

SENIORS' HEALTH STRATEGIC CLINICAL NETWORK

NEWSLETTER

June 2016



**WHAT'S
NEW?**

- Dementia Advice Line
- ADDMA Web Page
- Clinical Knowledge Lead

NEW ADDMA web page

Advancing Dementia Care Advancing Dementia Diagnosis and Management in Alberta (ADDMA)

Our new page will highlight the work we are currently engaged with advancing dementia diagnosis and management across the province.

Watch our guest speaker presentations (Dr. Linda Lee and Dr. Brad Bahler) along with participating Primary Health Care team storyboards, Power Point Presentations, articles and much more can be found at the webpage – enjoy!

Visit <http://www.albertahealthservices.ca/scns/Page13084.aspx>

Dementia Advice Line Launches Provincially

On May 30th, 2016, the Dementia Advice Line staffed by the Health Link Nurses went live across the province of Alberta, ensuring all Albertans have access to Dementia Advice [Continued on page two](#)



Media Coverage from Global News:

<http://globalnews.ca/news/2729893/alberta-to-expand-options-for-dementia-patients/>

More information can be found at <http://www.albertahealthservices.ca/scns/Page12938.aspx> (or search for Dementia Advice from the AHS web page).

Appropriate Use Of Antipsychotics (AUA)

Project updates

AUA Long Term Care: The AUA Project supports care teams to reduce inappropriate use of antipsychotics.

Since we began a provincial roll-out almost 2 years ago, Long Term Care antipsychotic use has dropped dramatically to **18.3%, the lowest in Canada!**

AUA (Supportive Living): Launches in the Edmonton Zone!



We are very excited to share that our team is currently working to help support the launch of the AUA project/toolkit to 50 Edmonton Zone Supported Living Facilities over the next few months.

Visit: <http://www.albertahealthservices.ca/scns/auatoolkit.aspx>

Dementia Advice Line Launches Provincially

Dementia Advice
Available through Health Link



“We are very pleased to announce that Dementia Advice through Health Link is now available province-wide! ALL Albertans living with dementia or caring for a loved one with dementia are now invited to access dementia-related advice 24/7 by calling Health Link at 811. A press release on May 30 at the Edmonton Health Link call center was well attended. Television and print media have spread the news across the province.

Dr. Verna Yiu and project sponsors Sue Conroy and Scott Fielding shared the exciting announcement with Alberta. A special guest, Norma Jean Paproski, is caring for her husband who has dementia and shared her story about how Dementia Advice through Health Link provided her with navigation assistance, support and encouragement when she was floundering.



Picture:

(Left) Debra Kasowski (Clinical Manager), Corinne McCombs (Dementia Advice nurse), Kathleen Cullen (Dementia Advice nurse), Rose Merke (Dementia Advice nurse), Nadine Evanoff (Dementia Advice nurse), and (Right) Shawna Reid (Practice Lead)

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More information can be found at <http://www.albertahealthservices.ca/scns/Page12938.aspx> (or search for Dementia Advice from the AHS web page).

Or contact Shawna Reid, Practice Lead: Dementia Advice through Health Link at Shawna.reid@albertahealthservices.ca.

Dementia research in Canada: what do you think?

Want to help shape the future of Canadian dementia research?

The [Canadian Dementia Priority Setting Partnership](#) wants to know where you think we need research related to living with dementia as well as dementia prevention, diagnosis and treatment. The research priorities identified from this study will be shared with researchers and research funding organizations so that they can incorporate them into their research agendas.

The study follows the methods of the [James Lind Alliance \(UK\)](#) and is being funded by the [Alzheimer Society of Canada](#). It is being led by [Dr. Katherine McGilton](#) (Senior Scientist, [Toronto Rehabilitation Institute – University Health Network](#)) and overseen by a Steering Group that includes people affected by dementia, either personally or professionally.

This is an opportunity for you to have your say in setting Canadian dementia research priorities.

Please complete this short questionnaire at: www.alzheimer.ca/researchpriorities

Thank you for your assistance.

Seniors' Health has a new Clinical Knowledge Lead, Dr. Michele Grinman [continued](#)

"I believe in the need to develop initiatives that address root causes for healthcare system fragmentation, and to develop practical, evidence-based solutions."



Dr. Michelle Grinman is a General Internal Medicine Specialist with a special interest in population health, quality improvement and in improving access to care for vulnerable populations.

After medical school at the University of Calgary and residency training at the University of Alberta, she completed her General Internal Medicine fellowship at the University of Toronto.

Subsequently, she pursued a Masters in Public Health at Johns Hopkins University and a certificate from IDEAS (Improving and Driving Excellence Across Sectors), a leadership course in quality improvement and change management in Ontario.

While in Toronto, Dr. Grinman served as a Clinical Leader in the Innovate AFib Project that aimed to redesign the provision of healthcare services for patients with AFib. She also co-founded the Integrated Long-term Care Program in east Toronto. This quality improvement initiative aimed at building capacity in long term care homes to enhance the quality of end-of-life care. Through these endeavors, she became an advocate for the need to improve proactive goals of care discussions, advanced care planning and complex care for seniors living in long-term care in Toronto.

Dr. Grinman moved back to Alberta in August 2015, where she has continued to work on improving care for vulnerable elders; She is the principal investigator for ALERT (Anticipatory Long-term care Electronic Resident Triage tool) funded by the Canadian Frailty Network, and has begun working on enhancing care for complex and vulnerable elders at the Rockyview General Hospital to reduce avoidable hospitalizations and to improve their quality of life.

Join our Seniors' Health, SCN Community of Practice

As a member of our Community of Practice (CoP), you can be engaged by providing input on broad policy or planning initiatives and/or on a focused topic related to your area of interest.

Some good examples of CoP member involvement and engagement include the development of an Alberta Dementia Strategy and Action Plan and the Dementia Advice service within Health Link.

The SH SCN website (<http://www.albertahealthservices.ca/scns/Page7702.aspx>) has a variety of resources with quick links that show the overall picture of the scope of the work we do including our Transformational Road Map, Project updates/bulletins and Newsletters.



For more information please email SeniorsHealth.SCN@albertahealthservices.ca

For more Information...

In the coming months we will keep you posted on the work of our Seniors' Health SCN.

If you wish to learn more, or become more involved, please contact us at seniorshealth.scn@ahs.ca

'Care for Alzheimer's patients improving'

Letter to the Editor Red Deer Advocate
by R. Dean Cowan, Red Deer.

My wife Doreen passed away three years ago from Alzheimer's dementia (AD). Her journey started when she was 54 years of age and ended 12 years later at the age of 66. This type of Dementia is called early onset dementia (EOD). While she was able to work at the Bay as 'The Shoe Lady' until age 63, she entered long term care (LTC) at age 64. During her two years in LTC, I learned a lot about our health care system. When we started our journey 15 years ago there were no medical professionals willing to talk to us. Her symptoms were simply explained as "old age coming on".

We tried other doctors in Calgary where we had previously lived and while we had relationships with them, they were unwilling to accept my wife as a patient because we have enough patients to deal with that are over 65. They told us someday as your wife ages we might accept her. We were patient and eventually a Registered Nurse at the Red Deer Mental Health Centre gave us a lead to a compassionate local general physician who had lost his mother to AD. To this part of our journey I attribute my belief there are not three stages— early, middle and late— but rather only the latter two. You are already through the early stage before you determine where you are on the journey.

"We began to see a light at the end of the tunnel with him getting us referral to a local gerontologist who gave us the proper diagnosis of AD. "

My wife went into LTC in February of 2012. I found the people working in these positions to be incredible and the level of care was exceptional. I had heard horror stories about care and I never witnessed anything less than extreme professionalism and compassion. The system doesn't work at the speed of light but I do know it works. The one shining light on my personal journey occurred when I initially made contact with the Alzheimer's Society here in Red Deer. The incredible wealth of knowledge that the



Photo: Caregivers: Mary Anne Deines (Left), Bill Hanrahan, R. Dean Cowan (Middle), Ronni Dixie and Jean Barclay (Right)

staff shared with me was unbelievable. There are programs out there that help both the loved one and the caregivers. They are the key that unlocks the door. Their Spousal Support Group— one of many of the different groups they have— literally saved my life. I believe so strongly in that group that I continue to mentor and attend their monthly meetings as part of my payback for what I received.

Fast forward to today and I am finding that the knowledge and services from when Doreen and I started her journey have improved immensely. Recently Alberta Health Services held Alberta's first Advancing Dementia Diagnosis and Management Collaboration Workshop, bringing 225 health care professionals together here in Red Deer from across the province. Five of us caregivers were invited to speak and my belief was firmly established that our province and medical professional, are on the right path to establish a strategy in dealing with the huge increase of dementia patients in the coming years. I am hoping that our Primary Care Network here in Red Deer will get onside with joining the other progressive Primary Care Networks in our province.

Advancing Recognition and Care of Frailty

Since its inception in June 2012 the topic of frailty in old age has been an important area of interest for the Seniors' Health SCN. Recognition and clinical management of frailty across the continuum of care is an important component of our "Healthy Aging and Seniors' Care" platform plank.

Members of our network participated in 3 recent events that focused on frailty. These include 2 events held in Toronto in May 2016. These were the Canadian Institutes of Health Research (CIHR) and Canadian Frailty Network (CFN) sponsored Summer Program on Aging and the CFN Second National Forum on Frailty.

Duncan Robertson participated as a lecturer and mentor in the week-long Summer Program in Aging sponsored by CIHR and CFN attended by 42 graduate students from a variety of health-related disciplines. The topic of this year's program was 'Late Life issues: Recognizing Frailty and Improving Care' This event was followed by the CFN Forum on Aging which provided over 40 students attending the summer program an opportunity to interact with those attending the forum.

The Canadian Frailty Network is a National Centre of Excellence (NCE) funded by CIHR whose mission is to transform healthcare for Canada's aging, frail population. CFN notes that since frailty is so prevalent particularly among hospitalized seniors and those residing in care facilities that a shift from a single organ-system illness focus is required. Furthermore, CFN asserts that all older adults who meet pre-specified criteria should be assessed for frailty when they come into contact with the healthcare system. CFN notes that tools for assessing frailty are available and should be incorporated into practice.

The CFN has, since its inception, had strong participation of Albertans with Dr. Tom Noseworthy and former Health Minister Hon. Fred Horne serving on the Board. Drs. Jayna Holroyd Leduc and Duncan Robertson serve on the Research Management Committee. Jayna is also Knowledge Translation chair. Dr. Darryl Rolfson, geriatrician and Prof. of Medicine at University of Alberta, developer of the Edmonton Frail Scale, also attended, authored and presented a discussion paper on the Identification of Frailty in the Canadian Healthcare System. This involved collaboration of co-authors from across Canada. Other discussion papers presented at the conference will be released shortly and address the following topics: Frailty screening tools, Identification of frailty for improved Advance Care Planning and End of Life Care, Medical and Legal implications of frailty Screening and Policy and Economic Aspects of Frailty. Information on the Canadian Frailty Network may be found at www.cfn-nce.ca.

The third event that addressed Frailty in May 2016 was sponsored by the Edmonton Oliver Primary Care Network which hosted a workshop focusing on Screening, Assessment and Management of Frailty in Primary Care. This was held in Edmonton on May 17 with a wide range of attendees. There included primary care physicians, home care and many other health professionals from Edmonton PCNs, Covenant Geriatric Assessment Unit team members and geriatricians.

Further information and references to the proceedings of these events will be included in future newsletters.

Articles and Quick Links of Interest

'Why rehabilitation must be part of acute care'. British Geriatric Society.

Kenneth Rockwood, Professor of Medicine (Geriatric Medicine & Neurology) and consultant geriatrician at Capital Health in Halifax, Nova Scotia, Canada and Honorary Professor of Geriatric Medicine at the University of Manchester.

[Read More](#)

'What's Good For The Heart Is Good For The Brain.' Health Shots, Health News from NPR. [Read More](#)

Advancing Dementia Diagnosis and Management in Alberta Workshop Survey Results Written by the SH SCN [Read more](#)

Anticipating an Aging Alberta

Anticipating an Aging Alberta is a key platform of the Seniors Health Strategic Clinical Network [Read more](#)

10 facts we all need to know about Dementia

Written by Dr. Duncan Robertson SMD, SH SCN

- Dementia is much more than poor memory.** To diagnose dementia evidence of aphasia, apraxia, agnosia or executive dysfunction and personality or behavioral changes must be present and the changes are sufficient to interfere with daily activities.
- Very few people who attend a clinic alone complaining of memory problems have dementia.** Some have age associated memory impairment (AAMI), depression, drug or alcohol-related memory changes or mild cognitive impairment (MCI). When brought to an appointment unwillingly by a family member the probability of underlying dementia is higher.
- MCI (Mild Cognitive impairment) is defined as subjective and objective memory deficits without significant aphasia, apraxia, agnosia or executive dysfunction.** MCI may progress to dementia and sometimes reverts to 'normal'.
- Patients with Dementia and MCI, as well as people with other neurodegenerative conditions, are at high risk of developing delirium when they are sick, injured, post-operatively or when using multiple medications.
- Alzheimer's Disease (AD), mixed AD and Vascular dementia (VaD) are the most common causes accounting for 50-70% of dementia. Next in frequency are DLB (Lewy-Body), PD (Parkinson's Dementia) and FTD or FTLD (Fronto-Temporal Lobar Dementia) - previously known as Pick's Disease. Normal Pressure Hydrocephalus and Huntington's Disease are infrequent. An estimated 4-5% of dementias are early onset—that is starting before age 65..
- Most AD is sporadic. Between 5-10% of AD is familial. Having a close family member with dementia increases risk of developing AD.
- There is currently no evidence that early treatment of patients with MCI with anti-dementia drugs will delay progression to dementia. Investigations to rule out potentially correctable and contributory causes of memory loss are indicated and treatment of vascular risk factors may delay or prevent progression in both AD and VaD.
- Other risk factors for Dementia include age, low level of formal education, vascular risk factors and head injury. Healthy diet, physical activity and social engagement may be protective.
- While not part of "normal aging", **dementia prevalence increases with age doubling every 5 years after age 65**
<65<1%: 65 and over 8%: over 85-25-35%.
- Currently there is no drug to prevent or reverse dementia. **Current treatments may help some patients, with some symptoms for some time** and are worthy of trial if there are no contraindications and their limitations are understood. There are many treatments under investigation that target beta amyloid and Tau protein metabolism, nerve growth factors and CNS inflammation.

