HALT UPDATE!

Welcome to the second edition of the HALT newsletter. The last couple of months have been very busy, recruiting the last of our HALT facilities to the project and getting underway with resident assessments. Our Research Psychologists Fleur and Monica have been on the road visiting facilities and participating residents, and have enjoyed the warm welcome from staff – thank you to all Champions for making these visits as easy as possible for us and providing all of the resources we need!

One of our aims in establishing the HALT project is to take a multidisciplinary approach to improving resident/patient outcomes. There are many players involved – GPs, pharmacists, residents and their families and care staff and managers. Despite the challenges this poses, I am so pleased with the progress we are making, the positive feedback we are receiving from all corners and of course the hard work and dedication from the HALT Team (including the HALT Champions).

We have expanded our HALT recruitment zone to include facilities in South Eastern Sydney, and welcome Advantaged Care Barden Lodge, St George Aged Care and BCS Warena Centre on board! A warm welcome also goes to Beechwood Aged Care Facility, Whiddon Group Easton Park, Hall and Prior Vaucluse Aged Care Home, The Montefiore Home Hunters Hill and Fairfield Nursing Home which have joined the study since our first newsletter. On page 2 I have provided a brief summary of progress to date and thank everyone for their hard work and support in the initial stages of this project.

FOR MORE INFORMATION ON THE HALT PROJECT, CONTACT
HALT@UNSW.EDU.AU

Until spring,

Tiffany Jessop
(HALT Project Coordinator)
Facilities and participants: Recruitment is always a challenge especially with a complex project such as HALT. Thanks to the enthusiastic facilities and staff supporting HALT, we are well on our way. We now have 15 facilities involved and are steadily recruiting residents as seen in the graph below.

GPs: To date, the HALT Academic GP Dr Allan Shell has been in touch with 40 general practitioners with patients involved in the project. This has greatly exceeded our expectations and we look forward to partnering with many more as we continue to recruit residents.

Pharmacists: Pharmacies and pharmacists that supply medications to HALT facilities as well as those that provide clinical services and quality use of medicines services to RACFs have been engaged to participate in continuing education and also support the project through assistance with important data collection.

Antipsychotic use in HALT participants

Current available data on types of antipsychotics being taken by HALT participants.
**MEET THE TEAM**

**Monica Cations – Research Psychologist**

My name is Monica and I am one of the research assistants working on the HALT project. I have been working with people with dementia for a number of years, from running support groups at Alzheimer’s Australia for people recently diagnosed, to assisting with behaviour management with DBMAS.

I recently moved to Sydney to commence a PhD project looking at risk factors for the development of dementia in young people (before age 65). I’m particularly focussed on the long-term benefits of healthy lifestyle, and like to practise what I preach! I spend as much of my free time as possible engaged in physically and mentally engaging activities. I’m even a fitness ambassador for the Centre for Healthy Brain Ageing at UNSW.

HALT is a wonderful opportunity for me to spend time with and learn from the people living and working in residential aged care facilities, as well as spread the message about less-harmful alternatives to antipsychotic medications for residents with behavioural disturbances. I hope that the project can be a powerful example of how positive changes in care can make a difference.

**HALT SUPPORTERS**

The HALT project is supported by a wide variety of contributors. We thank the following groups for their support:

- Dementia Collaborative Research Centre – Assessment and Better Care
- Dementia Behaviour Management Advisory Services NSW
- Aged Care Psychiatry, Prince of Wales Hospital
- NPS MedicineWise
- Medicare Local Eastern Sydney
- University of Sydney
- HammondCare
- Dementia Training Study Centre NSW
- Medicare Local South Western Sydney
- University of Tasmania
- The Whiddon Group
**FROM THE EXPERTS**

Professor of Aged & Extended Care Nursing at the University of Technology and leader of the Nursing Node at the Dementia Collaborative Research Centres, Lynn Chenoweth answers some questions about helping people with dementia through a person-centred approach to care.

**What is the new culture of care that is occurring with HALT?**
With the culture of care proposed by HALT we are changing our understanding about the nature of dementia. We promote the view that while the neurological impairment can be devastating for the person and their family, it is only one of the factors contributing to their difficulties in care situations. We view dementia as being a disability and therefore, we need to take into account other factors which affect disablement, including the individual’s personality, the social psychology that surrounds them, their physical and care environment, and their physical health. The most crucial factor that causes disablement is how the person is treated by others.

**How does the care environment cause disablement for the person with dementia?**
The agitated behaviours that some people with dementia express by pacing, fidgeting, calling out, resisting care and being aggressive, and which cause a great deal of disablement for the person, are often caused, or added to, by insensitive, unhelpful and ignoring approaches by care staff and others who are involved in the person’s everyday life. If the person’s needs for comfort, attention, company, and reassurance are not met by these people, than the person can become extremely distressed. It is often feelings of distress that cause these agitated behaviours, not the dementing illness.

**How can I prevent agitation without resorting to medicines?**
A positive, strengths-based approach to care and support for the person’s activities of daily living will help to minimise the person’s disabilities. By paying attention to the person’s whole needs (not just physical), this will greatly help the person to have a good quality of life. If the person’s psychological and social needs are met by staff and carers, it is frequently possible for the person to be in a state of relative well-being. When a person feels safe and calm they will be more settled and less likely to show extreme forms of agitation that require treatment with medicines.

**What if I have tried everything but the person is still agitated, upset or aggressive?**
A person with dementia who has been in a state of distress (ill-being) for some time needs special attention in order to identify which of their needs are not being met. It will take time to identify the triggers for their distress and you will need the help of all staff who care for the person and their family, as well as others who have known the person prior to coming the aged care facility, to pinpoint factors that give rise to the current state of distress. If the person has had traumatic life experiences, they may not be able to move into a state of well-being or to feel happy very often. It is essential, however, to continue to provide understanding, comfort and reassurance and to remind the person of their strengths each day. If the person feels that staff and carers genuinely want to help them and care about their feelings, the person will pick up on those feelings of support and will feel less agitated and be more cooperative.