4 is soon due to commence. Evaluations by students have indicated that the courses provide an excellent learning forum and are both enjoyable and educational. Early booking is advised for proposed extra mural classes in 2005. A specialist conference has been organised for the occupational therapist special interest group in dementia on the 4th November. Places are booking up very quickly and the conference is expected to pose plenty of challenges for occupational therapists keen to adopt a Person-centred philosophy to care. A study day for the MedEL directorate at St. James's

Hospital is planned for the 16th of November. A variety of speakers and topics related to dementia will be given. The day is open to those working in MedEL and other allied health professionals. A series of 'rolling' sessions will be organised for staff in the clinical sites at St. James's Hospital commencing in January 2005. These will be one hour sessions repeated a number of times during the day to allow as many staff as possible to attend. All enquiries about study days and workshops can be made to Cecilia Craig, Education Officer at 4162060 or Orla Fagan at 4162035. The next extra-mural class commences on January 10th 2005. All enquiries for extra-mural classes to Maeve Clark at 4162035.

Memory Clinic:

Demand for social work input from people with dementia and their carers attending the Memory Clinic has continued steadily with the service now firmly established within the clinic. Apart from looking after the social work needs of patients coming through the clinic, Matthew Gibb (Senior Social Worker) is continuing his research activities and is investigating the question of how cholinesterase inhibitors may affect the lives of people with dementia and their caregivers. The research involves conducting interviews with thirty carers and patients who have been taking the medications. In conjunction with colleagues from the Memory Clinic, the Mater Hospital and the Alzheimer Society of Ireland, Matthew is also looking at more specialist ways of supporting people with Fronto – temporal dementias (FTD's) and their carers. The consortium is currently looking at the feasibility of running information sessions to help people better understand issues concerning FTD's and how to manage and best care for people affected by this condition. The sessions it is hoped will provide a springboard for carers and the Alzheimer Society to set up specialist support groups. It is hoped that more specialist educational materials will also be developed for this subgroup of people whose needs until recently been somewhat neglected. The programme of support is hoped to be in place early in 2005.

GP Study:

This work is now fully completed and involved on-going collaboration with the Irish College of General Practitioners. Questionnaires were mailed out to 600 GPs whose names were part of the ICGP database. Findings demonstrated that the mean number of new cases of dementia diagnosed annually was 4. A multivariate analysis revealed that females diagnosed significantly fewer cases than males. Most GPs rated memory problems (58%), impaired activities of daily living (14%) and disturbances in higher cortical functioning (11%) as the most reliable signs and symptoms of dementia. Few (12%) reported using MRI scans, and less than half (40%), CT scans as a regular part of a diagnostic work-up. Few GPs (6%) always disclosed the diagnosis to the patient. Three key factors determined disclosure patterns namely (i) patients' level of comprehension (38%), (ii) the impact of diagnosis on the patient (16%) and (iii) drug interventions (10%). Main barriers to diagnosis identified were difficulty differentiating normal ageing

from symptoms of dementia (31%), confidence in making the diagnosis (30%) and the impact of the diagnosis on the patient (28%). Both age and gender were significantly associated with barriers to diagnosis. Most GPs (83%) expressed a strong desire for specialist dementia training. The results from this work will now be used to help develop more specific training modules.

Some Relevant Articles on Challenging Behaviours:

The Centre often receives queries on how to deal with specific issues relevant to best practice in dementia care. Below are some recent articles on challenging behaviours that may be of interest.

When Dementia Complicates Care:

Many patients with dementia won't take well to hospitalization. This article argues that by developing a better understanding of these patients' special needs, you'll contribute to safe, uneventful hospital stays and ease the stress on the patient, staff, and caregivers. (Bodnar Hajduk, & Shellenbarger, 2004. RN, 67(1): 50-56).

Aggression toward Staff by Nursing Home Residents: Findings from a grounded theory study:

Aggressive behaviours by NH residents are common and can result in injury to both staff and residents. This article suggests that to effectively deal with resident aggression, staff must become proactive, which involves three dynamic and interactive processes: practicing vigilance, intuiting, and strategizing. The article details these processes as well as makes recommendations for handling aggression toward staff. (Conlin Shaw, 2004. JI of Geront Nurs, 30 (10), 43-54).

Decreasing Assault Occurrence on a Psychogeriatric Ward: An agitation management model:

An agitation management model providing staff education, qualitative assessment of agitation, and emphasizing psychosocial interventions was introduced on a geriatric psychiatry ward for male patients. Findings show that psychosocial interventions intended to reduce agitation among elderly men with dementia may not necessarily serve to decrease agitation, but may serve to decrease assault occurrence (Savage, Crawford, & Nashed, 2004. JI of Geront Nurs, 30 (5), 30-37).

Goodbyes:

The Centre wishes 3 staff members well with their future endeavours, Sarah Marsh (Assistant Education Officer) who has returned to Social Work, Emer Begley, who has returned to full time studies in Trinity and Judy Oxley who has taken up a new role in the area of Medicine for the Elderly.

