



Dementia Centre

Dementia Support Australia

Supporting carers of people with behavioural & psychological symptoms of Dementia

A/Prof. Colm Cunningham

Director, Dementia Centre HammondCare



HammondCare

An independent Christian charity

‘Mad, bad and dangerous to know’

*“Elderly people with various forms of dementia are more typically seen as being vaguely harmless people with fading memories, hardly a threat to anyone. But as the tidal wave of people moving into retirement homes expands, a proportion are turning out to be a menace to themselves and other retirement home inmates – **mad, bad and dangerous to know.**”*

Published in the Australian Financial Review (p.20, 11 June 2015)

Who is Dementia Support Australia?



Dementia Support
Australia

A partnership led by
 HammondCare



What is Dementia Support Australia?



What's the difference?

DBMAS

dementia behaviour
management advisory service

LEVEL 1

Mid-severe dementia behaviours

For clients in residential care, hospital or community care settings

Triage within 4 hours (business)

Onsite within 1 week of referral acceptance

Shorter-term case management

SBRT

Funded by the Australian Government

Severe
Behaviour
Response
Teams

LEVEL 2

Severe-extreme dementia behaviours

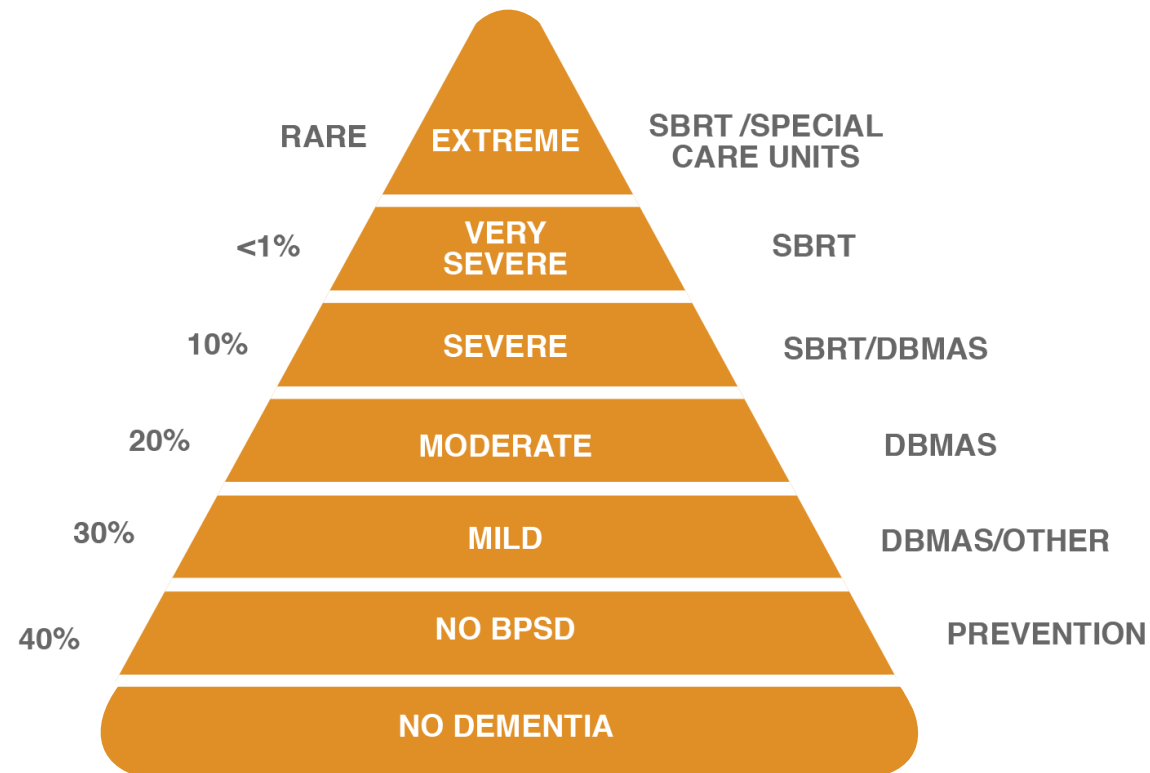
For clients in residential care only

No need to re-triage in DSA

Onsite within 48 hours of transfer

Longer-term case management

Dementia Support Australia: An Integrated Service



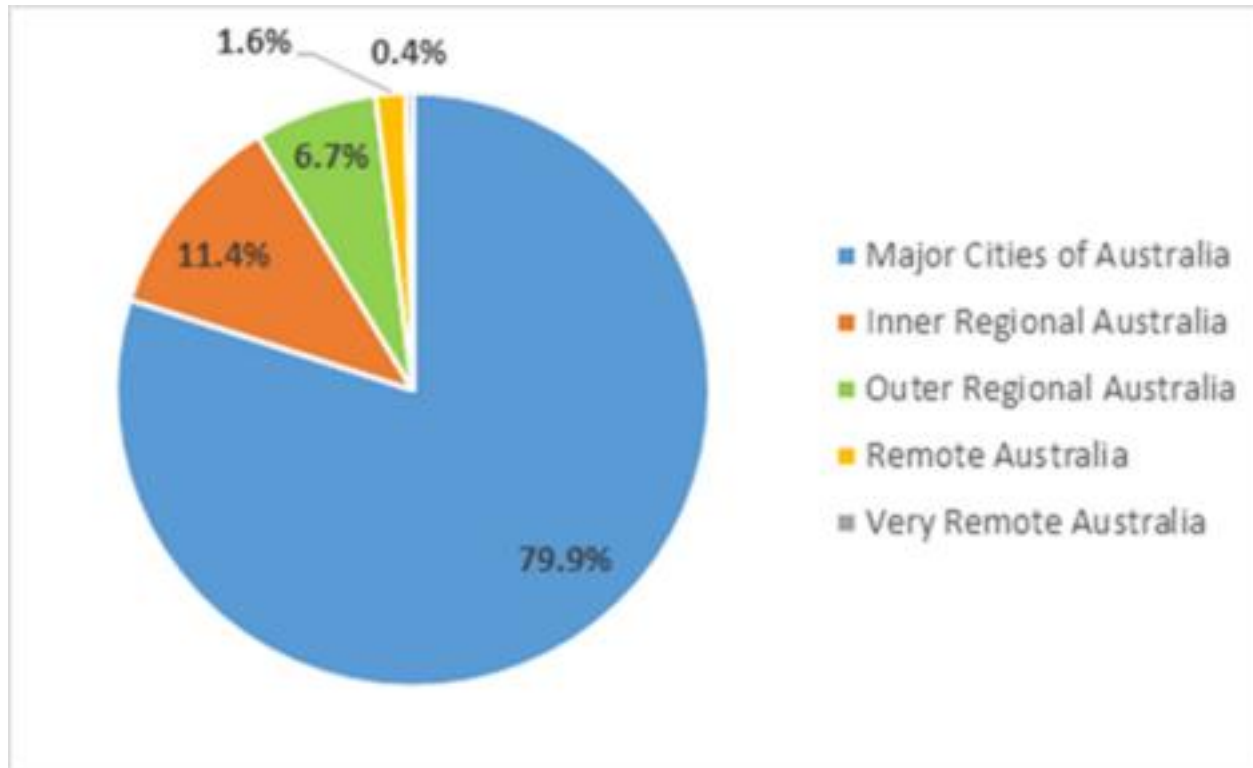
Tailored & personal advice



National Coverage

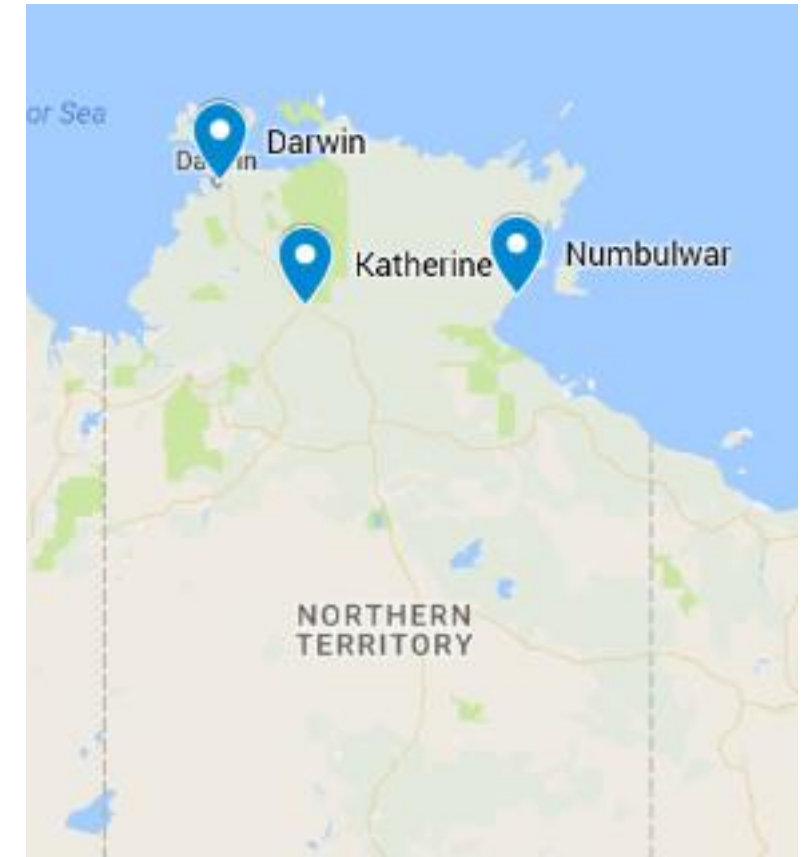


National Coverage



Heat map showing Dementia Support Australia case locations throughout Australia.

National Coverage - Numbulwar



Tailored Care – Yvonne's story



61 years old and diagnosed with Lewy Body dementia

- Pain management review
- Medication review
- Validating emotions
- Understanding social and personal interests
- Environmental changes to support symptoms and decline

The Dementia Support Australia team

Consultants

- Experienced nurses and allied health professionals
- Annual accreditation process
- Professional development
- Peer support and independent reviews

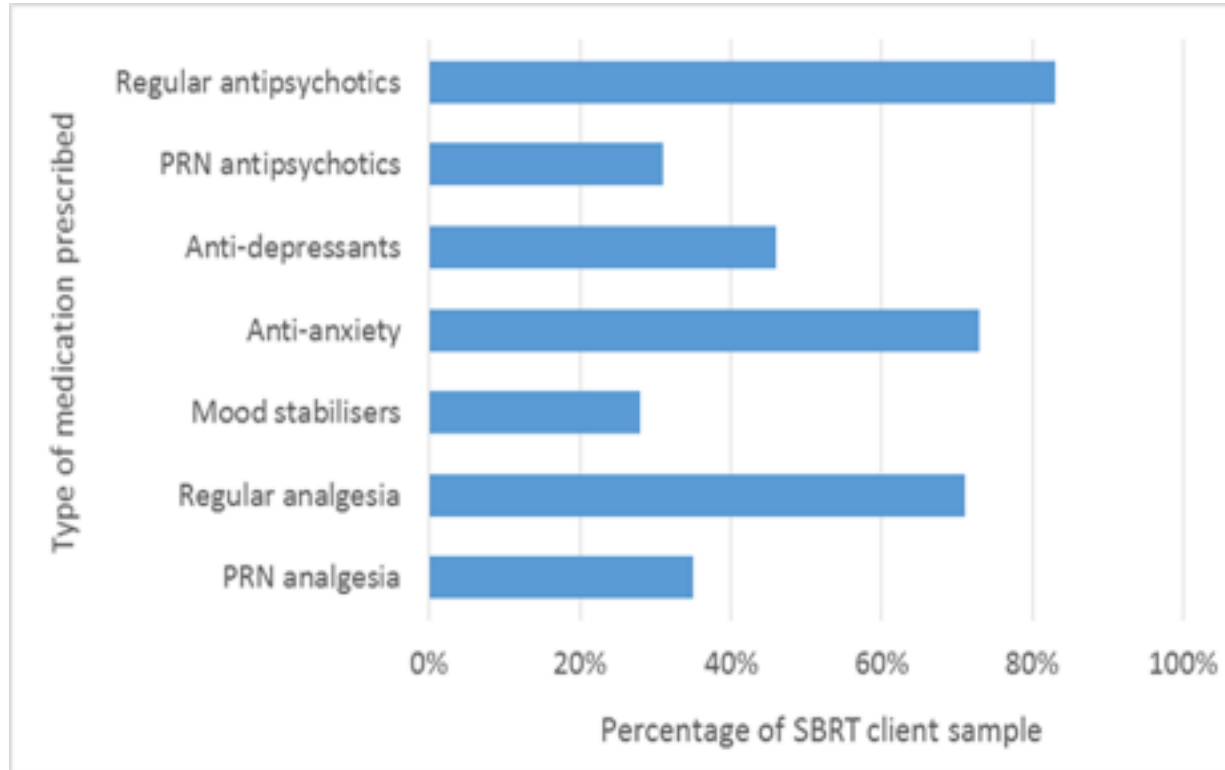
Clinical Associates

- Senior specialist medical staff
- Face-to-face support where required
- Detailed knowledge of psychopharmacology



De-prescribing

Level 2 sample medication audit



A

- Antecedents: what happened before the behaviour?

B

- Behaviour: What is the actual behaviour?

C

- Consequence: What happens as a result of the behaviour?

D

De-prescription: What medications can be removed?

De-prescribing – Brian's story

- 81 years old
- Parkinson's related dementia

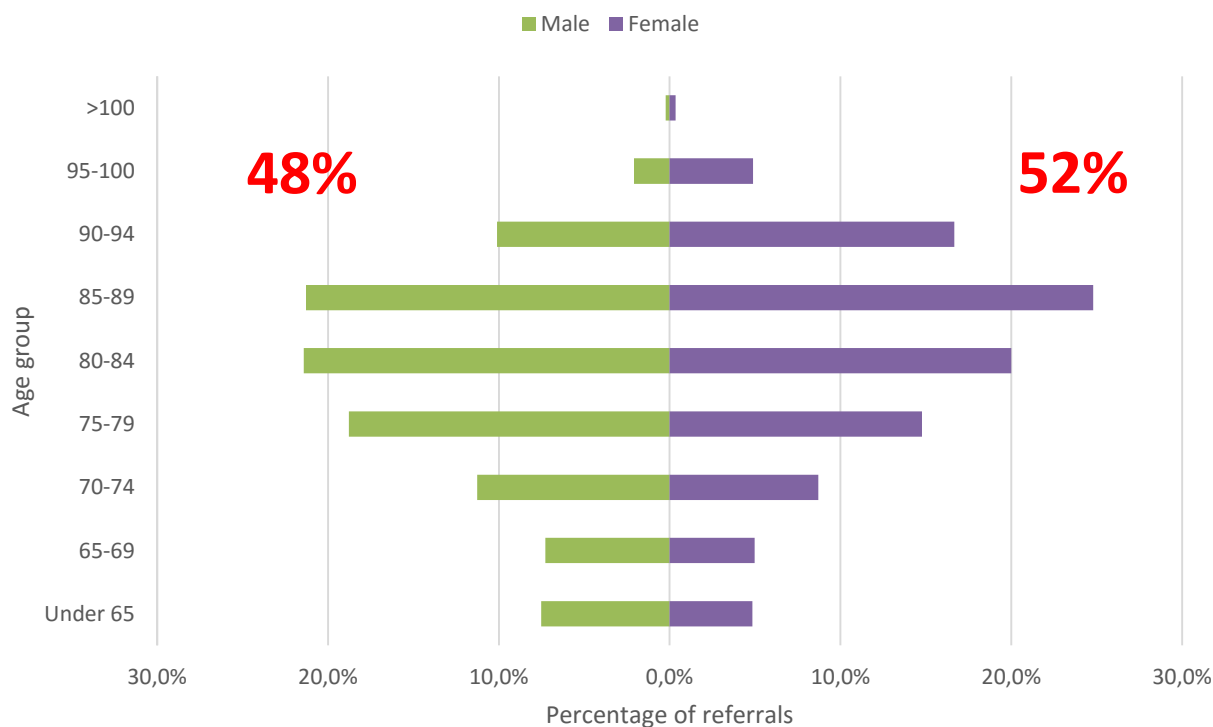
Strategies included:

- Reducing Parkinson's medication
- Removal of sedative medication
- Maintaining anti-anxiety medication
- Increasing pain medication



Findings – Who uses the service?

Level 1 clients



Level 2 clients



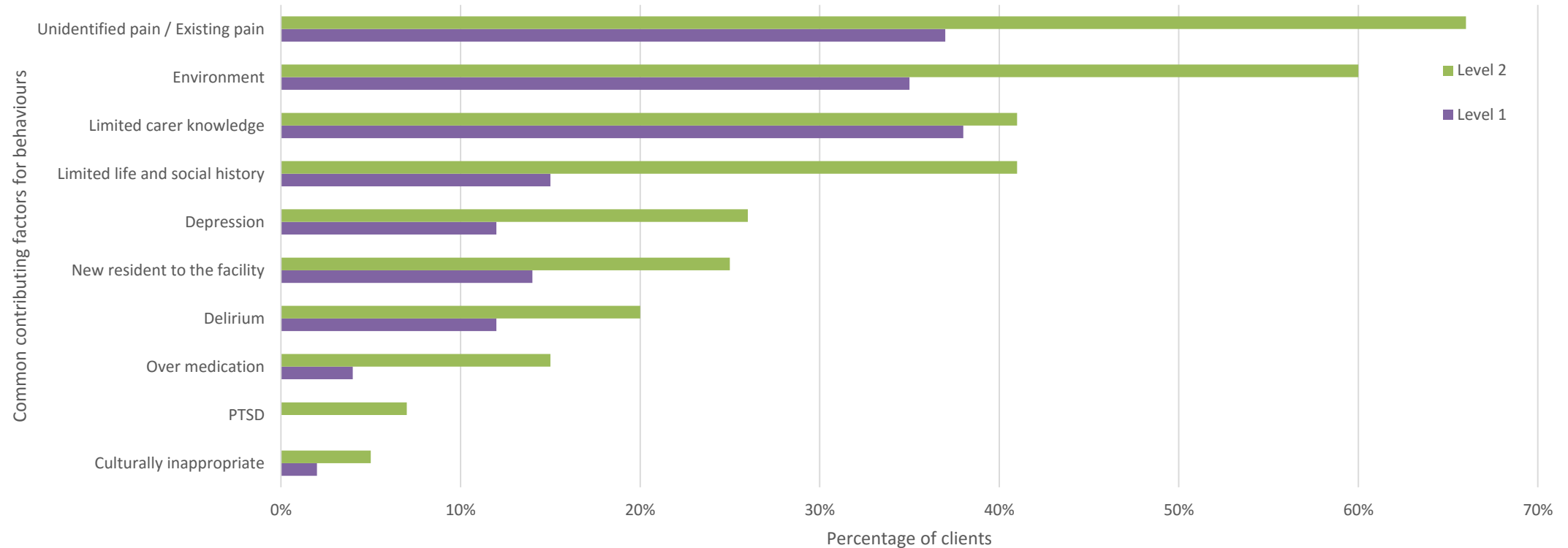
Findings – Why are clients referred?

Reason Client Referred (Referrer's opinion)	Percentage of Referrals
Aggression (verbal/physical) and/or Agitation	58%
Intrusive behaviour	8%
Wandering	5%
Absconding/ Exiting behaviours	5%
Paranoia	4%
Night-time disturbance	4%
Hallucinations	3%
Inappropriate sexual behaviour	3%
Depressive symptoms	2%
Restlessness	2%
Falls	2%

From a sample of online referrals and terms used by people referring.

Findings – Contributing Factors

What is causing the behaviours?



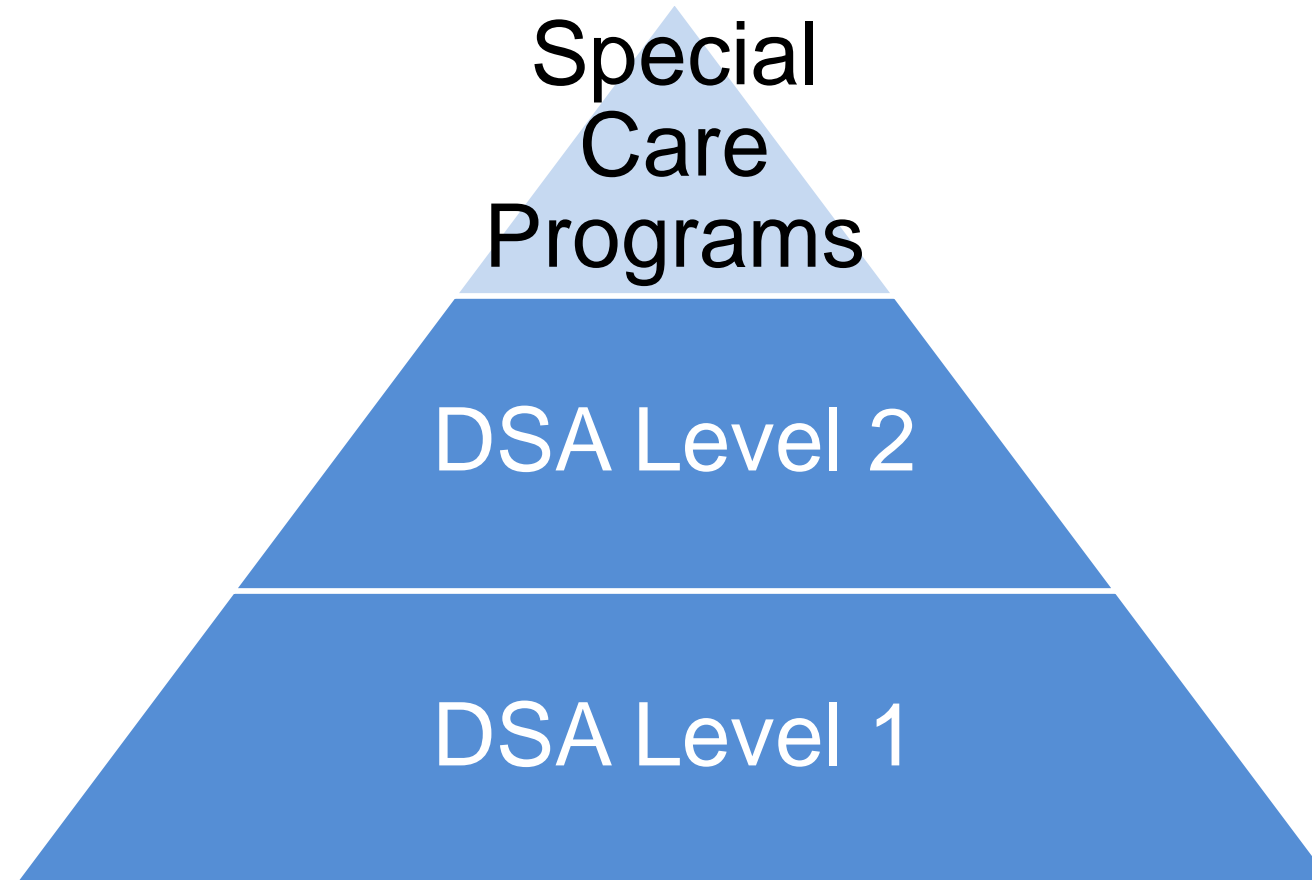
Clinical Outcomes - NPI

	Average Intake Score (n = 873)	Average Discharge Score (n = 258)	Average Change in Score	Average % Reduction in Score
Total Domains	4.7	2.7	2.0	43%
Total Distress/Disruptiveness	13.7	5.0	8.7	64%

When it doesn't work – Fred's story



A Comprehensive Response



Contact Us



Dementia Centre

UK Head Office

+44 (0) 7787 168 168


dementia@hammondcare.com

www.dementiacentre.com

Visit our Website
to Download Free Resources!



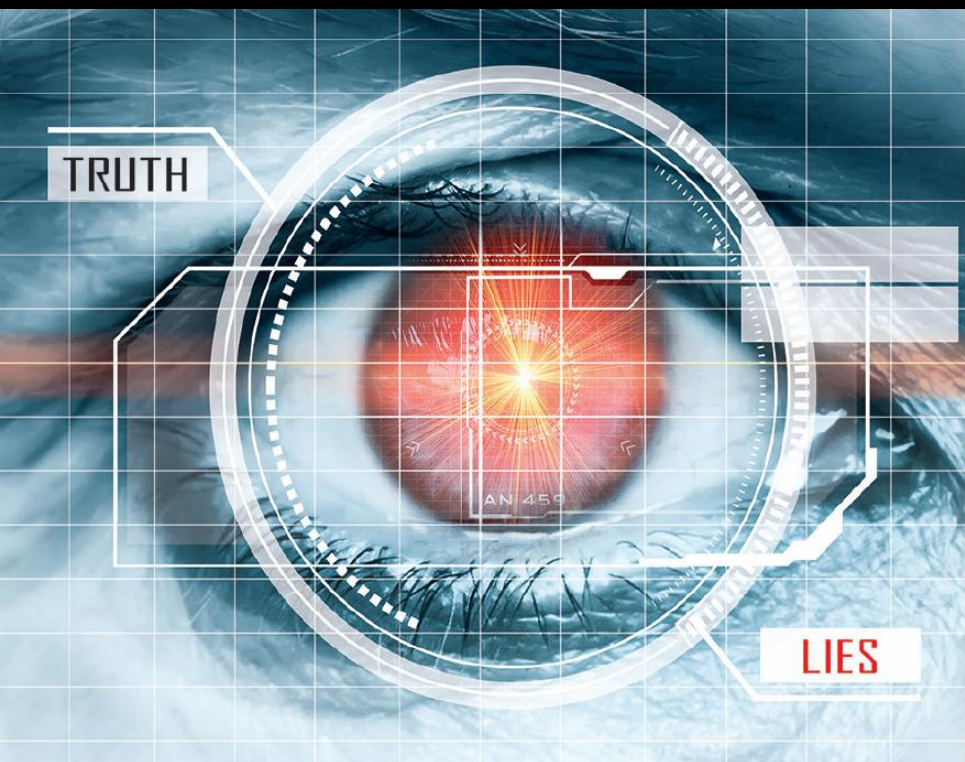
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1800 699 799 – 24/7

dsa@dementia.com.au

www.dementia.com.au



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Our passion is improving
quality of life for people in need

