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History and Growth

What can a few dedicated people enriched by a large grant, good ideas, abundant goodwill and cooperation from others achieve in improving the lives of people with dementia and their families? This report tells the story, so far, of the University of New South Wales (UNSW) based Dementia Collaborative Research Centre (DCRC) focusing on Assessment and Better Care Outcomes (also known as the Primary Dementia Collaborative Research Centre).

Four professors at UNSW collaborating with seven research centres, service providers and consumers from different parts of Australia together with international research consultants were successful in obtaining a grant from the Commonwealth Department of Health and Aging through its Dementia: A National Health Priority Initiative. In October 2006 three people set up offices at the magnificently located Coogee Campus of UNSW overlooking Gordon’s Bay and, during winter, the annual whale migration. By mid-2008 there were 20 people, mostly part-timers, working at the Centre.

The DCRC is organised on a hub and spoke model, with the centre being at UNSW and the spokes radiating to the seven research centres or “nodes”, each with a different focus (see figure). Four of the nodes are at universities (Monash, Newcastle, and jointly between University of Technology Sydney and Wollongong), two are associated with health care services (Hornsby Ku-Ring-Gai and Prince of Wales Hospital, South East Sydney Illawarra Area Health Service), one is the Australian Institute of Health and Welfare (AIHW) and one is located with a service provider (Hammond Group). Associated service providers are Baptist Community Services, Hammond Group and Sir Moses Montefiore Jewish Nursing Homes.

Realising that researchers need to work with consumers in order to understand the real needs of research and to ensure that the research is relevant to needs, we were delighted when Alzheimer’s Australia agreed to be a partner in the DCRC. Subsequently we have established a consumer consultative committee with carers, a person with dementia and representatives from culturally and linguistically diverse communities, general practice and community nursing.

Simultaneously, two other DCRCs were being established along similar lines: one focusing on Prevention, Early Detection and Risk Reduction based at Australian National University in Canberra; and the other focusing on Carers, Consumers and Social Research based at Queensland University of Technology in Brisbane.

We had additional roles as the Primary DCRC which were to coordinate the work of the three Centres, host our joint website, produce the quarterly DCRC Newsletter and organise an annual Dementia Research Forum.

Achievements

Our strategy has been to ask each node to complete a literature review of its area paying particular attention to special groups, namely those from indigenous and culturally and linguistically diverse communities, those with intellectual disability and those living in rural and remote areas. Nodes were asked to conclude with recommendations, identification of knowledge gaps and future research directions. Reviews when completed and approved by the DCRC Coordinating Committee and the Commonwealth Department of Health and Aging are published on line and articles submitted for publication in scholarly journals. Please see our website for more details.

Our next step was to encourage and fund nodes to undertake pilot projects designed to fill the identified gaps and position them to seek larger amounts for funding from traditional sources such as NHMRC. Two rounds of pilot funding have been distributed and summaries are provided. We are delighted that those working within or associated with the DCRC have been successful in obtaining Dementia Research Grants administered through the NHMRC.
The achievements of the DCRC can be measured by its products - such as papers, reports, presentations - and its activities – particularly the numbers of new scientists attracted to the field and devoting their intellect and energies to improving assessment and providing better care outcomes. Further downstream, but more difficult to measure, we seek a better quality of life for people with dementia and their carers. These accomplishments are the result of hard work by a bright, enthusiastic and committed group of researchers, clinicians and administrators and collaborating nodes, details about whom can be found in the report.

**Hurdles and Challenges**

Dementia is no exception to the rule that while research may provide answers inevitably it leads to more questions. It is important to prioritise future lines of research according to importance, novelty, scientific rigour, feasibility, consequences and consumer opinions. Research nowadays is a team enterprise and it takes time to nurture junior investigators and to build up productive teams. It has been repeatedly demonstrated that research yields sound returns on investments (benefit to cost ratios 2.17 to 1, Access Economics 2008). However, initial and running costs are considerable so that constant applications for funding consume much of the investigators’ time.

The challenges facing the DCRC are continued funding and knowledge transfer. The DCRCs will be seeking continuation of funding beyond the three years in order to develop the ideas, maintain the momentum and retain productive teams. The three DCRCs have appointed a Knowledge Transfer specialist to assist with the practical dissemination and implementation of the academic work. Publication of scholarly endeavours without implementation and dissemination is research only half-done. Finally the Primary DCRC has embarked on a fund-raising campaign to establish the **UNSW Centre for Healthy Brain Ageing**.

**Future**

The next year and a half will witness the completion of projects described in the report, commencement of new research funded by successful grants, a concerted drive to transfer the knowledge to the wider community, policy makers, educationalists, clinicians and researchers as well as greater collaboration with service providers and trainers such as the Dementia Training Study Centres. Our DCRC will be exploring new areas of investigation such as dementia in rural and remote areas, dementia among adults with intellectual disability, community care, better ways to improve quality of life in nursing homes, and strategies to prevent adverse consequences of dementia. We will endeavour to attract more bright young researchers in the field through scholarships, mentoring and research support. Finally, we will be striving vigorously to ensure continuation and expansion of funding of this exciting initiative.

I commend the report to you and hope you find it of interest. If you would like to support the Centre for Healthy Brain Ageing directly, more information can be obtained from the DCRC website [http://www.dementia.unsw.edu.au/DCRCweb.nsf/page/Donations](http://www.dementia.unsw.edu.au/DCRCweb.nsf/page/Donations).

Yours,

HENRY BRODATY
### Staff

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<td><strong>MANAGER</strong></td>
<td>Ms Rosi Benninghaus</td>
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<td><strong>EXECUTIVE ASSISTANT</strong></td>
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<td>Dr Victor Vickland</td>
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<td>Ms Deborah McGregor</td>
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<td>Dr Sandy Krafchik</td>
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**GP Project, left to right:** Ms Fiona Barnes, Ms Fiona White, Dr Sandy Krafchik, Ms Deborah McGregor

**Left to right:** Dr Victor Vickland, Ms Rosi Benninghaus, Dr Adrienne Withall, Dr Lee-Fay Low, Prof Henry Brodaty, Ms Lisa Gomes, Mrs Alex Symonds
Governance

Coordinating Committee

Representatives from all three Dementia Collaborative Research Centres (DCRCs), the Department of Health and Ageing (DoHA), the LAMA consortium (consisting of La Trobe University, Applied Aged Care Solutions, University of Melbourne and Access Economics) and a consumer representative from Alzheimer’s Australia meet quarterly.

Steering Committee

Representatives from all seven nodes, DoHA, LAMA and consumer and service provider representatives meet with Centre Management quarterly.

Advisory Committee

The Steering Committee meets with external advisors annually.

Core Management Committee

Prof Tony Broe, A/Prof Brian Draper and Prof Perminder Sachdev provide monthly advice to the Centre Management.
The Dementia Collaborative Research Centre (Assessment and Better Care Outcomes) runs research projects in-house and subcontracts research to its seven nodes:

- **BPSD (Behavioural and psychological symptoms of dementia)**
  Aged Mental Health Research Unit, Monash University, Melbourne
  *Node Leader:* Prof Daniel O’Connor

- **Assessment and care of people with dementia in General Practice**
  University of Newcastle
  *Node Leader:* Prof Dimity Pond

- **Transitions in care**
  Australian Institute of Health and Welfare (AIHW)
  *Node Leader:* Dr Diane Gibson

- **Technology and design**
  The Hammond Care Group
  *Node Leader:* Mr Richard Fleming

- **Special groups with dementia**
  South Eastern Sydney and Illawarra Area Health Service
  *Node Leader:* A/Prof Brian Draper

- **Comorbidities of dementia**
  Northern Sydney and Central Coast Area Health Service
  *Node Leader:* Prof Susan Kurrle

- **Best practice in dementia nursing**
  University of Technology Sydney
  *Node Leader:* Prof Lynn Chenoweth
**BEHAVIOURAL AND PSYCHOLOGICAL SYMPTOMS OF DEMENTIA**

**Behavioural and psychological symptoms of dementia: A literature review of psychosocial treatments**  
**PRINCIPAL RESEARCHER** Professor Daniel O'Connor

The behavioural and psychological symptoms of dementia (BPSD) include anxiety, depression, psychosis and behavioural changes such as agitation, resistiveness, aggression, pacing and calling out. These behaviours are stressful to carers and greatly increase the likelihood that people with dementia will be admitted to residential care. Many nursing, psychological and behavioural strategies (called psychosocial treatments here, in contrast to pharmacological treatments) have been developed but research regarding their efficacy and effectiveness is limited and often of poor quality. This literature review synthesises the evidence to educate family carers and aged care workers about the effectiveness of psychosocial treatments of BPSD.

**Montessori activities as a treatment of challenging behaviours in people with dementia from culturally and linguistically diverse backgrounds: a pilot controlled trial**  
**PRINCIPAL RESEARCHER** Professor Daniel O'Connor

People with dementia who come from non-English speaking backgrounds are disadvantaged if they live in aged residential facilities in which few staff or co-residents can speak with them in their original language. Anxiety and agitation, which are common accompaniments of dementia, might thus be worsened by feelings of loneliness and frustration. We wish to test the effectiveness of individually-tailored, non-verbal, Montessori-type activities in overcoming this language barrier and reducing behavioural symptoms. This project measures changes in behavioural symptoms, engagement and mood during personally-tailored, primarily non-verbal activities and an attention control condition. Trained volunteers will work with researchers to deliver this intervention.

**THE CARE OF PEOPLE WITH DEMENTIA IN GENERAL PRACTICE**

**Literature Review – Dementia in General Practice**  
**PRINCIPAL RESEARCHER** Professor Dimity Pond

The literature review focuses on current practice and best practice in dementia care, as follows:

**Assessment**
- How do GPs currently assess patients for dementia?  
- What options are there for best practice in assessment?

**Diagnosis**
- How do GPs diagnose dementia? How should GPs best diagnose dementia?

**Management**
- How do GPs manage dementia? What is best practice in management of dementia in General Practice?

**Behaviour Change**
- What is the best way to change behaviour in General Practice/Primary Care?

**Focus Groups – General Practice**  
**PRINCIPAL RESEARCHER** Professor Dimity Pond

The project aims to identify barriers and enablers to best practice in dementia identification, assessment and management in General Practice (encompassing both GP and practice nurse roles). Focus groups with GPs and practice nurses were conducted in Newcastle and Sydney. Group meetings were recorded and analysed, and a report produced.

**Medication and dementia**  
**PRINCIPAL RESEARCHER** Professor Dimity Pond

This project examines inappropriate use of medication by both cognitively impaired and cognitively intact people aged 75 or over, building on a study in which cognitive impairment is identified and medications recorded. The project will use a variety of sources, including the Beers criteria to define what medication is inappropriate. The project team will then discuss the medication use with the prescribing GPs. It is anticipated that a variety of reasons for apparently inappropriate prescribing will be discovered, and that in some cases these prescriptions are not inappropriate, taking into account the circumstances of the prescription.

Outputs from these projects are posted on the DCRC website as they become available. Please visit [www.dementia.unsw.edu.au](http://www.dementia.unsw.edu.au)
NHMRC General Practice Clinical Research Program 2006 Project
PRINCIPAL RESEARCHERS
Professor Dimity Pond; Professor Henry Brodaty

This multi-site project aims to determine whether training in and use of a brief cognitive impairment screening tool and training in practice management guidelines can improve diagnostic rates, management techniques and patient outcomes compared with GPs who are not so trained and their patients who undergo usual care. It will also evaluate the benefits of screening as opposed to case finding for early dementia in General Practice and test the psychometric properties of the GPCOG.

A GP intervention to assist the primary care and management of depression for carers of people with dementia
PRINCIPAL RESEARCHERS
Professor Dimity Pond; Professor Henry Brodaty

This project adds a component aimed at carers’ issues on the above NHMRC funded project. This component will involve GP education in carers’ issues, based on feedback from interviews with carers themselves. The project will examine GPs’ discussion with carers of issues relating to carers’ needs and concerns, GP’s referral of carers and consumers to services, carers’ satisfaction with care of themselves (as opposed to care of the consumer) and carers’ depression, quality of life, access to AA and other support groups.

GP Working Group Project
PRINCIPAL RESEARCHERS
Prof Dimity Pond, Professor Henry Brodaty

This project consolidates the previous NSW Department of Health work from the General Practitioner (GP) Working Group on Dementia as well as other NSW funded initiatives that assist GPs in the diagnosis and support for carers, for example Central Coast Dementia CD Roms. The consolidated work will then feed into national processes and be promoted where appropriate.

BEST PRACTICE IN DEMENTIA NURSING

Dementia Nursing Competencies – a literature review
PRINCIPAL RESEARCHER A/Professor Victoria Traynor

Regardless of where people with dementia are located in the health care system, nurses provide the bulk of care, and competent staff do this most effectively. What is competency in nursing people with dementia? Currently in the nursing world, knowledge, skills and attitudes are often referred to in terms of competence and competency. To identify the specific features of competency in dementia care nursing, we conducted a literature review of published and unpublished papers associated with this construct, and identified salient features of these competency and care standards within international nursing practice. We also examined the content of competency frameworks for a future empirical study of a specialist dementia nursing framework relevant across levels of practice and care settings.

Nursing recruitment and retention – a literature review
PRINCIPAL RESEARCHER Professor Lynn Chenoweth

The National Nursing Workforce Survey has identified high levels of dissatisfaction, turnover and staff stress associated with caring for persons with dementia in acute, community and residential care settings. The National Dementia Action Plan recognises these issues in regard to the nursing workforce, while also acknowledging the need for nurses to be skilled, responsive and in sufficient numbers to meet the care needs of this population. This project explored the reasons why nurses and unlicensed care workers seek and stay in dementia/aged care and why they do not seek work or leave this area of care. These findings informed a literature review of selected strategies that seek to redress the difficulties of recruiting and stemming the exodus of nurses in dementia/aged care across the health care continuum.
Dementia & aged care recruitment and retention strategies

PRINCIPAL RESEARCHER Professor Lynn Chenoweth

This study addresses a significant gap in knowledge – why Registered and Enrolled Nurses working in acute, community and residential dementia and aged care settings are attracted to and remain employed in these areas. The focus is on identifying what works for them and then to develop recommendations on the most important recruitment and retention strategies identified, which will be tested in a later study. A small body of Australian literature explains why dementia and aged care nurses leave, but not what attracts them and why they stay, and more importantly, the factors that inform these choices. Given the substantial current and predicted growth in service requirements in dementia/aged care, successful recruitment and retention strategies for suitably qualified nurses is essential.

TECHNOLOGY AND DESIGN

Review of the role of technology and environmental design in delivering better care outcomes for people with dementia

PRINCIPAL RESEARCHER Mr Richard Fleming

There is an increasing body of evidence that suggests people with dementia can be assisted by the provision of special environments and technology aimed at improving their communication, mobility, manipulation, orientation, cognition and lifestyle. This study reviewed this research to identify specific examples of proven effectiveness and to lay a foundation for a systematic approach to furthering the piecemeal research effort. It also identified and discussed the ethical issues raised by the application of some of the technologies.

Environmental design for people with dementia: charting the gap between theory and practice in the design of new residential facilities

PRINCIPAL RESEARCHER Mr Richard Fleming

There is now a substantial body of literature describing good practice in the design of environments for people with dementia. It has been established that a well designed environment can, for example, reduce confusion and agitation, provide opportunities for engagement in meaningful activities, encourage social interaction and assist staff to carry out their work. However, anecdotal information suggests that the theory is not translating into practice. This project compares recently completed residential aged care facilities that have been built to accommodate people with dementia, with a set of principles derived from the above literature review. Where gaps are identified key stakeholders, e.g. the architect and proprietor, will be interviewed to identify the obstacles that prevented best practice being put into place.

COMORBIDITIES OF DEMENTIA

Physical Co-morbidity of Dementia

PRINCIPAL RESEARCHER A/Professor Sue Kurrle

This project focuses on the physical co-morbidities of dementia, including fall related injuries, delirium, frailty, epilepsy, malnutrition and other health conditions associated with dementia. The project involves a comprehensive literature review of the subject which will include a review of the “grey” literature. Recommendations will be developed for the assessment and management of these comorbidities and suggestions made for the implementation of these recommendations.

Pilot study to assess the use of a Falls Attendant in the prevention of falls in hospitalised patients with dementia

PRINCIPAL RESEARCHER A/Professor Sue Kurrle

Falls and fall related injuries occur commonly in hospitalised older patients with cognitive impairment and dementia. This study looks at whether the provision of a Falls Attendant to a ward reduces the number of falls in that ward, The Falls Attendant will be a specially trained enrolled nurse whose role will be to assess those patients at risk of falls and provide them with supervision and management over the period of the shift. The Falls Attendant will be present on the ward from 7am to 9.30 pm every day of the week. Falls will also be measured in a control ward which has similar patients and similar falls rates, but will not have a Falls Attendant.
TRANSITIONS IN CARE

Dementia Transitions in Care
PRINCIPAL RESEARCHER Dr Diane Gibson

The natural course of dementia can have a profound effect on decisions surrounding the timing and pathways of formal service intervention. The project will undertake a systematic review of the evidence on pathways into and through the health and aged care system and their implications for the quality of life of people with dementia and their families and carers. The review will provide the basis for identifying the policy and practice implications and for developing proposals to assist with the translation of this evidence into improved care for people with dementia.

Take-up of ACAT recommendations and approvals for residential respite care by people with dementia and their carers
PRINCIPAL RESEARCHER Dr Phil Anderson

This project will analyse take-up rates of Aged Care Assessment Team (ACAT) recommendations and approvals for residential respite care by people with dementia compared to those without dementia using linked data from ACATs and residential aged care. The project will examine factors which may affect take-up rates including carer availability, physical functioning, age, sex, CALD status, take-up of other program support (e.g. CACPs, EACH packages, HACC) and supply of residential respite care.

SPECIAL GROUPS WITH DEMENTIA

A Pilot Study of Younger Onset Dementia
PRINCIPAL RESEARCHER Dr Adrienne Withall

This project reviews people with younger onset dementia who have attended Prince of Wales Hospital. The aim is to gather data concerning the frequency of cases, their diagnoses and severity and their use of services. This is a pilot for a larger study which has been submitted for NHMRC funding.

Manuals for Younger Onset Dementia
DCRC RESEARCHER Dr Adrienne Withall

Two manuals were produced about younger onset dementia (one for clinicians and another for consumers) which can be downloaded from http://www.alzheimers.org.au/content.cfm?infopageid=4698

Indigenous People with Dementia
PRINCIPAL RESEARCHER Professor Tony Broe

Indigenous people are arguably at high risk of cognitive impairment (and subsequent dementia) compared with the non-Indigenous community of comparable ages, because of lower formal education, high levels of social trauma, more chronic disease, less opportunity for skill development (all leading to reduced cognitive reserve) and a high prevalence over the life-time of traumatic brain injury and drug and alcohol morbidity. A literature review of dementia in indigenous people that includes risk factors for dementia and indigenous perceptions of dementia has been undertaken as the first stage of a proposal to mount an epidemiological study of dementia and cognitive impairment in this population.

A Pilot Test of a Modified KICA in Urban Aboriginal Populations
PRINCIPAL RESEARCHER A/Professor Lisa Jackson Pulver

This project aims to trial a modified cognitive assessment tool, the Kimberley Indigenous Cognitive Assessment tool (KICA) which was originally developed for remote dwelling Aboriginal people in an urban Aboriginal community. The reason for this is that a literature search and review indicates a lack of suitable tools for working with urban dwelling populations. This pilot will have two stages: (a) redesign of a KICA for an urban sample and; (b) assessment of 25 adults at La Perouse with data analysis and reporting.

NHMRC Project: Dementia Literacy in Italian, Greek and Chinese Australians
PRINCIPAL RESEARCHER Dr Lee-Fay Low

Dementia knowledge and beliefs of persons from Italian, Greek and Chinese backgrounds will be compared to third generation Australians. Five hundred persons from
each group, randomly selected from around Australia, will be surveyed by telephone. Questions will assess whether dementia symptoms are recognised, what these persons think causes dementia, where they would go for help, how likely they are to use aged care services and stigma towards persons with dementia. Focus groups will be conducted before the survey to refine content and after the survey to identify barriers to service use and identify methods to improve dementia knowledge.

OTHER PROJECTS

A virtual model of service delivery for behavioural and psychological symptoms of dementia
PRINCIPAL RESEARCHER Dr Victor Vickland

This project aims to develop a computer model of service delivery and management of Behavioural and Psychological Symptoms of Dementia (BPSD) for the Australian population. The model will be used to estimate changes in cost and prevalence at different levels of BPSD currently and in the future, taking into account population projections and possible effects of evidence-based interventions. BPSD, which affect approximate 90% of persons with dementia, include depression, aggression and psychosis and have negative effects on persons with dementia and carers. Management of BPSD is costly. This project will update and enhance our theoretical model of service delivery for BPSD and create a computer-based model to assist health managers and policy makers. This model will incorporate information about interventions for BPSD, the projected increase in prevalence of dementia and will project associated costs of care into the future.

An interactive multi-factorial model of dementia prevalence in the Australian population
PRINCIPAL RESEARCHER Dr Victor Vickland

This project will develop a computer model of current and projected prevalences of dementia in the Australian population. It will offer researchers and policy makers a decision support tool which answers “what-if” type of questions such as “what numbers of diagnosed dementia patient could we expect in 10-20-30 years given different scenarios of social growth, population increase and chronic disease progression. The model will become an integral part of the above BPSD model and will provide figures on incidence and prevalence of dementia. It will also be offered as a stand-alone application on the internet and serve as a resource for researchers who are planning new studies in the field of dementia. The usefulness of the model will be evaluated by offering it to users and seeking their feedback.
The Sydney Stroke Study  
**DCRC RESEARCHER Dr Adrienne Withall**

The Sydney Stroke Study was a five-year follow-up study involving people who had had a stroke and control subjects. Participants received an extensive range of assessments at a number of visits across the five years. The project examined aspects of psychiatric sequelae of stroke such as apathy and depression and the relationship of these sequelae with vascular dementia and vascular cognitive impairment and also caregiver burden and distress.

Mapping Australian Dementia Research  
**PRINCIPAL RESEARCHER Dr Lee-Fay Low**

This project examined recently published research and grants relating to dementia conducted in Australia, or by Australian researchers. The aim was to describe the strengths and weaknesses of Australian research with the assistance of Alzheimer’s Australia’s Medical and Scientific panel. The amount of research funding for dementia was compared to other chronic diseases relative to disease burden and to per capita investment in dementia research by other developed nations. This information will help policy makers plan future dementia research funding. The report can be found on the following website: [http://www.alzheimers.org.au/upload/DementiaResearchJune08.pdf](http://www.alzheimers.org.au/upload/DementiaResearchJune08.pdf)

Sydney Multisite Intervention of LaughterBosses and ElderClowns (SMILE) pilot study: humour therapy in residential aged care  
**PRINCIPAL RESEARCHER Dr Lee-Fay Low**

The Sydney Multisite Intervention of LaughterBosses and ElderClowns (SMILE) pilot study aims to assess the feasibility of conducting a humour therapy intervention in aged care facilities. Twenty residents from two residential aged care units will be assessed before and after six weeks of humour therapy. The intervention comprises weekly ElderClowns visits and training for staff volunteers to be LaughterBosses who bring humour to daily care routines. Key outcomes are resident quality-of-life, mood and behaviour. If proof of concept is demonstrated, then data from the pilot will assist in obtaining funding for a large randomised study.
PhD Scholarships

In 2007, the Centre advertised PhD Scholarships in the area of Assessment and Better Care Outcomes and awarded them to these three projects:

**PROSPECTIVE MEMORY IN DEMENTIA**

Principal Researcher, Ms Claire Thompson (PhD student)

Supervisors at UNSW, Dr Julie Henry

Co-Supervisor at DCRC, Dr Adrienne Withall, Prof. Henry Brodaty

This study has three main aims: 1. To compare prospective memory impairments in individuals with normal ageing, mild cognitive impairment and dementia; 2. To compare prospective memory loss with retrospective memory loss in individuals with normal ageing, mild cognitive impairment and dementia; and 3. To compare self-reports of prospective memory with informant report and clinical assessments in individuals with normal ageing, mild cognitive impairment and dementia.

**EARLY INTERVENTION IN DEMENTIA SUPPORT USING A PERSON CENTRED APPROACH**

Principal Researcher, Ms Gillian Stockwell-Smith (PhD student)

Supervisors at Griffith University, Prof Wendy Moyle

Co-Supervisor at DCRC, Prof Henry Brodaty

The most disabling symptoms of dementia are the behavioural changes and loss of physical functions that occur as a result of memory loss. This study will focus on person and family centred early intervention strategies, provided either in a group or in-home setting. The research will develop, implement and explore self-management and empowerment approaches that work with and for the older person with early stage dementia and their family to improve their own and their carers’ quality of life.

**LIFESTYLE AND HEALTH VARIABLES IN PREDICTING WHITE MATTER LESIONS AND COGNITIVE TRAJECTORY IN AGEING**

Principal Researcher, Ms Ada Lo (PhD student)

Supervisor at the University of Queensland, A/Prof Nancy Pachana

Co-Supervisor at DCRC, Prof Perminder Sachdev

This project aims to investigate the proportion of older adults who experience stable, continuously deteriorating, fluctuating or improved cognitive functioning as they age and what set these individuals apart. It has been shown that brain lesions detected by MRI increase as people age. Thus, another aim of the project is to identify predictors, such as health, cognitive and lifestyle variables that can predict these brain changes. Three repeated assessments from the same random sample of adults (aged 40-79 in 2001) will allow within-individual changes to be delineated and different patterns of cognitive changes to be demonstrated.
THE SYDNEY-SHANGHAI RESIDENTIAL CARE STUDY

PRINCIPAL RESEARCHER Ms Helen Wu

A prominent feature of dementia is dysfunctional behaviour, which includes both behavioural and psychological symptoms. This study will compare the rates of Behavioural and Psychological Symptoms of Dementia (BPSD) in Nursing homes across three residential facilities: Mainstream nursing homes in Sydney, Chinese people in ethno-specific Chinese nursing homes in Sydney and Chinese people in dementia hospitals that provide long-term care for dementia in Shanghai. Reasons for institutionalisation, carer burden and guilt for informal carers of residents from the three residential care types will also be examined.

DEPRESSION IN CHINESE NURSING HOME RESIDENTS

PRINCIPAL RESEARCHER Ms Ivanna Goh

In Australia, up to 20% of residents in nursing homes have major depression. This study will investigate whether culturally appropriate care is associated with lower rates of depression in nursing homes. It will investigate rates of depression in Chinese residents in Chinese ethno-specific and mainstream homes and non-Chinese residents in mainstream facilities. Information will be gathered through interviews with residents, from family caregivers and nursing home staff.
The DCRC Assessment and Better Care Outcomes has set up and maintained the three main communication tools for the three DCRCs, a quarterly Newsletter, the DCRC Website and the annual National Dementia Research Forum.

**Newsletter**

The Centre produces, publishes and circulates the quarterly DCRC Newsletter in-house. The Newsletter provides a platform for all DCRC staff and collaborators to showcase their work, promote their projects and advertise their dementia-related events.

Back copies can be downloaded from the DCRC website (see below)

To subscribe or contribute to the newsletter, contact Mrs Alex Symonds on tel **02 9385-9060** or email dementiacrc@unsw.edu.au

**Website**

The DCRC Website, maintained by Dr Adrienne Withall (and Tanya Ward from July 2008) is a rich source of information about the DCRCs’ work and provides many useful links to other dementia-related sites. A number of reports, project outcome summaries and presentations can be downloaded from this site. Please visit [http://www.dementia.unsw.edu.au](http://www.dementia.unsw.edu.au)

**Forum**

The first annual National Dementia Research Forum 17 – 18 September 2007 offered an abundance of presentations and workshops and a great opportunity for networking and professional development. The variety of activities was appreciated by the delegates who commented:

The 2008 National Dementia Research Forum will take place 18-19 September at the Wesley Conference Centre in Sydney. It promises to be even bigger and better than last year’s event. A program can be downloaded from the DCRC Website [http://www.dementia.unsw.edu.au](http://www.dementia.unsw.edu.au)
Very well presented. Quality of the speakers was excellent. Will be here next year! There was a great mix of topics for all present.

The Forum was really well organised and there were so many helpers!

The forum was a great experience and I am already feeding back to colleagues and staff the information obtained.
Publications

CHAPTER - SCHOLARLY RESEARCH


Brodaty H & Berman K, 2006, ‘Clinical Diagnosis and Management of Alzheimer’s Disease’, in Caregiver support: support of families, eds, Informal healthcare, Oxon, UK


JOURNAL - SCHOLARLY REFEREED


Draper B (in press), Richard Mahony: the Misfortunes of Young Onset Dementia. Medical Journal of Australia, (accepted for publication 14/5/08)


Low L-F, Anstey KJ, Dementia literacy: Recognition, beliefs regarding prognosis, cause and risk factors, and attitudes of the Australian public and dementia carers concerning dementia. Alzheimer’s and Dementia In press (accepted 25th March 2008)


O’Connor DW, Ames D, Gardner B, King M, Psychosocial treatments of psychological symptoms in dementia: a systematic review of reports meeting quality standards. (Submitted for publication) 2008


Visser P & Brodaty H, MCI is not a clinically useful concept. International Psychogeriatrics 2006; 18(3):402-409

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Low L-F, What does the Australian community know about dementia? Dementia Supplement of Australian Ageing Agenda July/August edition p38

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Brodaty H, 2006, The concept and the controversy. Neuropsychiatric Disease and Treatment, eds Roger M Pinder, Sydney, New Zealand, S97

Brodaty H, Sachdev P, Withall A, Koschera A, Down and out: Depression and apathy after stroke. Neuropsychiatric Disease and Treatment 2006; 2 (S3), S73


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Presentations


Chenoweth L, Essential planning for promoting well-being in the person with dementia, 9th Annual Health Facilities Planning & Design Summit, Sydney, 2006


Draper B, Talk on Dementia, Carers Group, Sir Joseph Banks NH, Botany, January 2007


Withall A, Presentation at in-service at POW on Happy Trails To You: Positive Affected in Ageing, Prince of Wales Hospital, February 2007

Brodaty H, Presentation on Advances in Treatment of Alzheimer’s Disease at the Brain Sciences Colloquium, Black Dog Institute, Prince of Wales Hospital, February 2007

Brodaty H, Presentation at the Jewish Centre on Ageing, Bondi Junction, February 2007


Withall A, presentation at DCRC3 launch on PDCRC, Queensland University of Technology, March 2007

Brodaty H, Presentations at the Hong Kong Alzheimer’s Association First World Conference on Dementia in Chinese Communities, Hong Kong, March 2007

Brodaty H, Beattie Smith Invited Lecture, Faculty of Medicine, University of Melbourne, The rise and surprise of Old Age Psychiatry, University of Melbourne, March 2007

Brodaty H, Chaired Pfizer MasterClass, education workshop on dementia for specialists. Presentation about DCRCs, Surfers Paradise, March 2007

Draper B, Best Practice Recognition and Assessment of Dementia and Mental Disorders in a Hospital Environment - Pre-conference Executive Tutorial, Redesigning Healthcare for the Ageing Population Summit 2007, Sydney, March 2007

Brodaty H, Plenary presentation Managing Dementia and Mental Disorders in the Hospital Environment at the Redesigning Healthcare Conference, Sydney, March 2007


Draper B, What is Dementia? Talk Dementia Care Commitment Seminar, Little Sisters of the Poor NH, Randwick, April 2007

Draper B, NICE Network to arrange future collaboration as International partner, Toronto, Canada April 2007

Vickland V, Draper B, represented DCRCs at two-day annual meeting with NICE National Initiative for the Care of the Elderly, Ontario, Canada, April 2007

Brodaty H, Management of Behavioural and Psychological Symptoms of Dementia, Monfore Nursing Home, May 2007

Brodaty H, Clinical Workshop for Trainee physician specialists organised by DTSC/IMET, Royal Prince Alfred Hospital, Sydney, May 2007


Brodaty H, Nordic Society for the Aging Brain (NorAge) Conference, Turku, Finland, June 2007


Brodaty H, Chaired the Pfizer Neuroscience Research Grants Dinner at the Hilton Hotel, Sydney, July 2007

Thompson C, presentation at DCRC Lab Meeting on The Prospective Memory Project, Coogee, July 2007

Brodaty H, Introduction on dementia a talk at Montefiore, Randwick, July 2007

Low L-F, Lost before translation: Dementia in persons from culturally and linguistically diverse backgrounds, Pfizer NSW Alzheimer’s Forum, Leura, August 2007

Brodaty H, Chaired NSW Pfizer Masterclass on Alzheimer’s Disease, Leura, August 2007

Draper B, Managing BPSD – a Challenge or a Disturbance? NSW Alzheimer Forum, Leura, August 2007

Brodaty H, Represented PDCRC at DCRC2 launch, Canberra, August 2007

Thompson C, Presentation on The Prospective Memory Project at the School of Psychology, UNSW, August 2007

Brodaty H, Presented at the Merck Sharp & Dohme University Program, UNSW, Sydney, August 2007

Brodaty H, Facilitated a workshop to GPs on ‘acute confusion’, August 2007

Brodaty H, Presentation to GPs: Depression in the Elderly, UNSW, Sydney, August 2007

Brodaty H, Clinical Workshop for Trainee physician specialists organised by DTSC/IMET, Royal Prince Alfred Hospital, Sydney, August 2007

O’Connor D, Presentation, Monash University Research for an Ageing Society, Melbourne, August 2007

Withall A, Younger onset dementia: Patients, carers and services, National Dementia Research Forum, Sydney, September 2007

Low L-F, Dementia literacy in persons from culturally and linguistically diverse backgrounds, as part of workshop on Culturally and Linguistically Diverse Groups, National Dementia Research Forum, Sydney, September 2007
Brodaty H, Facilitated RANZCP Advanced trainees Advances in CHEIs, Coogee, September 2007


Low LF, In-service on ‘Dementia Literacy in Australia’ to the aged care psychiatry staff, Prince of Wales Hospital, September 2007

Vickland V, Presented to the audience of about 25 health practitioners and managers run by Invitation to Health - Central Coast’s innovative medical, Noonawena retreat, Gosford, September 2007

Draper B, Chaired workshop on Culturally and Linguistically Different Groups with Dementia at the National Dementia Research Forum, Sydney, September 2007

Brodaty H, Presented at the Central Coast Dementia Forum on Management of Severe Dementia, November 2007

Brodaty H, Presentation at the 7th Annual Stroke Forum, St George Hospital, Sydney, November 2007

Broe GA, AAG/ASSA Workshop - Chair, Aboriginal Ageing Workshop ANU, Canberra, December 2007

Brodaty H, Presenting at the Alzheimer’s Australia TAS Dementia Care Conference, Rokeby, February 2008


Draper B, Invited speaker - Ultima Thule: Richard Mahony and the Misfortunes of Young Onset Dementia. FPOA NSW Branch Scientific Meeting, Orange, May 2008

Broe GA, Participant at the Australian Society for the Study of Brain Impairment, Melbourne, May 2008

Withall A, Issues for patients and carers with respect to younger onset dementia. Alzheimer’s Australia NSW Continuing Professional Development Seminar, Tamworth, May 2008

Broe GA, Invited speaker - Australian and Torres Strait Islander Community Care Urban Workforce - Subject: Ageing Health & Dementias in Aboriginal and Torres Strait Islander People, Adelaide, May 2008

Withall A, happiness in Old Age, Aged Care Association Australia - NSW Nursing and Management Issues Congress, Sydney, May 2008

Brodaty H, Presentation at ACA Advances in Alzheimer’s, Sydney, May 2008

Withall A, In-service at Prince of Wales Hospital on Younger Onset Dementia, Sydney, May 2008


Sachdev P, Invited talk: Catatonia, Annual meeting of the Royal Australian and New Zealand College of Psychiatrists, Melbourne, May 2008


Brodaty H, Presentation at ADI conference, Taipei, June 2008

Withall A, Presentation at the International Hammond Dementia Care Conference, Sydney, June 2008

Low LF, Presentation at the International Hammond Dementia Care Conference, Sydney, June 2008

Chenoweth L, Invited Keynote Address: Person-Centred Care—is it affordable, is it effective? Hammond Care’s 7th Biennial International Dementia Conference, Sydney, June 2008

Draper B, Invited speaker - Geriatric Mental Health Guardianship Tribunal Seminar, Sydney, June 2008

Sachdev P, Invited talk: The genetics of white matter hyperintensities. 2nd International Symposium on AD and PD, Brain and Mind Research Institute, Sydney, June 2008

Chenoweth L, Stein-Parbury J, Can we improve well-being and quality of care for people with dementia by providing Person-Centred Care? 13th National Health Outcomes Conference Canberra 2008

Chenoweth L, Person-Centred Care in dementia: a cost effective way to improve quality of life and quality of care. 2008 Aged & Community Services NSW & ACT Conference, Sydney, 2008

Withall A, People with younger onset dementia: Between the devil and the deep blue sea. Hammond Care’s 7th Biennial International Dementia Conference, Sydney, June 2008
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<th>Name</th>
<th>Title</th>
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<th>Amount</th>
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<td>Broe T, Pulver L, Chalkley S, Grayson D</td>
<td>What is the burden of dementia in urban dwelling Indigenous Australians?</td>
<td>NHMRC</td>
<td>$1,484,906</td>
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<td>Gibson D, Draper B, Karmel R, Peut A</td>
<td>The impact of hospital-based aged care and dementia services on outcomes for people with dementia admitted to hospital – a regional analysis</td>
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<td>Trollor J, Campbell L, Samaras K, Brodaty H, Wright M, Martin N, Wen W, Baune B</td>
<td>The role of metabolic and inflammatory factors in cognitive decline and cerebrovascular pathology in the elderly</td>
<td>NHMRC</td>
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<td>Fiararone Singh M, Valenzuela M, Baune B, Singh N (Als include Brodaty H and Sachdev P)</td>
<td>SMART: Study of Mental Activity and Resistance Training to Improve Brain Function in at Risk Individuals: A Randomised Controlled Trial</td>
<td>NHMRC</td>
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<td>Vickland V</td>
<td>A computer model of service delivery for behavioural and psychological symptoms of dementia: a tool for policy makers and service providers</td>
<td>NHMRC</td>
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<td>Low LF</td>
<td>Dementia literacy in a representative sample of Greek, Italian and Chinese Australians</td>
<td>NHMRC</td>
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<td>Brodaty H</td>
<td>Improve GP use of screening for cognitive impairment</td>
<td>National Institute of Care for the Elderly (NICE) Network Canada</td>
<td>$40,000</td>
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**AA Mapping Project Alzheimer’s Australia**

- **Withall A, Draper B, Brodaty H, McKinnon C**
  - A Pilot Study to Determine the Prevalence of Younger Onset Dementia in Sydney, AAR Dementia Research Grant, $22,000
- **Low LF**
  - Differences in BPSD and carer burden in nursing home residents in Sydney and Shanghai, UNSW Contestable Funding for International Strategic Projects 2007, $16,150
- **Withall A**
  - IPA Awards for Research in Psychogeriatrics for Junior Researchers, IPA Travel Grant, $1,000
- **Withall A, Vickland V**
  - School of Psychiatry Travel Grant, UNSW, $1,000
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