



A publication of
Alzheimer's Queensland.

Dementia Matters

In this edition...

- Improving Social Engagement at Mealtimes.
- Occupational Therapy Driving Assessments
- Rosemary Cottage - Ipswich and ode of thanks:
- Research
- March - August Education Sessions





Improving Social Engagement at Mealtimes.

Alzheimer's Queensland

Alzheimer's Queensland is Queensland's largest not-for-profit community organisation whose primary aim is to maintain the quality of life of people with dementia and their caregivers. We support the desire of most people to remain living in their own home as long as possible and assist families and caregivers to facilitate this.

We aim to do this by offering the following:

Statewide Information, Education and Support Services:

- 24 hour 7 days per week professionally staffed Dementia Helpline (ph: 1800 639 331)
- Community education
- Library resources
- Interactive website at www.alzheimersonline.org
- Professional education
- Family carer education
- Support groups – face to face and telephone support groups
- Individualised support
- Fact sheets and specific information requests posted as required
- Dementia Matters newsletter

Alzheimer's Queensland

47 Tryon Street
Upper Mt Gravatt Qld 4122
Telephone: (07) 3422 3000
Fax: (07) 3343 2557
Email: helpline@alzheimersonline.org
Website: www.alzheimersonline.org
Dementia Helpline: 1800 639 331

People with dementia experience a myriad of communication difficulties which can affect their ability to completely engage in their social environment. Alzheimer's Queensland (AQ) has long employed a care approach which focuses on maintaining, enhancing and enabling the social roles and contributions of people with dementia. This approach focuses on improving the experience of people living with dementia by creating a home-like environment. Home-like environments foster communication and enable opportunities for residents to engage in meaningful, social interactions. Ultimately, it allows people with dementia the opportunity to be an active participant in everyday life rather than a passive recipient of care.

Encompassing this approach, Rosalie Nursing Care Centre (RNCC), a 40 bed, female-only residence, provides residents with unique opportunities to participate in and contribute to their environment. RNCC identified that, for many women, a large portion of their time in their own homes would have been spent around mealtimes; preparing, cooking and serving food for their families. Because of this, mealtimes offer the perfect opportunity to encourage residents to engage in social and meaningful interactions by participating in everyday "lifestyle activities". Lifestyle activities include assisting with meal preparation, setting tables, arranging flowers for dining rooms and assisting to clean up following the meal. These activities may seem mundane for those who perform them everyday however, for people with dementia, they offer invaluable opportunities to take on valued roles, contribute to their home environment and maintain dignity and self worth. These activities improve social interactions amongst residents without necessarily relying or placing pressure of the use of verbal language.

All in all, eating and drinking are just as much about being involved in social interactions and the enjoyment of meal preparation as they are about nutritional intake. At RNCC, mealtimes offer an opportunity to improve social engagement through the participation in normal lifestyle activities. Participating in this manner reduces the focus on language skills and enables the resident to be an active participant in their home. For people with dementia and residents at RNCC, the mealtime experience plays an important part in maintaining social roles, relationships and enhancing quality of life.



Occupational Therapy Driving Assessments

Driving is an important part of everyday life for most people. It helps us maintain independence, maintain social contact and may also be necessary for employment. As a license holder, it is your obligation and that of your medical practitioner to inform the Department of Transport of any medical condition, long term or permanent, which may affect your ability to drive safely. Failure to report can lead to serious fines and also revoking of your driver license. Additionally, if you have an accident that impairs your ability to drive safely, your insurance may be void. The aim of a driving assessment is to minimise risks to yourself and other road users, whilst safely maintaining your privilege to drive.

Driving is a complex task and as such, changes to personal health may necessitate an assessment if:

- Your physical and/or mental abilities may have slowed since you initially obtained your license
- A physical injury, illness or mental health condition may have affected your ability to drive safely
- You have a medical condition and you would like to know if you are legally fit to drive.

Common medical conditions affecting driving ability may include, but are not limited to:

- Blackouts
- Cardiovascular disease
- Diabetes
- Stroke
- Musculoskeletal conditions
- Neurological conditions i.e. epilepsy, dementia, cognitive impairment
- Psychiatric conditions

AQ Rehab Disability Driving Assessment

– What to expect?

- Certified Driver Assessment by qualified Occupational Therapists
- Off Road Functional Assessment that includes:
 - Initial interview i.e. medical history, driving history, future driving needs
 - Vision screen i.e. long distance, visual fields, eye movements

- Functional motor assessment i.e. strength, movement, sensation, coordination and reaction times
- Cognitive assessment i.e. concentration, memory, planning skills etc
- Road law and road craft tests
- On Road Assessment that includes (follows off road assessment):



- A qualified driving instructor and the Occupational Therapist accompanying you whilst you drive the vehicle(1hour)
- Dual controlled vehicle – manual or automatic
- Either a tailored local or unrestricted route
- Locations – can be customised to your local area (additional travel charges may apply if time exceeds over 30mins from your nearest AQ office) Additional Services
- Support in liaising with vehicle modifiers

- Education in vehicle modification use i.e. hand controls, left foot accelerator
- Series of on road lessons with a qualified driving instructor
- Review of driving cessation and alternative transport options
- Education specific to Driving Cessation and Dementia
- Written report tailored to referral needs

Possible outcomes:

- Pass with an unrestricted license
- Pass with restrictions (i.e. time of day, local area only)
- Pass with recommendations for vehicle modifications
- Recommended for remediation lessons

Funding options:

- **Enhanced primary care (EPC) via a referral from your GP**
- **Vehicle Options Subsidy Scheme (VOSS) if under 65years**
- **Department of Veteran Affairs (DVA) Gold Card Holders**
- **HICAPS via Private Health Care Funds**
- **Private paying clients**

**To access services please contact Marnie Combes,
ph: 1800 180 023; fax: 07 3343 2557; email: aqrehab@alzqld.org.au**

Rosemary Cottage - Ipswich and ode of thanks:

Allan's wife Jean has been enjoying days out with her friends at the Ipswich Multi Service Centre (Rosemary Cottage) for over a year. In January, after experiencing some months of declining health, Allan decided to join Jean at Rosemary Cottage for a week's "holiday" together. This break gave Allan the opportunity to focus on his own health and wellbeing whilst still being able to be with his very beloved wife. So enjoyable and beneficial to the health and happiness of both Allan and Jean was their stay, that they are both now enjoying regular weekly "holiday breaks" at Rosemary Cottage together. The break at Rosemary cottage has given Allan time (and motivation) to take up his pen and share his experiences at the cottage through poems and prose.

The Ladies

These girls are like diamonds
They are all precious and true
They help each one me and you
To me they are precious
For nothing too small but give us hope
Ipswich should be proud
To have ladies so good and true
Our every need is done so well
They rub your back when needed
They even shower shave and dress you
Lovely ladies we thank each one
You are beautiful and kind also true
So god bless you each one
You are God's angels each and everyone

*Above is my tribute
to the lovely staff of
Rosemary Cottage
they each one are a
wonderful helper to all.*

Allan Johnson 6/2/2014

Com of Declaration



My Impression

I did not know this place existed
until one day my wife had to be there.
When first we met the staff
It was very good – a smile a laugh
If we wanted help it was there
Like washing backs and combing hair
Each helper gave us all we needed
The meals were great and pudding too
They gave a smile to everyone too
Some of us had to have help
They would smile at you every day
It also impressed me day by day
They gave you help and kindness too
Each lady, big or small gave help to all
My wife and I say thank you
For our stay was very happy too
I shall always recommend this place
For peace and helping each one
Rosemary Cottage will always be
A great stay for everyone - even me
So thanks for help given to me
My back is almost making me 63
God Bless the staff you all will be
Lovely and beautiful as I found Thee

By Allan Johnson (written 13/2/2014)

Research

Dementia is not part of the 'normal' ageing process.

In Alzheimer's degeneration (atrophy) occurs in the brain in the areas of the hippocampus and basal forebrain. Another marker found in the brain of patients with Alzheimer's dementia is high levels of amyloid deposits.

If a person reaches 80- 90 years of age and has no signs of dementia, the risk of acquiring dementia decreases markedly.

Current research:

1. Currently researchers are working on developing vaccinations to prevent against Alzheimer's dementia. The mice trials are completed. Human trials are underway (working on dementia delay/prevention) and are so far showing good effects. Presently, they hope at least to be able to delay the onset of dementia by anywhere from 5- 15 years rather than being able to prevent it completely.
2. Effects of exercise on dementia according to current research:
 - There is evidence that exercise may help to prevent/delay the onset of Alzheimer's dementia

- Physical exercise improves cognitive function in aged animals
 - Running activates precursors in the hippocampus (hippocampus is the part of the brain responsible for learning and memory)
 - Exercise improves the vascular system and this may have the effect of helping to clear the amyloid deposits from the brain.
3. Acetyl cholinesterase inhibitors (current drugs used for Alzheimer's dementia) work on the basal forebrain. Once the basal forebrain cells die, the drugs no longer work. This explains why the drugs currently used work for a while then cease to be effective. Current research includes looking at why the basal forebrain cholinergic neurons die in early Alzheimer's.
 4. Current research also looking into whether low calorific diets help to prevent/ delay Alzheimer's.
 5. Recommended website for latest information on Alzheimer's research www.alzforum.com

March - August Education Sessions

Swallowing Difficulties in People with Dementia



**Date: Tuesday
25 March 2014**

As many as nine out of ten people with dementia will develop swallowing problems at some point during the course of the illness. Difficulties at mealtimes and eating safely can be stressful for the person with dementia, as well as their family members and carers. Unless managed effectively, swallowing difficulties can have many consequences including coughing and choking, food or liquid entering the lungs, chest infections, dehydration and malnutrition. This workshop is focused on eating, drinking and swallowing difficulties associated with dementia. The workshop will provide a thorough overview of the causes of swallowing difficulty, changes in swallowing function over time, signs and symptoms of swallowing difficulty, as well as challenging mealtime behaviours. It will also outline practical tips and strategies for managing swallowing difficulties in people with dementia. This workshop is suitable for all family members and carers supporting a person with dementia.

Depression in Dementia

Date: Tuesday 8 April 2014

Depression and dementia are both common illnesses in later life. Research indicates that between 20-30% of people with Alzheimer's disease also have diagnoses of depression. This workshop provides an overview of symptoms and diagnostic criteria for depression and dementia separately, with a particular focus on the characteristics unique to later life. The complex relationship between dementia and depression will be examined, including the challenges associated with differentiating between these two illnesses that share common symptoms. There will also be emphasis given to the population of people who experience depression in dementia in terms of the causation and individual impact. The workshop explores treatment approaches for depression in dementia from a whole person perspective encompassing biological, psychological and social interventions.

Activities (Dementia)

Date: Tuesday 17 June 2014

Activities are central to the livelihood of all people. For people with dementia, regardless of the stage of the disease, the need for activities is no exception. Activities are essential for a person with dementia to engage in, at any part of the condition and provide many benefits. Planning can maximise success in engaging clients and residents in the activities and therefore enhance quality of life for the person. This workshop gives participants the skills to develop meaningful activities by highlighting a framework with important considerations when creating activity opportunities for clients and residents with dementia.

Early Stages of Dementia and Driving



**Date: Tuesday
6 May 2014**

Driving is an important part of everyday life for most people. It helps us maintain independence, maintain social contact and may also be necessary for employment. Common medical conditions affecting driving ability may include, but are not limited to: Dementia; Blackouts; Cardiovascular disease; Diabetes; Neurological conditions i.e. Stroke, Epilepsy; Musculoskeletal conditions; and Psychiatric conditions. All drivers with a diagnosis of dementia will retire from driving as the disease progresses to moderately severe and at times, in the earlier stages of the disease. Occupational Therapy Driving Assessors, play an important role in identifying the right time for someone with Dementia to cease driving.

This workshop will focus on how the disease process of Dementia impacts an individual's ability to drive; what happens in a driving assessment; and what are the alternatives to driving. The session will also highlight some of the warning signs that indicate a driving assessment is beneficial.

Please note: it is the obligation of a license holder and medical practitioner to inform the Department of Transport of any medical condition, long term or permanent, which may affect the individual's ability to drive safely.



Alzheimer's
QUEENSLAND



Pin on your notice board

Alzheimer's Queensland Services and Contacts

www.alzheimersonline.org

Helpline

1800 639 331

Open 24 hours a day, 7 days a week.

Free call from landline and public phones.

Or email: helpline@alzheimersonline.org

For information and emotional support for people with dementia, staff and anyone interested. The Helpline has a database of services in Queensland to provide information and referrals.

Call for free information

e.g. fact sheets or brochures to be mailed out.

AQ Rehab

In home - Physiotherapy
Occupational Therapy
Speech Therapy

1800 180 023

Respite and Care Services

Seven days per week including:

- Centre Based Day Respite
- Overnight Respite
- Respite for Working Carers
- Emergency Respite
- Personal Care
- Home Maintenance
- Allied Health
- Social Support

Multi-Service Respite Centres located at:

- Gordon Park
- Mt Gravatt
- Ipswich
- Toowoomba

Residential Care

- Garden City Aged Care Services
- Rosalie Nursing Home
- Windsor Aged Care Services

Call the Helpline for vacancies for permanent and respite care

Carer Support Groups - 2014

Providing information and support for those caring for a friend or family member with dementia.

Toowoomba: 1st Monday of every month
11am – 1pm: Groom Room, Civic Hall, Ruthven Street
3 Feb, 3 March, 7 April, 5 May, 2 June, 7 July, 4 Aug, 1 Sept,
13 Oct (NB: 2nd week due to public holiday), 3 Nov, 1 Dec

Qld Wide Telephone Support Group

Last Wednesday of every month 1.00pm – 2.00pm:
AQ organises telephone link up at no cost to members
29 Jan, 26 Feb, 26 March, 30 April, 28 May, 25 June,
30 July, 27 Aug, 24 Sept, 29 Oct, 26 Nov, 17 Dec
(NB: 3rd week due to public holidays)

Evening: 2nd Wednesday of every 2nd month
6pm – 8pm: 47 Tryon Street, Upper Mt Gravatt
8 Jan, 12 March, 14 May, 9 July, 10 Sept, 12 Nov

Ipswich: 3rd Wednesday of every month
10am – 12 noon: Calvary Baptist Church,
83 Chermerside Road, Ipswich
15 Jan, 19 Feb, 19 March, 16 April, 21 May, 18 June, 16 July,
20 Aug, 17 Sept, 15 Oct, 19 Nov, 17 Dec

Newmarket: 1st Thursday of every month 10am – 12 noon:
LifeTec, Cnr Enoggera & Newmarket Rds, Newmarket
6 Feb, 6 March, 3 April, 1 May, 5 June, 3 July, 7 Aug,
4 Sept, 2 Oct, 6 Nov, 4 Dec

Redcliffe: 1st Thursday of every month
2pm – 4pm: Redcliffe RSL, Irene Street
6 Feb, 6 March, 3 April, 1 May, 5 June, 3 July, 7 Aug, 4
Sept, 2 Oct, 6 Nov, 4 Dec

Mt Gravatt: 1st Friday of every month
10am – 12 noon: 47 Tryon Street, Upper Mt Gravatt
7 Feb, 7 March, 4 April, 2 May, 6 June, 4 July, 1 Aug, 5
Sept, 3 Oct, 7 Nov, 5 Dec

Young Onset Dementia: 2nd Saturday of every
2nd month 10am – 12 noon: LifeTec, Cnr Enoggera &
Newmarket Rds, Newmarket
8 Feb, 12 April, 14 June, 9 Aug, 11 Oct, 13 Dec

For further details or to register please contact the
Dementia Helpline.