

FRIDAY 3 OCTOBER 2008

Clinical care

3.30 pm – 5.30 pm

Bellarine 1

Caring for residents with dementia – beyond medication

Beres Joyner¹, Joella Storey², Carmel Schweitzer³

1. Director of Rehabilitation and Aged Care, Central Queensland Health Service District
2. School of Psychology and Sociology, Department of Behavioural and Social Sciences, Central Queensland University
3. Director of Nursing for Residential Aged Care, Central Queensland Health Service District

General practitioners provide most of the medical care for people with dementia who live in residential aged care facilities. Behavioural and psychological symptoms of dementia (BPSD) including psychosis, depression, agitation, aggression, and disinhibition, often occur. These affront the person's dignity and well being and are often managed with psychotropic medications. Cholinesterase inhibitors are of no benefit in reducing these behaviours.

Aims

This study evaluates the effectiveness of the 'Spark of Life' program, a social therapeutic, person-centred care program, which aims to improve memory, language, communication, social interaction, and behaviours. BPSD and associated variables were assessed as key outcome measures.

Method

A small n case multiple baseline design was employed to assess the impact on behaviours, depression, pain, activity including falls, use of restraint, sleep, and requirements for antipsychotic, antidepressant and hypnotic medications. Data was obtained from people with dementia, their caregivers, and family members.

Results

Continuous assessment of BPSD outcome measures over 8 months will be presented in graphical format for several residents with mild to moderate dementia. Related outcomes for carers and families will also be presented.

Conclusions

The impact of this program on the wellbeing of residents may provide an effective non-pharmacological approach to the prevention and management of BPSD, enabling a reduction in the use of psychotropic medications.

A model of refugee health care in general practice

Joanne Gardiner¹, Jamuna Parajuli¹, Ann-Marie Diggins¹

1. Darebin Community Health Centre, East Reservoir, Victoria

Darebin Community Health Centre Medical Service has developed an empathic, holistic and efficient model of refugee health care. Our presentation describes this model: beginning with referral of a refugee individual or family from the on-arrival resettlement service, to the home visit by our Refugee health nurse, who then books them in to the General Practitioner with sufficient time and an appropriate professional interpreter. Our GPs use the RACGP-approved, patient-centred Refugee Health Assessment protocol, which will be discussed briefly. Appropriate investigations are arranged, including Mantoux testing by one of the Health Centre's practice nurses, who also commences catch-up immunisations. Other relevant allied health visits, including rapid dental assessment, are arranged as appropriate. The refugee family is usually seen several more times for results, arrangement of specialist referral and re-assessment of settlement difficulties and any emerging mental health concerns.

Our system depends upon reception staff trained to book interpreters and who have received cultural sensitivity training; nursing staff trained in Mantoux and immunisation; an experienced, committed refugee health nurse; and GP's with a strong interest in refugee health. Most of the GP's at our Health Centre attend a regular peer support group, itself a vehicle of policy development and innovation.