



# Alzheimers News

The magazine for the New Zealand dementia community | Issue 84 | December 2010



# Alzheimers News

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## 200 fans on Facebook!

We are pleased to announce we have over 200 fans on Facebook.

Since August 2009, Alzheimers New Zealand and its fans, all with differing affiliations to the disease, have used the social networking site to support each other and share information. People with dementia, carers, whānau, Alzheimers New Zealand staff, students, researchers and community organisations all contribute to the site through opinions, articles, podcasts, videos and photographs. To 'like' and therefore contribute to Alzheimers New Zealand's page, please go to [www.facebook.com/alzheimersnewzealand](http://www.facebook.com/alzheimersnewzealand). Twenty three percent of our fans are aged 45-54 and 20 percent are aged 22-34, which goes to show, dementia doesn't only affect older people.

## Calling all budding graphic designers!!

In 2011 Alzheimers New Zealand will celebrate 25 years of delivering services to people with dementia and their families. This milestone will be marked by events throughout the year.

As part of these celebrations we are looking for a 25th anniversary logo which will be used for all promotions. This should reflect Alzheimers New Zealand's ongoing commitment to making life better for all people affected by dementia.

Details of this competition, entry forms, and prizes are available on [www.alzheimers.org.nz](http://www.alzheimers.org.nz).

## Otago calendar 2011

Once again, Alzheimers Otago has put together a fantastic calendar, with proceeds going to support services for people with dementia in the region.

The calendar features local supporters photographed by Sue Noble-Adams, who cared for her husband with dementia for 14 years. But wait, there's more (or less)...Reminiscent of the film *Calendar Girls*, the models are only

partially clothed. The cost for the glossy, full-colour calendar is \$12, including postage. If you would like a calendar, please post a cheque to Alzheimers Otago, PO Box 5304, Dunedin or email [otago@alzheimers.org.nz](mailto:otago@alzheimers.org.nz) for orders and bank account details.



## News

### Annual Appeal and Awareness Week

The 2010 Alzheimers New Zealand Annual Appeal and Awareness Week raised over \$250,000! This is a credit to the outstanding fund-raising efforts of our local Alzheimers New Zealand organisations, their communities and the tremendous support from Peter Smith and his team at Progressive Enterprises. A record amount of lamingtons (over 128,600) were sold from Blenheim based Elite Pavlovas. As most of this hard work was done in the polar blast which stormed its way through the country in July, we have brought forward our dates to a more amiable time of year.

**The dates for the 2011 Alzheimers New Zealand Annual Appeal and Awareness Week are 9 – 15 May.** If you would like to volunteer for this appeal, or your business would like to get involved, please contact your local Alzheimers New Zealand organisation on 0800 004 001.





# World Alzheimer's Day

## Media blitz

Following a front-page *Christchurch Press* article where Minister of Health Tony Ryall announced New Zealand's under-preparedness for the wave of dementia and its associated cost to the economy, the phone was ringing off the hook at Alzheimers New Zealand's national office.

Interest from the media arose after Alzheimer's Disease International's (ADI) *World Alzheimer Report 2010* was released by Alzheimers New Zealand on World Alzheimer's Day, 21 September 2010. According to the report, the worldwide cost of dementia sits at US\$604 billion, with the number of people diagnosed expected to triple by 2050. Governments around the world are "woefully unprepared" for the tsunami of dementia said ADI chairperson, Dr. Daisy Acosta, in the report.

Based on a figure from the *Dementia Economic Impact Report 2008*, which puts the cost of dementia to the New Zealand economy at over \$712 million in that year, Alzheimers New Zealand estimates this will escalate to \$1 billion by 2050. That figure certainly got the attention of the media!

Taking into account a growing older population – more New Zealanders will be over 65 than under 15 by the late 2020s – and without plans now to cope with this ageing population, combined with the incidence of dementia which will come with it, it will not be surprising if this cost is much higher by 2050.

Minister of Health Hon Tony Ryall also appeared on TVNZ's *Breakfast* programme, admitting to New Zealanders for the first time the seriousness of the dementia epidemic and the need to make it a priority for funding.

National director Johan Vos was interviewed by Marcus Lush for Radio Live, while communications advisor Cass Alexander spoke to Auckland's BFM and Radio Rheema. The *World Alzheimer Report 2010* and the rising

*Alzheimers New Zealand estimates the cost of dementia to the New Zealand economy will escalate to over \$1 billion by 2050*

incidence of dementia for New Zealanders was also covered by TVNZ, *Dominion Post*, *Bay of Plenty Times*, *Wanganui*

*Chronicle*, *Hawke's Bay Today* and the *Northland Age*, amongst other media outlets.

Actress Kristyl Noho performed a scene from her play, *Te Mahara* (The Memory), based on her whānau experience of dementia for TVNZ's *Good Morning*, accompanied by dementia expert Dr Matthew Croucher.

World Alzheimer's Day this year demonstrated the value of being attached to an international organisation such as ADI and how "big and scary" statistics with real meaning for the average New Zealander warrant media attention. It also gave us the chance to promote our *National Dementia Strategy*. For more about the Strategy, please go to [www.alzheimers.org.nz/national-dementia-strategy](http://www.alzheimers.org.nz/national-dementia-strategy) or read Alzheimers New Zealand's national director Johan Vos' update over the page.



Minister of Health Hon Tony Ryall talking about the looming "dementia wave" to hit New Zealand on TVNZ's Breakfast programme



Actress Kristyl Noho talks to Good Morning for World Alzheimer's Day

# Update

## National Dementia Strategy

*Alzheimers New Zealand's national director Johan Vos writes about where we are at with our National Dementia Strategy.*

In May this year Alzheimers New Zealand released a *National Dementia Strategy*, which includes eight strategic goals. The purpose of the Strategy is to lead our organisation, the government and the community in the right direction regarding support for people affected by dementia over the next five years and beyond. The Strategy was received at a Parliamentary function by Minister of Health, Hon Tony Ryall, as part of our highly successful *People Policy Partnership Conference*.

The Strategy was written after extensive collaboration across relevant government, research, community and residential care sectors and forms the next step in our role as advocates for all people affected by dementia. It continues the good work which came out of the *Dementia Economic Impact Report 2008 (DEIR)*, used throughout the sector and at local and national government levels to guide policy for the future delivery of services.

The key findings in the DEIR estimated the cost of dementia in 2008 at \$712.9 million, with Alzheimers New Zealand predicting this to escalate to over \$1 billion by 2050, when over 146,000 people will have dementia. But actions speak louder than words, as my parents used to tell me. So what has been achieved over the last six months?



*Minister of Health  
Hon Tony Ryall at  
the launch of the  
National Dementia  
Strategy in May  
2010*

Strategic goal three – *access to affordable and appropriate medication* – was partially achieved when government drug-funding agency Pharmac agreed to fund dementia medication Donepezil-Rex from 1 November, reducing the cost from \$120-250 per month to \$3 for a three month prescription. Not all dementia medications are funded, but the drop in cost for donepezil is a major achievement for the approximately 15,000 New Zealanders who will use it over the next three years.

Thanks to media interest in Alzheimer's Disease International's *World Alzheimer Report 2010* (read more on page 3), our government may be one step closer to recognising dementia as a national health priority (strategic goal one), with the hope of including it as a recognised health target throughout district health boards.

In response to the report, which estimates the cost of dementia at US\$604 billion worldwide, Minister of Health Hon Tony Ryall told TVNZ's *Breakfast* that dementia is a priority, and as such, Alzheimers New Zealand has entered into discussions with the Ministry of Health to develop this conversation.

Strategic goal seven calls for workforce development. Alzheimers New Zealand is in discussions with industry training organisations to work collaboratively to up-skill both the formal and informal workforce throughout the sector.

Although we have come a long way in a short time, many of the goals in the *National Dementia Strategy* are shared sector responsibilities; in the same way developing the Strategy was a collaborative sector effort.

Now is the time for all involved in the sector and those affected by the disease to speak out in support of the goals in the *National Dementia Strategy* and insist they are implemented.

The government will release its budget in May 2011 and with a general election later in the year, it's time for action!

- To read the *National Dementia Strategy*, please go to [www.alzheimers.org.nz/national-dementia-strategy](http://www.alzheimers.org.nz/national-dementia-strategy)
- To read the *World Alzheimer's Report 2010*, please go to [www.alz.co.uk/research/worldreport](http://www.alz.co.uk/research/worldreport)

# Caring at Christmas

For people with dementia and their carers and families, the holiday period can be hard to cope with, as life is generally busier and events, gatherings and visitors may disrupt routine.

Carers may find the season difficult due to extra demands on time and expectations,

such as visiting family members, travelling and the cost of gifts and food. Gatherings with family and friends can also trigger emotions and memories for everyone involved, particularly if people have not seen the person with dementia for a while. An increased consumption of alcohol can also result in stress. For people with dementia, changes in routine and environment can cause confusion and can sometimes result in challenging behaviours like aggression and wandering.

But the Christmas period can be as stress free and enjoyable as possible for everyone if some planning is carried out. You don't need to over-do it. Family and friends should be empathetic to your circumstances and your need for routine and offer their help where required.

## People with dementia visiting your home

Here are a few tips to ensure your home is safe and welcoming for a person with dementia.

- Put labels on the bathroom door and on the person's bedroom
- Leave the hallway and bathroom light on at night for accessibility
- Keep doors to busy streets locked – if the person with dementia wants to go for a walk, offer to accompany them
- Consider anything special which might make life easier for the person with dementia, such as slip-proof mats and larger cutlery. Ask the person's carer if you need to provide anything special and whether you will need to help them take medications
- Have a room in the house where people can get away from noise and large groups
- Make sure there is nothing to trip over in hallways or stairs

## Preparing food

If you have prepared a meal for a person with dementia and they haven't eaten it, don't fret. It might be easier if you put small amounts of a variety of foods on the person's plate and offer them more when they have finished eating. Try not to make your guest the centre of attention in case they feel self-conscious. If the food is getting cold because they are eating slowly, offer to heat

it. The person may find it easier to eat on their own, or with their primary carer. It might help to ask the

person's carer if there are any foods their loved one has difficulty eating or doesn't like. Not everybody enjoys rich or spicy sauces and condiments, so serve these as an option.

## Carers: Looking after yourself

If you have invited guests to your house but will still be in the role of primary carer during the holiday period, enlist the help of neighbours and friends to help with setting up meals and decorations, or taking your loved one out of the house so you can have a break.

Be realistic about what you need to achieve. If something is not urgent, perhaps it can wait until later, when you feel more able to cope. You are doing a great job being there for someone who needs you, so congratulate yourself.

Contact your local Alzheimers New Zealand organisation for tips about coping during the Christmas period and for their Christmas opening hours.

*Thanks to the Alzheimer's Society of UK for the use of content from Fact sheet 455, Festivals, holidays and celebrations. To read this in full, please go to [www.alzheimers.org.uk/factsheet/455](http://www.alzheimers.org.uk/factsheet/455).*



# Aged Care Report

By Alzheimers New Zealand national director Johan Vos

Over the past few months the Labour Party and the Greens, in collaboration with Grey Power, organised regional meetings to investigate the state of aged care in New Zealand. The purpose of these meetings was to gather data and case studies which showed the treatment and care the elderly are receiving in residential facilities and at home.

The *Report into Aged Care* was launched at Parliament on Friday 15 October. It insists aged care must be improved, with emphasis on a better level of care in residential facilities. The report also recommends the establishment of an Aged Care Commission, minimum staff ratios, staff training and greater transparency for residential care facilities.

The report also makes recommendations about the need for better home support for older people, including greater consistency in the delivery of support services, more integration between medical providers in order for consumers to access appropriate medical care and increased availability of respite care.

Increased community care falls across two of the strategic goals of Alzheimers New Zealand's *National Dementia Strategy*, released in May this year. As long as appropriate support is in place, most people with dementia want to be able to stay at home, where their environment is familiar and they are around loved ones.

Our *National Dementia Strategy* aims to fully develop a continuum of quality and appropriate care which includes home, community, residential and palliative care. For maximum benefit, collaboration must involve government agencies, community organisations, mental health professionals and service providers. Appropriate community support means better quality of life for people with dementia and their carers, who often face poor physical health and depression as a result of full-time caring. If informal carers are not supported appropriately, downstream costs to the health system will be significant.



- To read the full *Report into Aged Care*, please go to [www.labour.org.nz/agedcare](http://www.labour.org.nz/agedcare)
- To read the *National Dementia Strategy*, please go to [www.alzheimers.org.nz/national-dementia-strategy](http://www.alzheimers.org.nz/national-dementia-strategy)



## Aged Residential Care: Service

The *Aged Residential Care Service Review*, undertaken by Grant Thornton, was released in early September

to much anticipation. The report was the result of a collaborative process between district health boards (DHBs) and the aged residential care industry. In a nutshell, the report confirmed there would be significant demand for aged care services because of our ageing population. Even with an increase in home based care and support, there would still be a significant requirement for both major renovation of existing bed stock and the building of additional capacity.

The greatest demand is forecast for dementia and hospital care. The report also confirmed a significant gap between current prices and the prices required to

build and operate new and innovative facilities, gaps which ranged from 20% to 33% of the true cost. The political challenge will be how this gap is met to avoid a crisis in bed availability. Many believe the gap will need to be met by a mix of additional costs to those who use the service (through co-payments and premium fees) and additional government funding to ensure standard residential care is still available and of acceptable quality for those who cannot afford to pay. In a post recession environment, either answer is difficult and the gap will take some time to be addressed.

Overall, the report was a very constructive and heartening document from the sector's perspective, as it outlined the need for action to deal with the huge increase in demand for care. There were no solutions provided but as the report says, government, DHBs,

# Home and Away

By Alzheimers New Zealand chairperson Martin Brooks

*In October Martin travelled to Malaysia to discuss with neighbouring countries how best to support people with dementia in the Asia-Pacific region.*

*Closer to home, he embarked on a tour of New Zealand with national director Johan Vos to talk to local Alzheimers New Zealand organisations about working together to better carry out the mission of, "making life better for all people affected by dementia."*

"After approximately 2,200 kms of driving and 16 flights later, I felt an overwhelming pride in our organisation and I am really looking forward to the future. I was impressed with the dedication, commitment and depth of knowledge of our people. There is a high level of innovative fund raising in many places and fantastic interaction with local communities.

Then it was off to Malaysia, for Alzheimer's Disease International's (ADI) Asia Pacific Regional Conference. This conference was first held in 1998 to provide a springboard for countries in the region to set up services for people affected by dementia, some of whom had little or no support. In the ensuing years there has been considerable growth in services and awareness in the region.

*We can also learn a considerable amount from other countries in order to support Asian and Pacific New Zealanders*

The next step is the hope of formalising a regional organisation under the auspices of ADI, in order to increase advocacy and share resources. The Asia-Pacific region extends from Pakistan in the west to New Zealand in the east and as a predominately western country, we are in the minority, but we are also in a part of the world in which 40% of the entire dementia population live, and one where prevalence is growing.

It would advantage Alzheimers New Zealand to be part of a formal regional organisation, as we will be able to increase pressure on our own government to make dementia a national health priority and strengthen our voice at a regional level when lobbying the World Health Organisation to put dementia on its global health agenda.

With our own growing multi-cultural society, we can also learn a considerable amount from other countries in order to support New Zealanders with Asian or Pacific backgrounds by developing appropriate models of care, resources and social engagement. I will keep you updated as more information comes to hand.

**On behalf of the National Board, I extend seasons greetings to you all."**

## Review

the aged care industry and the community are going to have work together to find affordable but respectful ways of providing support and care to older people.

Some have criticised the report for being focussed on aged residential care, but it was a specific response to issues raised with the Minister of Health when he was in opposition. The key thing to remember is the solutions we will need to come up with will require a whole range of options. These include better support for individuals so they can self care, support for informal carers and families, home based support and care, smarter technology and residential short and long stays. These solutions will build upon many of the good things already happening in aged care.

My sense is that there has never been a better time to address these issues. There is a tremendous amount of goodwill from most providers of care to work together to help meet the challenge. There is a new-found professional pride in how we deliver aged care. The community is rightfully anxious about what is going to be available and ready to engage and the government has moved from polite denial to recognition of the need to show leadership. It is a time for inclusion and collaboration, a time to be constructive and most of all a time for leadership and action.

To read the full report please go to [www.granthornton.co.nz/aged-residential-care-service-review.html](http://www.granthornton.co.nz/aged-residential-care-service-review.html). Dwayne Crombie is the CEO of Bupa Care Services.



# Person-centred care

## The Eden Alternative

By Sharon Reilly, regional manager, Enliven Services, Presbyterian Support Central

A seemingly simple comment from a man in a residential care facility almost 20 years ago was enough to spark a new way of thinking about caring for older people and one Presbyterian Support's Enliven facilities have employed since 2006.

In 1991, American doctor William Thomas met a resident in a care facility who confessed his loneliness, prompting Dr Thomas to identify three "plagues" in residential care for which no medical treatment can treat; loneliness, hopelessness and boredom.

From there, Dr Thomas developed the "Eden philosophy"; a person-centred approach to care, where a residential care facility becomes a human habitat rather than an institution. This journey began for Enliven in 2008 at the Brightwater Home in Palmerston North.

Some Enliven staff initially found moving the focus from a medical and task centered approach to a resident centered approach very scary. In the first few months staff numbers fell in some facilities in response to this. But regular meetings, staff support and a shared vision enabled the journey, resulting in an optimism and culture which allowed barriers to be discussed and overcome.

By planning the day around people's needs, rhythms and activities, Enliven facilities have reduced challenging behaviours, therefore reducing anti-psychotic drug use and improving residents' normal sleeping patterns.

They have also adapted the environment to meet residents' needs by enabling them to take part in the running of the facility, including assisting with meal preparation, house work, laying tables and recreational activities.

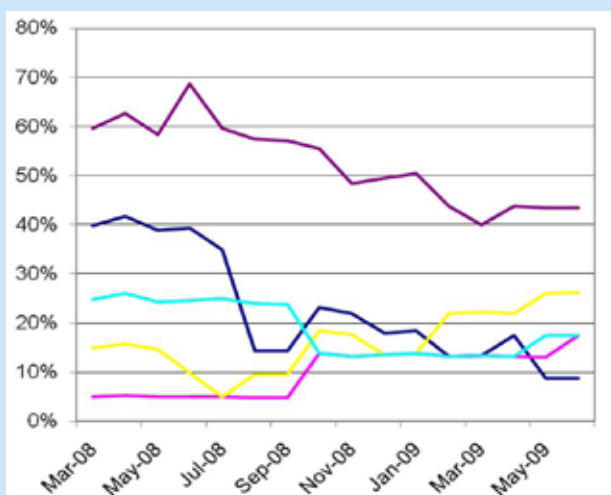
The reduction in hypnotic medication use from 25% to 17% allows residents to go to bed and get up when they wish to. When residents are unable to sleep, staff no longer see this as an issue, instead they make sure residents are comfortable.

Brightwater's supportive GP worked with staff to review medications as the environment improved. The number of residents receiving more than five different medications reduced from 60% to 43%.

There has been some concern about the increase in antidepressants and anxiolytics (anti-anxiety medications) and staff continue to review use. Recent empirical literature, however, notes an increase in the use of such medications is appropriate in dementia management.

To read the ten principals of the Eden Alternative, please go to [www.edenalt.org/australia-and-new-zealand](http://www.edenalt.org/australia-and-new-zealand). To find out more about Presbyterian Support please visit [www.ps.org.nz](http://www.ps.org.nz).

*NB: While Alzheimers New Zealand supports person-centred care and the good work of Presbyterian Support, we do not support one philosophy over another; instead, we aim to bring readers information from all perspectives.*



## Medication reduction at Brightwater Home

- Residents receiving 5 or more medications
- Residents receiving antipsychotics
- Residents receiving hypnotics
- Residents receiving antidepressants
- Residents receiving anxiolytics

# Oral health and Māori with dementia

By Jean Gilmour, senior lecturer, School of Health and Social Services, Massey University, Wellington

Alzheimers New Zealand and the Eru Pōmare Māori Health Research Centre have been working together on a project about the oral health of Māori with dementia since 2009. Seventeen whānau members were interviewed in Northland and Eastern Bay of Plenty. Ethical approval was gained from the Multi-region Ethics Committee for this study.

The interviews highlighted how families worked hard to care for whānau members and that sometimes oral care was hard to maintain when there were more pressing issues. Other problems included the cost of dental care and limited availability of services in rural areas.

Memory loss and lack of understanding created difficulties with managing oral health, which was normally valued but became less important when there were more urgent demands for overall care, health needs and caring for other family members. As one interviewer recorded from a whānau member, “coping with a young family and Dad’s dementia is putting a huge strain on the caregiver so oral health is not a priority”.

All but two of the people with dementia in this study had lost their teeth. Maintaining lifelong denture and oral care routines were important. As one of the people with dementia stated, “I found out you have to do it like a habit... you have to do it straight away, or else you forget it”. There was also comment that not having to care for teeth made life more straightforward, as dentures were easier to clean.

However, while most people managed dentures for a period of time, this also could become difficult, “... we’ve never really got her (false) teeth because she can’t work them anyway with her Alzheimer’s,” said one interviewee.

The people interviewed were also very aware of what would be likely to upset the person and the issues raised were often based on concern for the person with the disease.

One family member stated the following in response to questions about her mother receiving professional care from a dentist:

*It would have been years ago when we were going to go and take her to the dentist to get her some teeth but because she is so fragile, well, we just didn’t want to do anything to get her some teeth, really.*

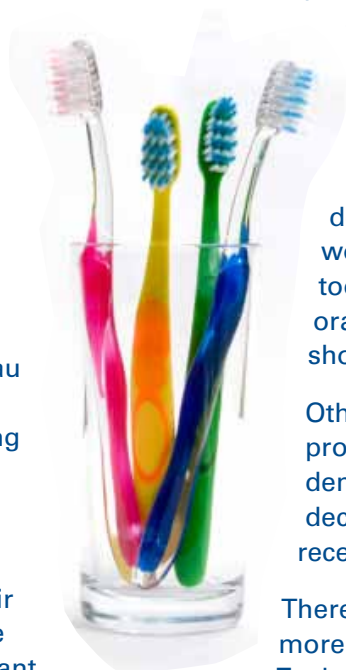
This concern was supported by other participants; one person, when discussing getting dentures for a family member with dementia stated that “... it just would have been a big ordeal for her”.

The people interviewed thought better access to community based services, where dentists were able to travel to rural areas, would be helpful. Dental care was considered too expensive and there was comment that oral health services for people with dementia should be subsidised or free.

Other suggestions were that oral health providers needed specific education about dementia and that services should aim to decrease stress by avoiding long waits in reception at appointment times.

There was also comment that families needed more oral health education. Alzheimers New Zealand will use the information from the Māori Oral Health Study to publish an information sheet.

Acknowledgements and our thanks to the people interviewed for the study and interviewers Paea Paki and Valerie Broadbent.



## Authors

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## Medication subsidy

Since 1 November this year, a generic version of an acetylcholinesterase inhibitor for people with dementia has been subsidised by Pharmac, the government’s drug-funding agency. The prescription cost for the Donepezil-Rex brand of donepezil is now \$3 for three months. If you or your family member are not receiving this medication at a subsidised rate, please talk to your doctor or pharmacist.

# Improving sleep for people with dementia and their carers

Sleep changes considerably with age and even more so for those with dementia and their carers. Sleep disturbance has been identified as one of the leading reasons for placing people with dementia into residential care.

Research officer and PHD student Rosie Gibson from the Sleep/Wake Research Centre, Massey University, is hosting focus groups in the Wellington region to find out more about the sleeping patterns of people with dementia and their carers, in the hope of developing non-pharmacological interventions.

## Sleep and dementia

Older people typically experience more shallow and fragmented sleep, early morning awakenings and an increase in daytime napping for a variety of reasons. Pre-existing medical conditions and medications can affect sleep and the chances of having a clinical sleep disorder (such as insomnia or obstructive sleep apnoea) also greatly increase with age.

Disrupted sleep not only causes daytime sleepiness but also affects mood, memory and daytime functioning. These changes can contribute to other medical conditions as well as increasing the risk of accidents such as falls and car accidents.

People with dementia often have greater sleep disturbances than those without. Sleep becomes much more fragmented, as it can be more difficult to fall and stay asleep. People with dementia often have less deep sleep and dreaming sleep, which is thought to affect memory and daytime functioning. Furthermore, the waking brain activity sometimes resembles that of sleep. This may lead to agitation, confusion and hallucinations, typical symptoms of 'sundowning'.

Sleep can be further disrupted by incontinence, confusion in the night and the side effects of medication. Environmental time cues to the circadian body clock (the pacemaker in the brain that coordinates daily rhythms in many body functions and keeps us alert in the daytime and asleep at night) are also reduced, with less time spent in bright light and less physical and social activity. Disruptions in sleep have been related to more rapid aging in the circadian body clock for people with dementia, which is evident from the early stages of disease.

Addressing such disruptions for people with dementia may have a significant impact on quality of life.

## Sleep of carers

Those supporting loved ones with dementia often sleep with one eye and ear open, which has substantial implications for daytime functioning. Contributors to poor sleep include:

- The sleep and behaviour of those with dementia
- Changes in routine
- Physically providing care
- Feelings of loneliness, depression and change in family roles
- Coping strategies for sleep disturbances – for example, taking long naps in the daytime and not being able to sleep during the night
- Management of own health

## Disrupted sleep: interventions

Many people use medications in an attempt to resolve their sleeping problems. Although these may be useful for some, their success rate is varied and the side effects can outweigh the benefits.

Non-pharmacological interventions for sleep are possible. These are designed to reinforce the activity of the circadian body clock by increasing and structuring a person's exposure to the environmental time cues that stimulate it. They include bright light therapy and regular physical exercise. Routine is also important. For example minimising noise and light in the bedroom, not consuming caffeine after lunch or alcohol late in the evening and controlling the timing of daytime naps can help contribute to a better night's sleep.

## Future research

If you live in the Wellington region and are interested in finding out more about this research, please contact Rosie Gibson on 04 380 0635. The research will be made available through Alzheimers New Zealand.



# Review

## Looking into your voice: the poetic and eccentric realities of alzheimer's

By Cathie Borrie

Reviewed by Cass Alexander

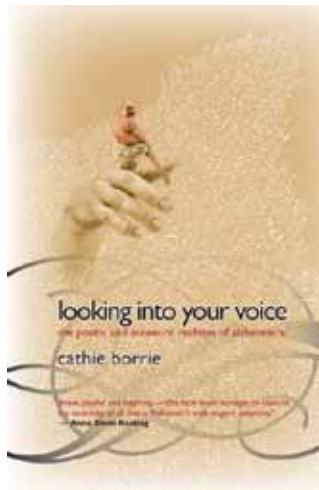
*Something has gone, something bad has  
gone.*

*I think we reached the limit of our soul of  
misery and we're now poof*

*and we're just doing the best we can.  
We're not feeling like that  
we just do  
we just are.*

*I think that's the way it is.*

This beautiful and sparse book of poetry has been adapted from Cathie Borrie's *The Long Hello*, a memoir of the seven-year period she spent looking after her mother with Alzheimer's disease and Parkinson's. Based on conversations between Cathie and her mother, these funny, quirky and beautiful poems demonstrate a closeness which does not deteriorate with memory loss.



They explore life, loss, love, family as well as the natural environment through re-occurring motifs of the sea, fish and birds. The language is empowering for people affected by dementia, as it proves changing cognitive function does not stifle creativity. Instead, the poems' fresh, non-linear narratives offer incredible insight into the journey Cathie and her mother take, in brave voices which tackle shifting reality and family roles.

### Advertorial

## Health Ed Trust Inc



Health Ed Trust is a Christchurch based not-for-profit trust that aims to improve health care through education. It maintains close ties with Alzheimers New Zealand and greatly values input by staff and volunteers when developing its education resources. Health Ed Trust has been providing education programmes in aged care since 1997, including NZQA National Certificates for care staff, used in over 70 per cent of aged care facilities in New Zealand.

In 2010, Health Ed Trust hosted six well-attended Dementia Education Days throughout New Zealand. These were designed to support staff who work with the estimated 70 per cent of people in residential care with some form of dementia. Previously, very little education has been available at this level. Subjects included the latest research, medication, behaviours that cause concern and recognising dementia, depression and delirium. The days were so successful they will be run on an annual basis. If you would like to find out about next year's days, email [lucille@healthedtrust.org.nz](mailto:lucille@healthedtrust.org.nz).

Health Ed Trust is also rewriting its very popular ACE Dementia Series to bring it up to date with the latest research and information. Called the ACE Dementia Programme, this seven module programme covers dementia, delirium, depression, person-centred care, behavioural and psychological effects of dementia and restraint minimisation. Each manual has a DVD to help with different learning styles. The four new dementia unit standards compulsory for staff in specialised dementia units are included.

Now available is the National Certificate in Community Support Services Foundation Skills. This Level 2 programme is mainly used in home care. A new programme in 2012 will be the Diversional Therapy Strand of the National Certificate in Community Support Services. A Professional Development Series for registered nurses and a further series for enrolled nurses is also being developed. Keep an eye on our website for updates on this material.

The Trust looks forward to continuing to offer dementia education programmes to those who provide invaluable care and support to people with dementia in residential care.

**To find out more call 03 379 8519, visit [www.healthedtrust.org.nz](http://www.healthedtrust.org.nz) or email [info@healthedtrust.org.nz](mailto:info@healthedtrust.org.nz).**

# Breads and grains



Gaye Philpott is a registered dietitian. For the last 15 or so years she has had a special interest in the nutrition of older adults. She also works one-on-one with individuals and families in her practice, Nutrition Matters, in Palmerston North. [www.nutritionmatters.co.nz](http://www.nutritionmatters.co.nz)

I am often asked the question, 'how many slices of bread should I eat a day?' It is a question I dread because there is no simple answer. It depends on how active a person is and whether they choose to eat bread as their carbohydrate choice at just one or more than one meal per day.

Despite what some people claim, carbohydrate is an important component at any meal. It is the body's preferred source of fuel, the petrol that keeps us performing all day. Foods originating from grains such as breads, breakfast cereals, rice or pasta provide us with this important fuel source.

However, some vegetables also provide rich sources of carbohydrate and may be chosen instead of foods originating from grains. In New Zealand it is common for us to choose potato or kumara at our main meal, several days, if not seven days a week. So now you might sympathise with Jamie Oliver when on his current TV show, cooks at an American school discounted his meal ideas when they didn't include the required serves of 'grains'. What the cooks didn't appreciate was that because the meal included potato, it did not have to also include bread.

In the early stages of Alzheimer's disease and for a time thereafter, people will be capable of eating and enjoying normal meals. These meals may be eaten

with a knife and fork or a spoon or sometimes directly using one's fingers. Foods will also range in texture. Some will be hard and require lots of chewing; others will be soft and require minimal chewing.



Some foods, like apples, will need to be bitten into whereas others such as grapes naturally come in mouth-size portions. However, as dementia progresses, a person's ability to remember how to use cutlery can falter so foods eaten using one's fingers become more appropriate, enabling the person to eat independently for longer. These foods are referred to as 'finger foods'.

At this time bread may be chosen as the carbohydrate choice at meals more often than before, because toast and sandwiches are convenient finger foods compared to rice, pasta and cereals, which need to be eaten with a fork or spoon.

But when bread is chosen to provide carbohydrate at a meal it is important that protein foods accompany it. At breakfast this could be achieved by spreading peanut butter or grilling grated cheese on toast or encouraging the person to drink a glass of milk or a milky Milo. Sandwiches should contain protein fillings such as egg, cheese, canned fish, meat, peanut butter or hummus. If a person has difficulty biting into foods, the sandwiches can either be cut into bite size pieces or the fillings can be minced, mashed or grated. If such fillings are crumbly, with a tendency to fall out from between the bread, they should be held together with a moistening agent such as mayonnaise, yoghurt, chutney or relishes.

At even later stages of the disease, when a person's cognition declines even further so that they forget to chew and are at risk of choking, oats and mashed potato become a reliable and safe source of carbohydrate instead of bread. Mashed potato may be served twice a day, once with pureed meat and vegetables at the main meal but also to accompany foods like scrambled eggs or an omelette because it would not be appropriate to serve these foods on toast or with bread. Preparing these kinds of meals for a loved one at home can be time consuming and tiring so it is important to find ways of lightening the work load, such as cooking porridge in the bowl it will be eaten from in the microwave and using instant mashed potato when potato is not already being cooked for others.

So while we might normally frown on such repetition, they are inevitable when texture restrictions are necessary to keep a person safe and when finger foods are a logical solution for someone who can no longer manage to use cutlery.

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## New Zealanders invited to have a drink for charity

Wine makers Philip and Sheryl Jones, owners of Nelson's Spencer Hill Estate will sell their 'Compassion' wine to raise funds for community organisations to benefit all New Zealanders. Four not-for-profit organisations, including Alzheimers New Zealand, have been approached to be part of an alliance which will sell the wine, of which 100 per cent of profits go back to the organisations. Autism New Zealand, Multiple Sclerosis New Zealand and Women's Refuge New Zealand will also benefit.

The Compassion range has been designed to offer buyers excellent quality at a reasonable price.

Philip Jones says he decided to use his wines as a way to support the community.

"We thought about it for a while and considered a few different options before deciding to keep it simple and just give 100 per cent of the profits to charities benefiting New Zealanders."

Alzheimers New Zealand's national director Johan Vos says the alliance is a wonderful example of how not-for-profits can work together with business to raise funds.

"It is a very tight financial environment for us all and we have to be creative if we want to have the funds to continue to deliver our services."

**To find out more, or to purchase these wines, please visit [www.compassionwine.com](http://www.compassionwine.com)**

## Alzheimer Scotland's Memory Bus

Alzheimer Scotland is hoping to raise £50,000 this year toward a memory bus to bring information and support to people affected

by dementia in rural communities and to those without internet access. The bus will travel to shopping centres, car parks, town halls and main streets, raising awareness

throughout the whole of Scotland. Alzheimer Switzerland also has a travelling bus called InfoMobil, manned by volunteers. Alzheimers New Zealand is hope to have our own memory bus in the near future.



## National carer study: participants wanted

- Do you care for an older person living in the community?
- Do you want to voice your needs as a carer?
- Would you like to participate in a national study about carers' wellbeing?

PhD candidate, Barbara Horrell, School of Psychology, Massey University, is inviting carers of older people to participate in an online forum to discuss what is important for carers' wellbeing, which aims to improve their lives.

For more information please go to [www.carersvoicesnz.co.nz](http://www.carersvoicesnz.co.nz) call 0800 437 136 or email [barbarahorrell@gmail.com](mailto:barbarahorrell@gmail.com)

# Research

## Non-drug treatment more effective

Non-pharmacological therapies are at least as or more effective than medications used to treat symptoms of Alzheimer's disease, according to a new study published in the journal of *Dementia and Geriatric Cognitive Disorders*.

Twenty two scientists collated over 1,300 pre-existing studies and found individualised care packages for family carers could improve their wellbeing and delay the admission of people with dementia to residential care.

Cognitive stimulation and exercise can also improve the wellbeing of people with dementia. Alzheimer's Society UK, who supported the findings, is calling for these inexpensive and flexible therapies to be made more widely available.

## Ten minute conversation to boost brain power

A 10 minute conversation, as long as it is not too competitive in tone, can help boost brain power to solve life's common challenges, according to new research published in the journal of *Social Psychological and Personality Science*. Researchers engaged 192 students in 10 minute friendly conversations with someone they didn't know, to measure 'executive function', a type of cognition which utilises the students' working memory and self-monitoring skills, while suppressing external and internal distractions. At the end of the conversation, participants did better on a range of cognitive tasks. However, if the conversations were competitive in nature, the participants did no better. Researchers believe executive functioning is boosted after the introductory conversations because people are able to see another person's perspective.

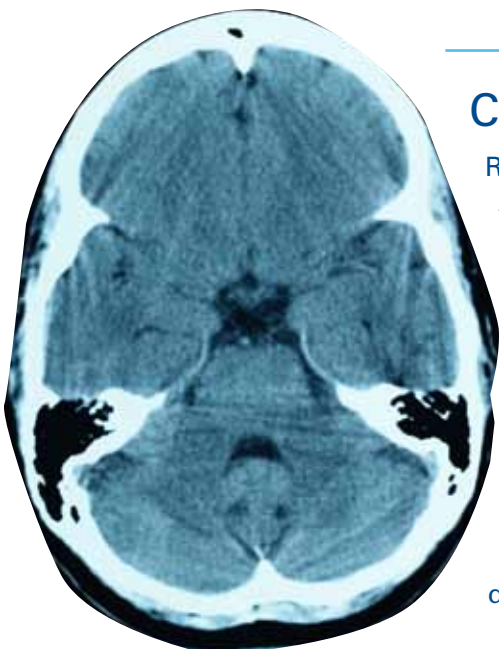


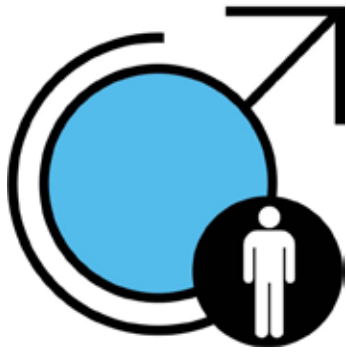
## Computer test for early signs

Researchers at Brunel University, London have found a link between Alzheimer's disease and a particular type of legion in the brain. Rice-grain sized legions have been found in the brains of people as young as 44.

In computerised tests which measured reaction times, people who had erratic results tended also to have the legions in their brains, whereas those with consistently fast or slow reaction times did not. Researchers hope to develop the 30 second reaction time test for use by GPs to predict Alzheimer's disease in younger people.

By altering lifestyle choices such as eating more healthily and increasing exercise, it is hoped the disease may be prevented in future. The development of new drugs may also be able to halt progression if the risk is detected early.





## Men more likely to have cognitive impairment

Men are 1.5 times more likely to experience mild cognitive impairment (MCI) than women, according to a study from the Mayo Clinic. MCI, which can be a precursor to Alzheimer's disease, is thought to affect men more because they experience it earlier in their lives.

Women are thought to develop MCI later in life, but with more rapid progression. Because women generally live longer than men, they are statistically more likely to develop Alzheimer's disease.

## Carer burden in Lewy Body Dementia

A new report from the Lewy Body Dementia Association USA, details the impact of the disease on carers and will serve as a political document to ascertain better services for people with Lewy Body Dementia (LBD) and their carers.

Because the symptoms of LBD are close to those of Alzheimer's disease and other forms of dementia, it is not always diagnosed correctly.

As well as problems with memory, cognitive ability and language, LBD symptoms include visual hallucinations, sleep behaviour disorder and Parkinson's like behaviour.

The report recommends better diagnostic tools, the development of web-based information, online and local support groups and information about medical care.

To read the full report, please go to [www.lbda.org/feature/3160/caregiver-burden-in-lewy-body-dementias.htm](http://www.lbda.org/feature/3160/caregiver-burden-in-lewy-body-dementias.htm).

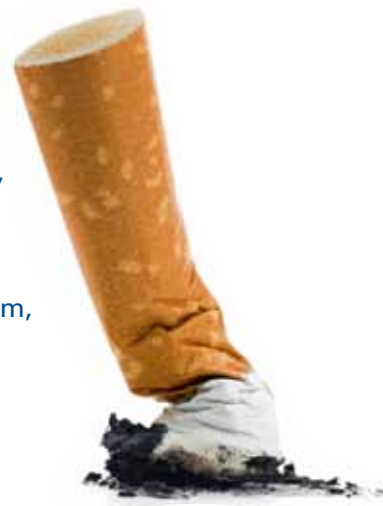
## Heavy smokers more at risk

People who smoke heavily during middle age are more at risk of dementia 20 years down the track compared to non-smokers. According to a study conducted at the Kaiser Permanente in Oakland, California and published in the *Archives of Internal Medicine*, smokers increase their risk of Alzheimer's disease and vascular dementia, as well as contributing to cancer and heart disease. People who smoked more than two packets a day had a 114 per cent greater risk of dementia, a 172 per cent greater risk of vascular dementia and 157 per cent greater risk of Alzheimer's disease.

The study was the first time researchers were able to look at the effects of smoking long term, as smokers tend to die early. Over 21,000 people were studied over a 20 year period.

To get help with giving up smoking, please call Quitline on 0800 778 778 or go to [www.quit.org.nz](http://www.quit.org.nz).

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