

PERSPECTIVES OF DEMENTIA CARE – WHAT CAN FAMILY PHYSICIANS DO?

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INTRODUCTION

In tandem with the government's plan to "strengthening mental health care in the community" (News press release on 1st October 2007), Professor Edmond Chiu A.M. was invited as Singapore's 2nd Health Manpower Development Program - Intermediate Long Term Care (HMDP - ILTC) Expert for Dementia Care from 11th -16th August 2008.

PROFESSOR EDMOND CHIU

Professor Edmond Chiu was trained in old age psychiatry in Melbourne, Hong Kong and England and his experience spans over the last three decades. His work in Huntington's disease was recognised by the award of Member of the Order of Australia in 1988. He held the position of President, International Psychogeriatric Association from 1999-2001 and is the immediate past Chairman, World Psychiatric Association Section in Old Age Psychiatry. An award of the Year 2000 Medal of Honour from the Royal Australian and New Zealand College of Psychiatrists recognizes his very significant contribution to the College.

Professor Chiu has co-edited 9 books and published over 100 papers in refereed journals and is member of 3 Editorial Boards and a regular reviewer of submitted papers. He has participated in NHMRC Grant Review Panels as well as serving in the Programme Review Panel of the Health Research Council of New Zealand.

He "retired" in 2004 but remains in an honorary capacity as Professorial Fellow of the University of Melbourne doing research related clinical work and participates in the conduct of clinical trials. In addition he is also a guest professor to Peking University Health Science Center and has been an external examiner to Faculty of Medicine, Chinese University of Hong Kong. Professor Chiu is currently actively involved in teaching family physicians in rural Australia on dementia care. He has travelled extensively in Asia and conducted numerous international lecture tours.

Professor Chiu is no stranger to Singapore and its health care system. He has visited Singapore on many occasions conducting educational programs. In 1999 he conducted the first psychogeriatric training course in Singapore hosted by The Institute of Mental Hospital. Since then, he has conducted a training program for Ren Ci Hospital and was an inaugural visiting professor to the Department of Psychological Medicine of the National University Hospital of Singapore.

HEALTH MANPOWER DEVELOPMENT PLAN - INTERMEDIATE LONG TERM CARE (HMDP-ILTC) Program

The HMDP-ITLC program with Professor Chiu as Expert Person concentrated on dementia care specifically and included visits to geriatric unit of an acute hospital, community hospitals, Home Health Care Association Group and a nursing home. There was also a visit to the Ministry of Health for initial verbal report and discussion.

In addition, a unique introduction of two Master classes on understanding dementia care were held with resounding response and a public lecture was organized in conjunction with Alzheimer's Disease Association of Singapore. In these six very full days, apart from various lecture talks, case-based and general round table discussions, there were opportunities for discussions on dementia care with clinicians and hear about issues relevant to the delivery of dementia care to the older people in Singapore.

In each of these visits, the care staffs showed a great deal of enthusiasm towards learning about the world best practice in dementia care.

There was an oversubscription of attendance for the Master classes in which Professor Chiu shared on the biological and psychosocial underpinnings of developing the best quality of life interventions for people with dementia. Professor Chiu is of the impression that these care staffs will form the foundation and backbone of a very vibrant dementia care in Singapore.

Challenging behaviours (commonly known as behavioural and psychological symptoms of dementia) seemed to be a recurring difficulty in the care for people with dementia. Professor Chiu shared on the holistic care that involved both pharmacological and non-pharmacological treatment. Professor Chiu tapped on his vast experience to provide staffs with numerous suggestions in divisional therapy to cope with challenging behaviours both in home and institutional settings.

Under Professor Chiu's suggestion and guidance from his team from Melbourne over the past years, Peacehaven Nursing Home's modifications resulted in significant changes leading to a least restricted, very home-like environment for the inpatient care of people with dementia.

HOW DOES THE FAMILY PHYSICIAN FIT INTO THE CARE OF PEOPLE WITH DEMENTIA?

Professor Chiu noted that with the rapidly ageing population in Singapore, there would soon be an epidemic of people with dementia. When coupled with the low birth rate in Singapore, the burden of care will increase even further. Professor Chiu envisioned that family physicians would be pivotal in the care of people with dementia in the community setting.

In his lecture to family physicians entitled "Should family physicians reclaim dementia care?" Professor Chiu spoke passionately about family physicians becoming proactive

and taking ownership in the management of people with dementia.

(1) Pivotal role in early dementia recognition

Professor Chiu described the pivotal role of the family physician in the early recognition of signs and symptoms of dementia. With family physicians working to provide care in tandem with specialists, much more can be done to provide more accessible and responsive services for early diagnosis and intervention. Family physicians remain the most appropriate medical provider in the community given the intimate doctor-patient relationship they enjoy whilst providing continuing care for various chronic medical conditions for the patients.

(2) Developing support networks

Professor Chiu also noted that a skills course on dementia care conducted by the college of family physicians in 2006 was well attended. Family physicians must now increase their level of involvement to provide care accordingly. Family physicians must take charge in developing support networks of community providers including home care providers, day care centre providers, voluntary welfare organizations and community hospitals. The ability to provide seamless coordination and access readily to appropriate community services serve to keep people with dementia integrated into the community as long as possible.

(3) De-stigmatisation

People with dementia are stigmatized locally. Family physicians can personally educate the community and serve to organize health promotion and education programme towards de-stigmatisation. Increasing awareness and understanding the medical and psychosocial underpinning will ultimately translate to improving better care for people with dementia.

(4) Supporting and caring of carers

Caring for people with dementia also involve ensuring the well being of caregivers. As family physicians journey along with the family, identifying possible caregiver stress and even depression amongst caregivers is easier with increased awareness. Family physicians must be able to investigate in fine details with regards to the source of stress and the coping strategies. Maintenance of the health, especially of cardiovascular health, of both the person with dementia and carers will bring a better quality of life to both, and is a task well suited to the family physician.

Professor Chiu lamented that there seemed to be strong push by the families to relocate people with dementia displaying disruptive behaviours into residential facilities. If family physicians can manage behavioural problems pharmacologically as well as educating carers with non-pharmacological management (such as environmental modifications and diversional therapies etc), families may be better equipped to cope caring for them at home instead.

(5) Caregiver training for foreign domestic workers

Locally, the dependency on foreign domestic workers (maids)

to care for people with dementia seemed to prevail. As these maids come from other countries whose knowledge of dialect and of dementia may not be as good as it ought to be, thus creating a situation of less than ideal quality of life for people with dementia. One suggestion to optimize care for people with dementia and also reduce caregiver stress is to refer carers to appropriate community services for caregiver training. In essence, family physicians must be sensitive to this family-caregiver-people with dementia dynamics and advocate for the person with dementia.

From the home care provider point of view, caregivers including foreign maids must be supported with more resources necessary to provide the quality and quantity of care. This may include adequate funding for manpower support and educational resources in different languages to meet these needs. Creating sustainability for continuing community-based care is imperative.

(6) Legislation with regards to mental competency and capacity

Home care providers, community hospital practitioners and family physician constantly faced with difficult ethical and clinical decisions when managing people with dementia. It ranged from advance care planning issues to issues pertaining to possible abuse of elderly people with dementia.

Certainly, the review of the mental incapacity act should take serious consideration of the issue related to people with dementia and how this may improve the situation before and during the pathway of dementia of each Singaporean and the properly protected relationship with the family and community. Substitute decision-making should be considered carefully in this context.

Family physicians serve the important link providing education, advice and support to families for advance care planning; feedback and contribute their experiences to aid policymaking decision to the proposed legislation with regard to competency and capacity.

(7) Family physicians for upgrading courses and contributing to research

Family physicians must also participate in upgrading courses to keep up to date with the many very exciting latest treatments for dementia and also participate in and contribute to research relating to dementia care. These courses will set the stage for stimulating interest for dementia care and encourage innovative interventions to improve the quality of care for people with dementia.

CONCLUSIONS

The Singapore medical community have benefitted from the sharing of views, ideas and information with the HMDP-ILTC Expert Professor Edmond Chiu. Professor Chiu himself sees a very bright future for dementia care in Singapore. The challenge that lies ahead will be to translate these views, ideas and information into service delivery strategies.