MULTIDISCIPLINARY APPROACH TO ELDERLY WITH DEMENTIA: THE ROLE OF ALLIED HEALTH PROFESSIONALS

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MALAYSIA : AN AGEING POPULATION

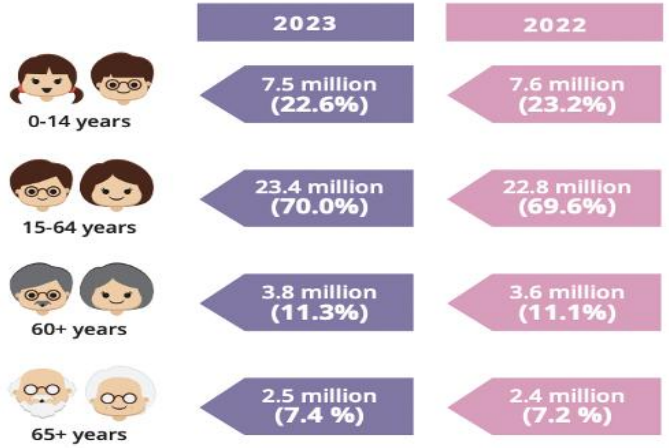
DEMENTIA

Population Aging

Population Aged 60 Years +

With the decline in fertility and increase life expectancy, this is a clear trend towards population ageing, Malaysia is expected to become aged nation by the year 2030.

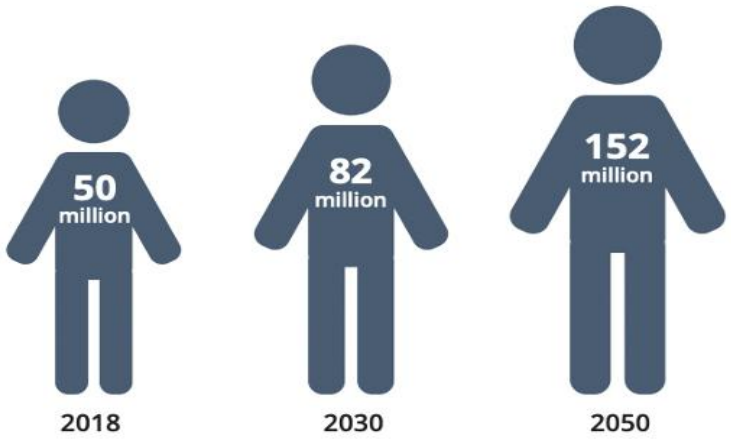
Population By Age Group



Soure: Department of Statistic Malaysia 2023

DEMENTIA : WORLD PREVALENCE

Estimated Growth In Number Of People With Dementia Globally 2018-2050



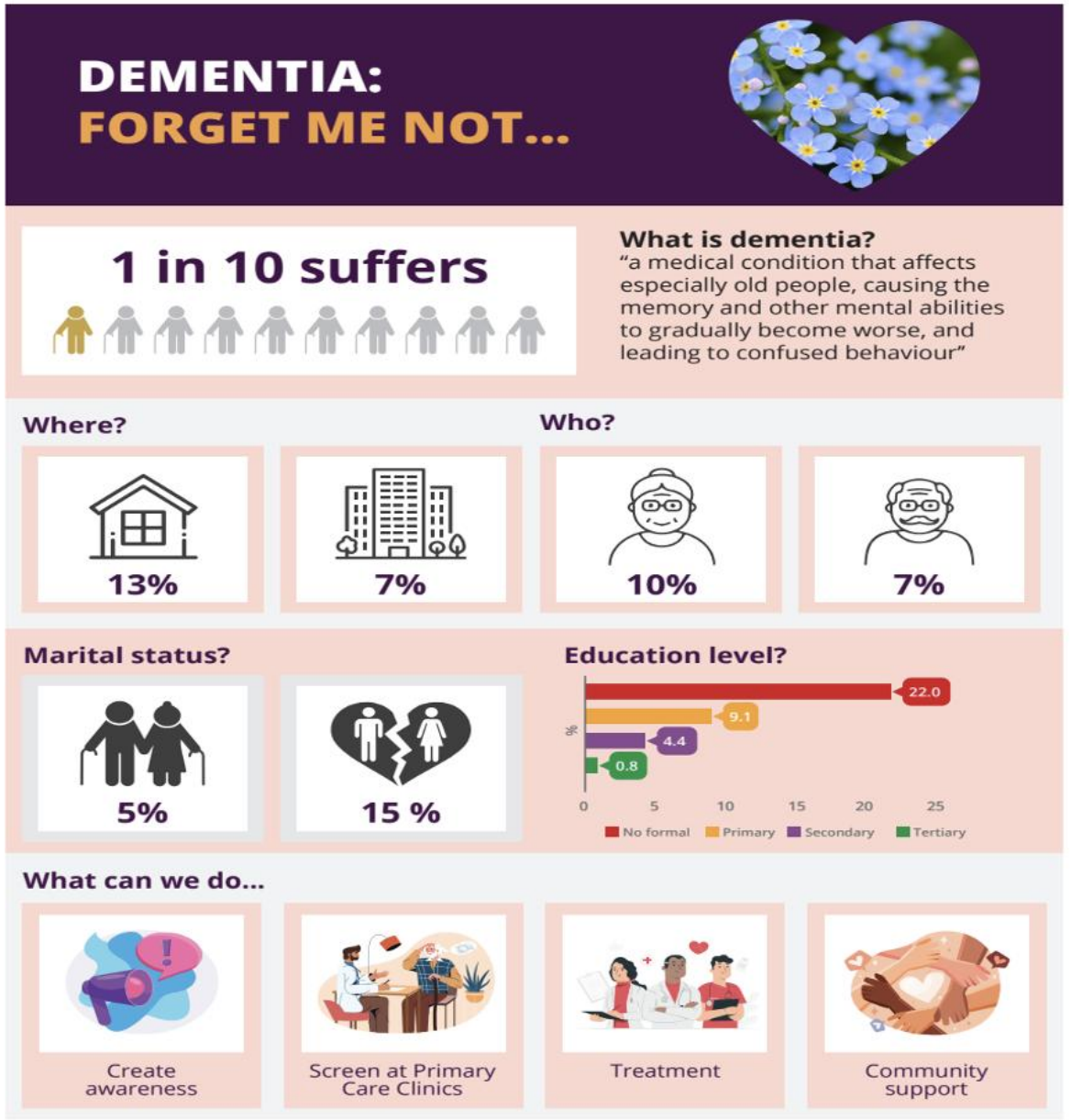
Source: World Health Organization, 2018

Around The World, There Will Be One New Case Of Dementia Every 3 Seconds

Source: From Plan To Impact II Report, ADI, 2019

DEMENTIA: PREVALENCE IN MALAYSIA

NHMS 2018: Elderly Health, the overall prevalence of probable dementia was 8.5% (95% CI 6.97 to 10.22).



Source: Infographic NHMS 2018

MOTHER OF GERIATRICS

‘The needs of the elderly frequently fall between the two bodies – the individual being not sick enough to justify admission to hospital and yet too disabled or frail for a vacancy in a home.’

-Marjorie Warren

MOTHER OF GERIATRICS

Trained in surgery, LRCP MRCS in 1923
served in West Middlesex County Hospital

Audit of patients in the wards
a cohort of delirious and demented patients

- required beds with cot sides
- severely incontinent patients
- elderly and sick but eminently treatable
- mobile patients throughout the day

Developed a system of classification :

I. suitable for rehabilitation and discharge home
II. require residential care (now known as nursing homes)

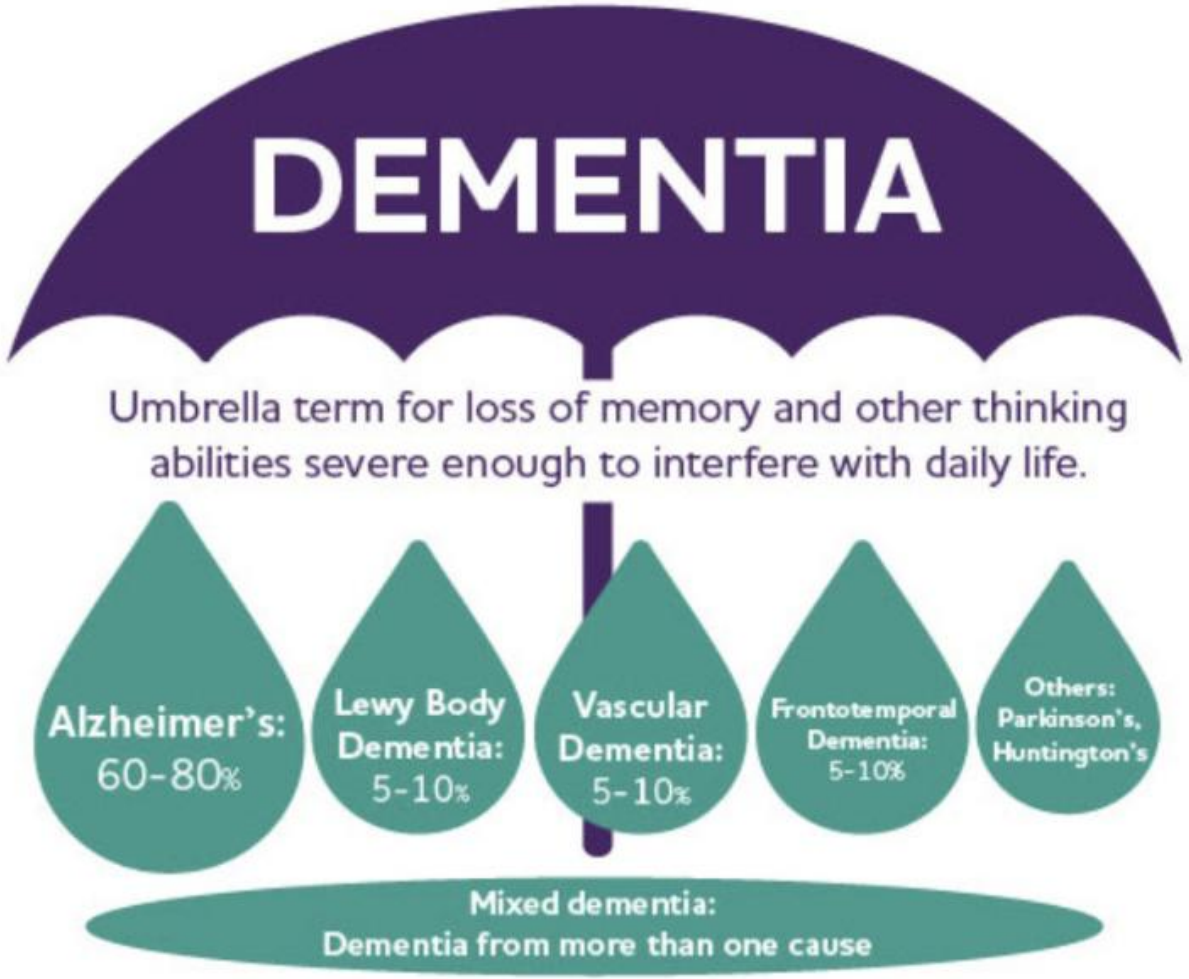
Success in rehabilitating stroke patients

MOTHER OF GERIATRICS

- early mobilisation
- active engagement of the older person in their daily activities
- whole-person approach
  - social and functional issues in addition to medical issues

promoted the importance of multidisciplinary team care

- the first to suggest that all admissions to nursing homes and care facilities be approved following assessment on geriatric units (now standard)
- advocated for the need to deal with the complex needs of the chronically ill or infirm older person with an **integrated system**



DEMENTIA

MAJOR NEUROCOGNITIVE DISORDER

DEMENTIA

is umbrella term used to describe a set of symptoms
that can include changes in:

MEMORY

THINKING

PERCEPTION

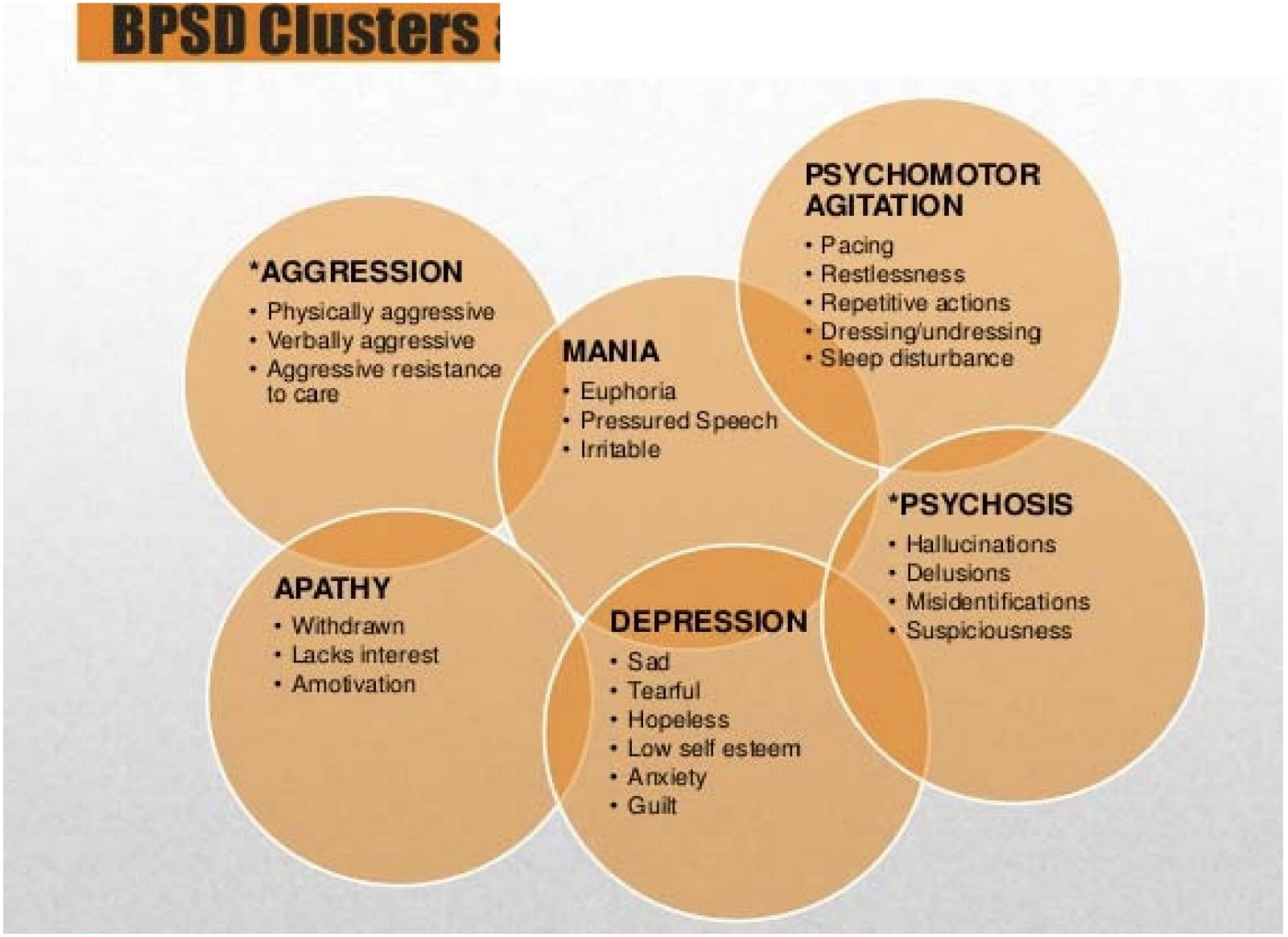
JUDGEMENT

REASONING

ATTENTION/
CONCENTRATION

LANGUAGE

and must be severe enough to interfere with a persons ability to function.



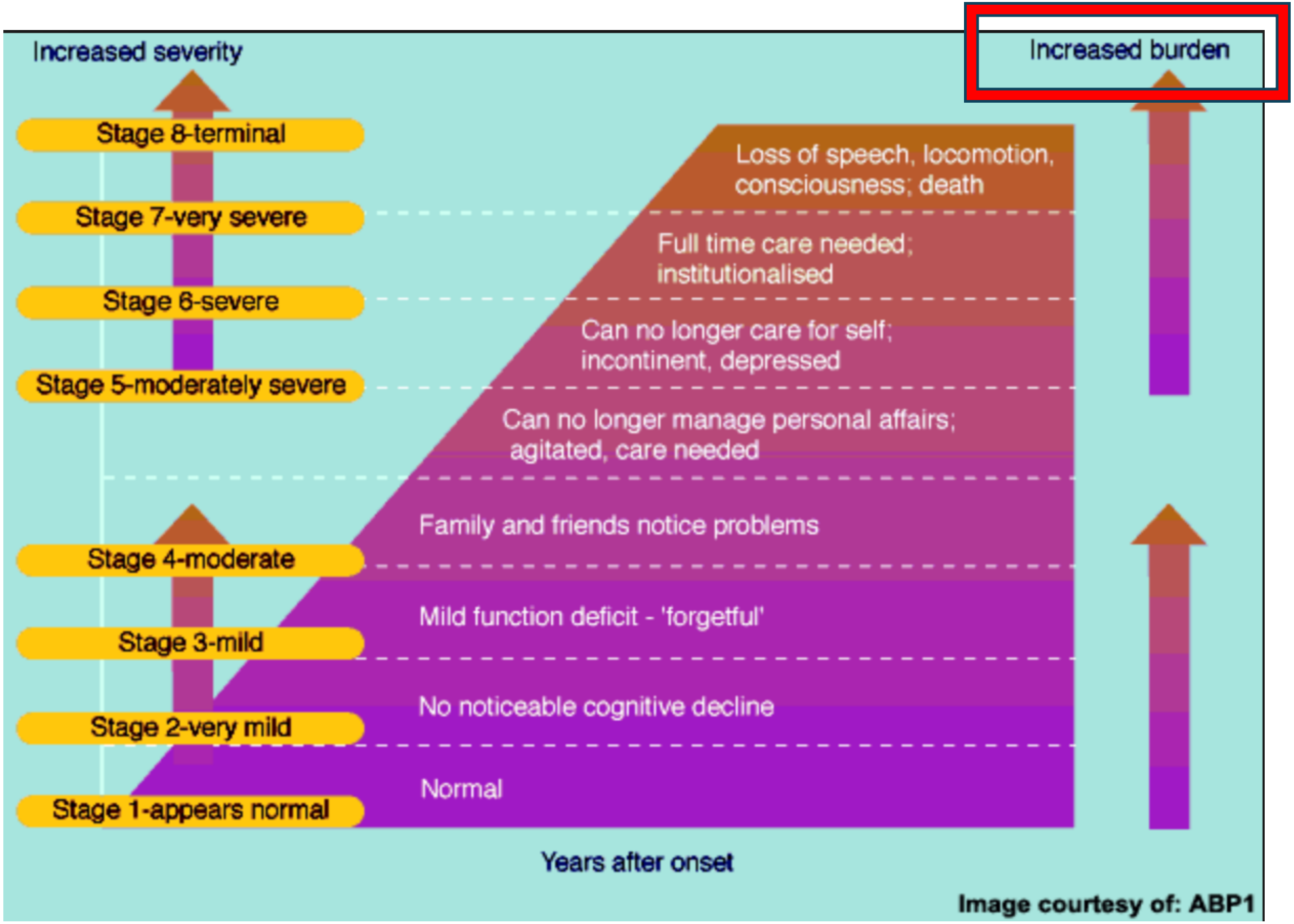
BEHAVIOURAL & PSYCHOLOGICAL SYMPTOMS OF DEMENTIA

BPSD

FUNCTIONAL ASSESSMENT STAGING IN AD (FAST)

STAGE	PATIENT CONDITION	LEVEL OF FUNCTIONAL DECLINE	EXPECTED DURATION OF STAGE
1	Normal adult	None	N/A
2	Normal older adult	Personal awareness of some functional decline	Unknown
3	Early AD	Noticeable deficits in demanding job situations	Average duration is 7 years
4	Mild AD	Requires assistance in complicated tasks such as handling finances, traveling, planning parties etc	Average duration is 2 years
5	Moderate AD	Requires assistance in proper clothing	Average duration is 1.5 years
6	Moderately severe AD	Requires assistance with dressing, bathing, toileting. Experiences urinary and faecal incontinence	Average duration is 1.5 year to 2.5 years
7	Severe AD	Speech ability declines to about half-dozen intelligible words. Progressive loss of ability to walk, sit up, smile and to hold head up	Average duration is 1 year to 1.5 year

FAST

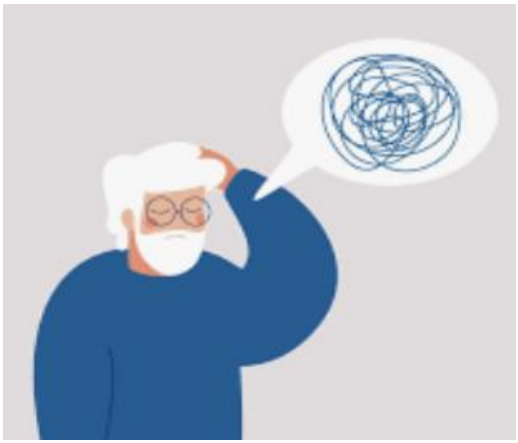


Reisberg B et al., 1982

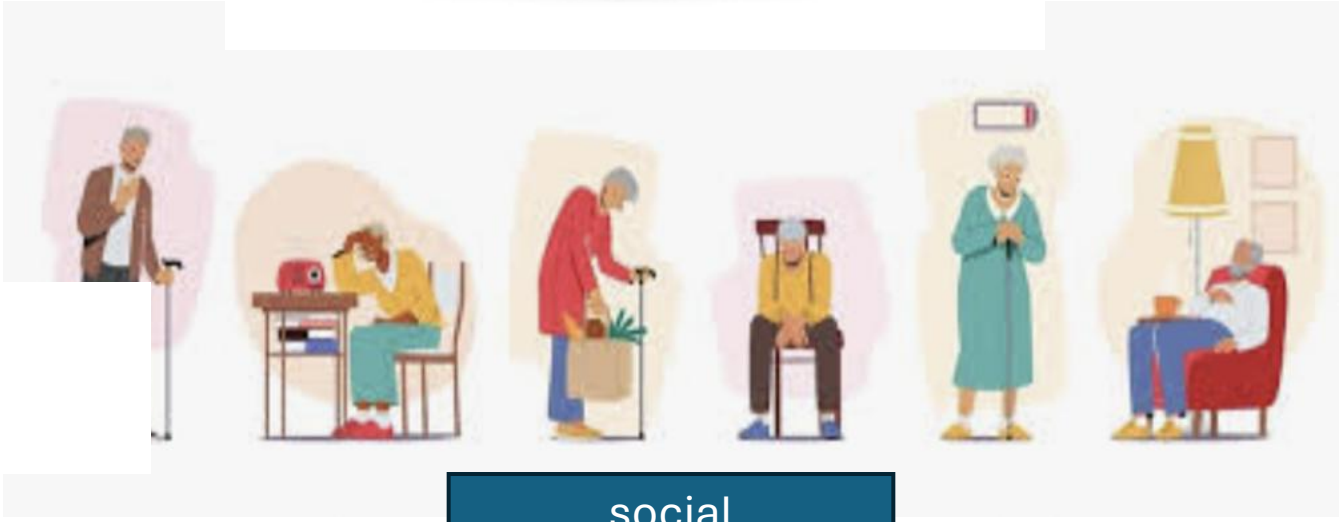
MDT APPROACH

MDT APPROACH

biological



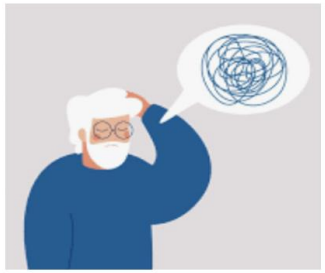
psychological



social

MDT APPROACH

biological



psychological

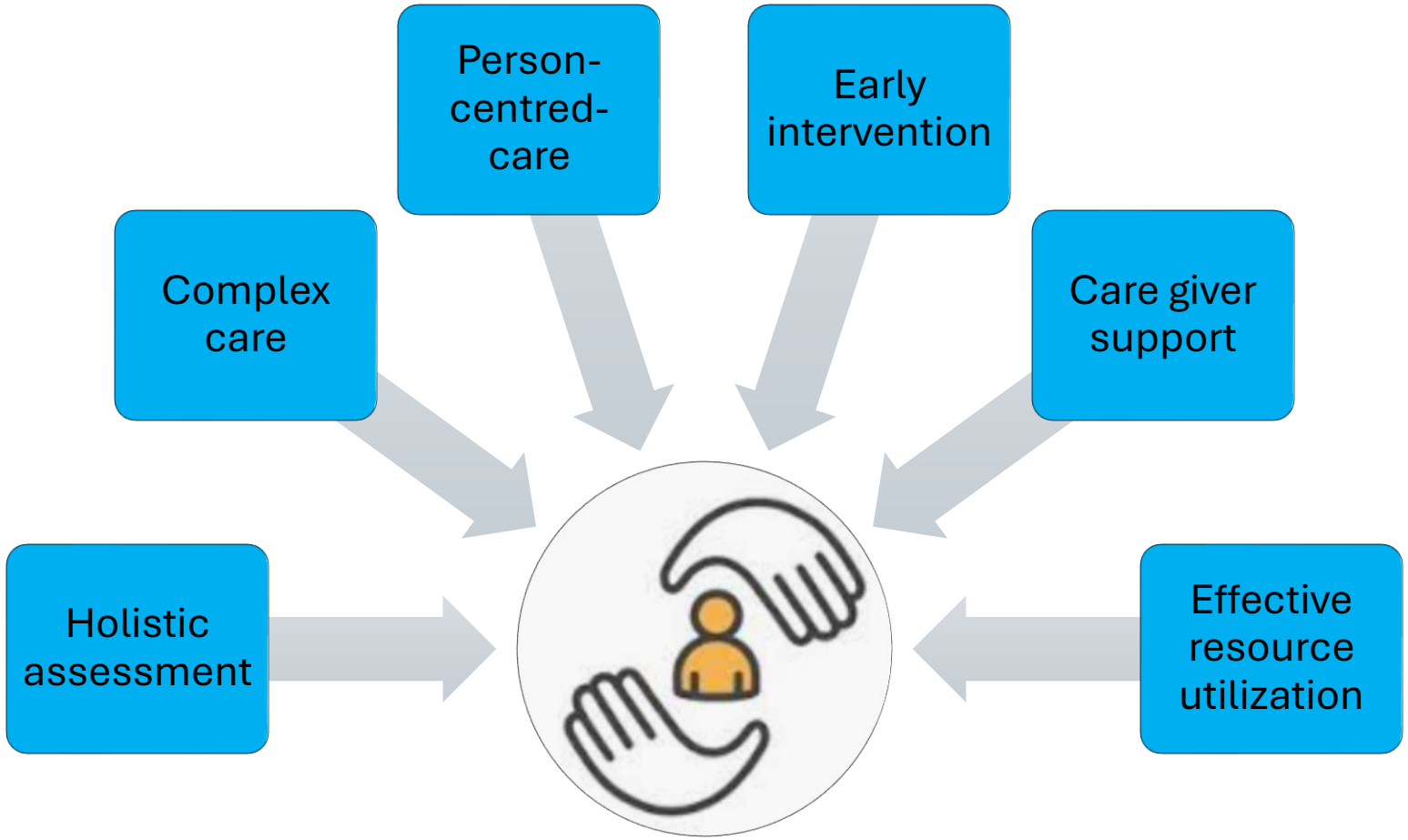
social

Accurate diagnosis

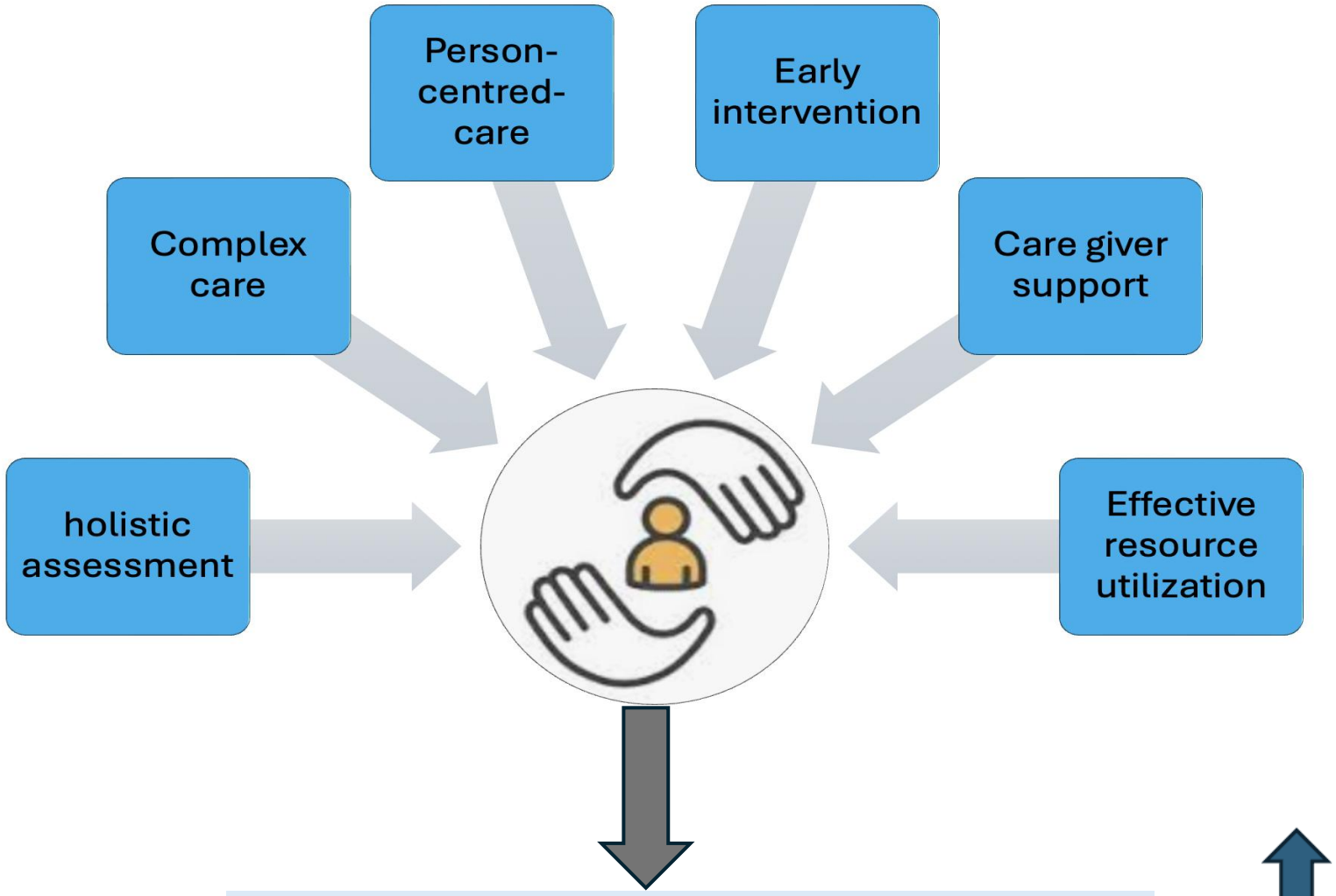
Improved care coordination

Better overall outcomes

WHY MDT APPROACH?



WHY MDT APPROACH?



OCCUPATIONAL THERAPIST

- Identify challenges, help adapt to daily living activities, maintain independence, and manage cognitive and physical limitations

OCCUPATIONAL THERAPIST

ASSESS & ADRESS FUNCTIONAL DIFFICULTIES

- **Identifying challenges -** assess PWD's abilities and limitations : personal care, meal preparation, mobility → specific challenges related to dementia
- **Adapting the environment -** modifications to home environment, grab bars, dementia-friendly clocks, labelling doors, → promote safety and independence
- **Simplifying tasks -** break down complex tasks into smaller, manageable steps, reducing frustration and promoting success
- **Providing assistive devices -** train use of assistive devices ; wheelchairs, adaptive utensils, or specialized seating → support daily activities and participation

Promoting Cognitive Function and Engagement

- **Cognitive stimulation –** techniques; memory games, puzzles, problem-solving tasks → stimulate cognitive function and maintain mental sharpness
- **Memory aids -** introduce strategies and tools ; visual schedules, labelled items, and reminder systems to support memory and cognitive skills
- **Meaningful activities -** engage in meaningful and enjoyable activities, → sense of purpose and well-being

Supporting Caregivers

- **Education and training-** provide caregivers with practical advice, education, and training on how to support PWDs in daily tasks, manage challenging behaviours, and maintain their own well-being
- **Emotional support -** offer emotional support and resources to caregivers, helping them cope with the challenges of caring for PWD and prevent caregiver burnout
- **Advocacy -** for the rights and needs of PWDs and caregivers, connect with relevant support networks and resources.

Addressing Specific Stages of Dementia

- **Early stages –** maintain independence, promote cognitive function, educate caregivers on adapting to the changes of dementia
- **Middle stages -**challenges related to communication, mobility, and personal care, reduce behavioural and psychological symptoms
- **Late stages -** focus on providing comfort, maximizing remaining abilities, and supporting caregivers in providing end-of-life care

SPEECH AND LANGUAGE THERAPIST

- Address communication and swallowing difficulties →supporting effective communication and safe eating

•Communication
  - •language (word finding, comprehension)
  - •pragmatics (social communication)
  - • cognitive-communication (memory, attention)
    - •differentiating between dementia variants

•Swallowing
  - • identify potential difficulties
  - •risk of aspiration
  - •suggest appropriate food consistencies or feeding strategies
  - •recommend alternative feeding methods

Environmental Modifications

Maintaining Independence and Quality of Life

Counselling and Education

PHYSIOTHERAPIST

- Help maintain physical function & mobility

Improve overall wellbeing

Opportunities to socialise

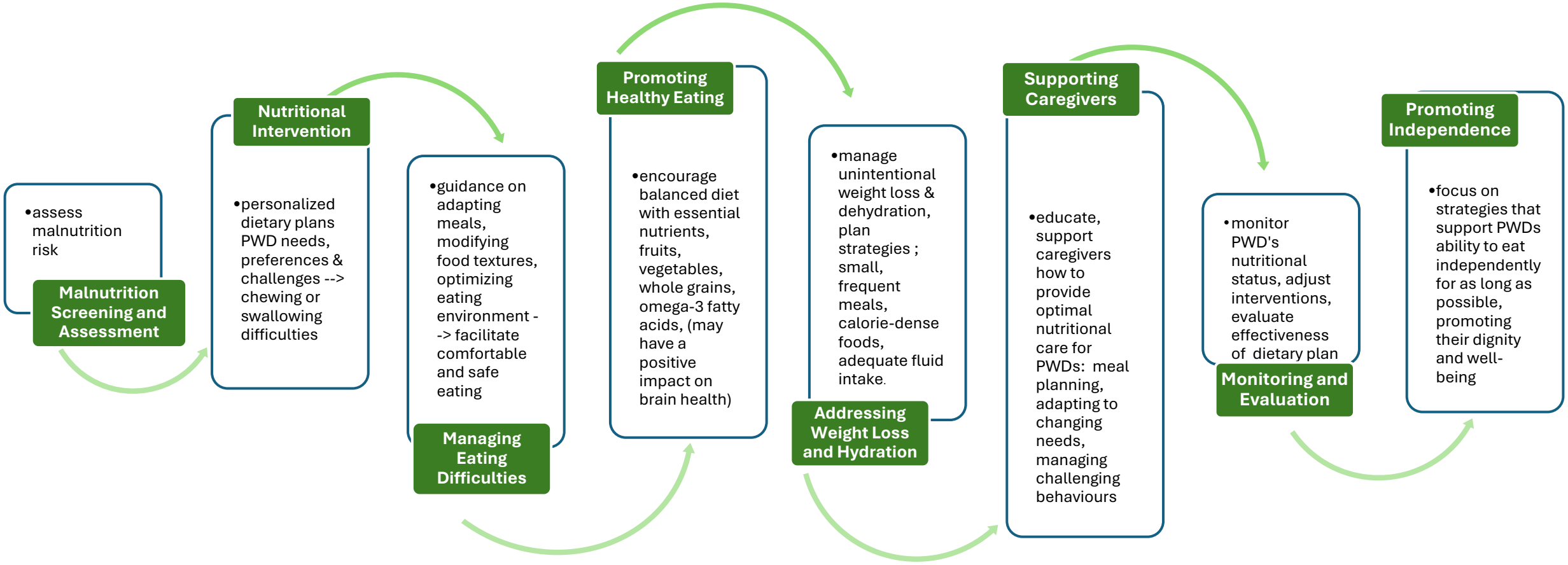
Help be independent

Help to have clearer memories of certain events

DIETITIAN

- Address nutritional need, manage eating difficulties, promote overall well being by providing nutritional guidance to maintain a healthy diet while addressing potential issues like weight loss or swallowing problems

DIETITIAN

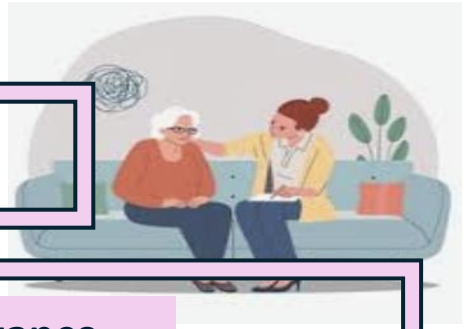

Malnutrition Screening and Assessment
•assess malnutrition risk
Nutritional Intervention
•personalized dietary plans PWD needs, preferences & challenges --> chewing or swallowing difficulties
Managing Eating Difficulties
•guidance on adapting meals, modifying food textures, optimizing eating environment --> facilitate comfortable and safe eating
Promoting Healthy Eating
•encourage balanced diet with essential nutrients, fruits, vegetables, whole grains, omega-3 fatty acids, (may have a positive impact on brain health)
Addressing Weight Loss and Hydration
•manage unintentional weight loss & dehydration, plan strategies ; small, frequent meals, calorie-dense foods, adequate fluid intake.
Supporting Caregivers
•educate, support caregivers how to provide optimal nutritional care for PWDs: meal planning, adapting to changing needs, managing challenging behaviours
Monitoring and Evaluation
•monitor PWD's nutritional status, adjust interventions, evaluate effectiveness of dietary plan
Promoting Independence
•focus on strategies that support PWDs ability to eat independently for as long as possible, promoting their dignity and well-being

SOCIAL WORKER

- help PWDs and families navigate the social and practical challenges of dementia
- access to support services
- financial assistance
- legal matters

SOCIAL WORKER

Emotional Support



Practical Assistance

Resource Navigation

Care Planning

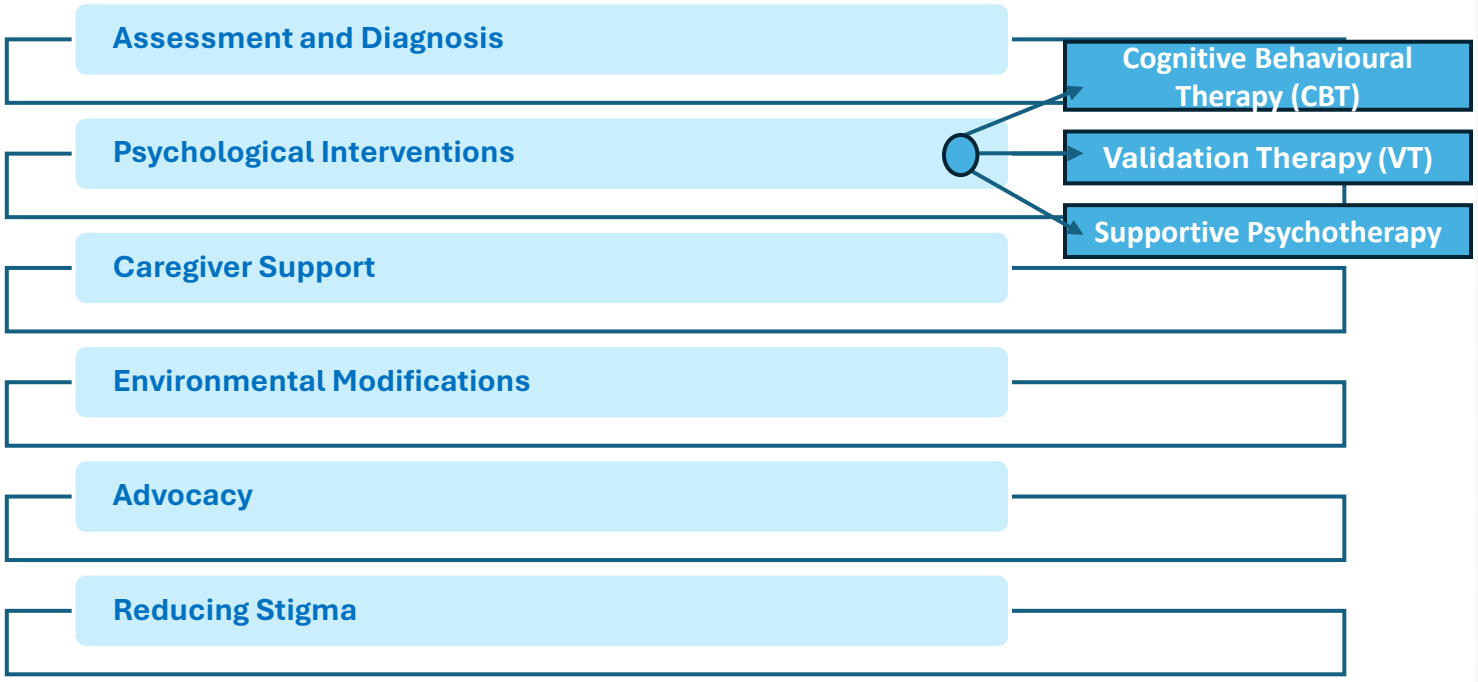
Legal and Financial Advice

Advocacy

Education and Support

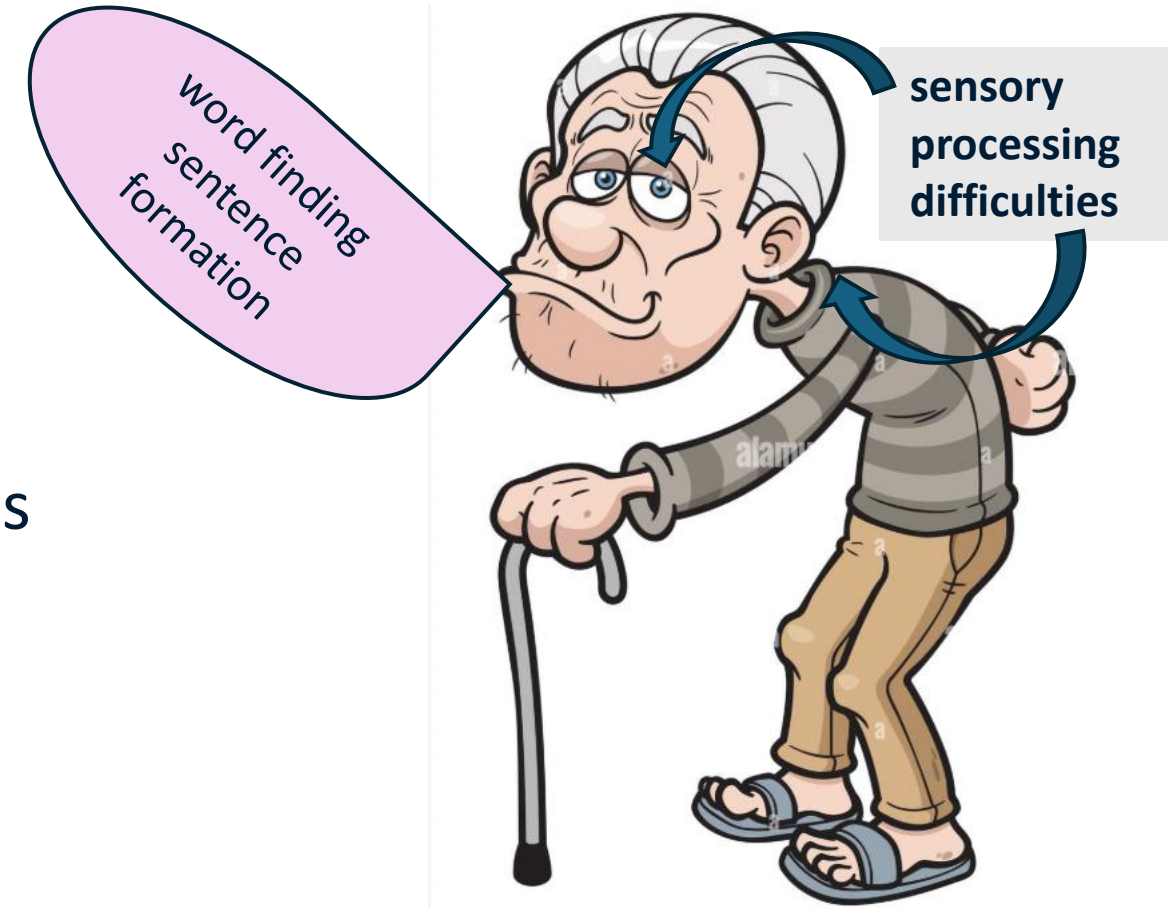
PSYCHOLOGIST / COUNSELLOR

- Address and offer support for managing cognitive, emotional, and behavioural changes through assessment, diagnosis, treatment, and ongoing care



CHALLENGES

- cognitive
- physical impairments
- fluctuating symptoms
- communication difficulties
- progressive deterioration



CHALLENGES

- lack of formal dementia training
- limited resources →impacting ability to effectively assess and treat
- misconceptions about benefits of rehabilitation → underutilisation of physiotherapy services

ALLIED HEALTH

DEMENTIA ACTION PLAN

MINISTRY OF HEALTH MALAYSIA

THE
DEMENTIA
ACTION PLAN
2023-2030

MINISTRY OF HEALTH,
MALAYSIA

Strategy 2:

Strengthened integrated, person-centered care, quality care and management that integrates multi-disciplinary approaches for Person With Dementia (PWD') and caregivers

Activities	Responsible agency	Period of implementation	Indicator	Target
1. Health clinics with Family Medicine Specialist (FMS) must have basic MDT (doctor/ paramedic/ Occupational Therapy (OT)/ Physiotherapy (PT)) to manage mild stage of person with dementia (minimum team):	IOH-FHDD/ tate Health ffice/District ealth Office	2023-2025	Number of clinics with FMS in each state must have basic MDT	At least one clinic with FMS in each state must have basic MDT
		2026-2030	Number of clinics with FMS in each district must have basic MDT	At least one clinic with FMS in each district must have basic MDT
dementia medication b. application of dementia education module				

Mild to Moderate

Activities	Responsible agency	Period of implementation	Indicator	Target
2. Health clinics with **FMS and at least two (2) OT** able to provide cognitive stimulation therapy for mild dementia	OH- FHDD/ te Health Office/ strict Health fice/Allied Health vision	2023-2025 2026-2030	Number of clinics with FMS and OT in each state provide cognitive stimulation therapy Number of clinics with FMS and OT in each district provide cognitive stimulation therapy	At least one clinic with FMS and OT in each state provide cognitive stimulation therapy At least one clinic with FMS and OT in each district provide cognitive stimulation therapy
3. Health clinics with FMS with basic MDT manage PWD with mild Behavioral and Psychological Symptom in Dementia (BPSD) *(tier-3)* *reference: seven-tiered*	OH- FHDD/ te Health Office/ strict Health fice	2023-2025 2026-2030	Number of clinics with **FMS specialize in community geriatric/ mental health/ AOI** managing PWD with mild BPSD Number of clinics with FMS managing patients with dementia	All clinics with FMS specialize in community geriatric/ mental health/ AOI managing PWD with mild BPSD All clinics with FMS managing PWD with mild BPSD
4. Stakeholder's meeting involving -primary care -secondary care -other agencies if required (eg: SWD, JKM, SOCSO, NGOs, MHLG, KPKT)	MOH- FHDD/State Health Office/ District Health Office/MPD/SWD	2024-2030	Number of meetings	At least 2 meetings / year /state/District
5. Management of dysphagia among dementia patient in health clinics with speech therapist	MOH-AHD/ FHDD/MDD	2026-2030	Number of clinics (with speech therapist) in each district providing the management of dysphagia among dementia patient	All of clinic (with speech therapist) in each district providing the management of dysphagia among dementia patient

Strategy 3:

Strengthen training programs for healthcare professionals to increase knowledge and skills

Activities	Responsible agency	Period of implementation	Indicator	Target
1. Regular Continous Medical Education (CME) on dementia	MOH/MMA	2023-2030	Number of CME on dementia per district	At least one CME on Dementia once a year per district with involvement for GP
2. Training base on Clinical Practice Guideline (CPG) on Management of Dementia (third edition 2021)	MOH/MPHA/MPCN	2023-2030	Number of training activities per state	At least one training activity a year per state
3. To review and revise CPG on Management of Dementia (third edition 2021)	MOH-MHTAS	2026-2028	Frequency of updating CPG management of Dementia	CPG management of Dementia updates every 5 years (Latest update 2021)
4. To review and revise module on "Manual on Management of	MOH-FHDD	2024-2025	Review the module	Revise draft by 2025 At least once every 10 years
5. To train multidisciplinary Health Care Provider (HCP) using "Manual on Management of Dementia in Primary Health Care"	MOH A/MPCN	2025-2030	Numbers of training and HCP per year	Minimum one of each discipline/ HCP for each state every year
6. To train health care worker for using the psychoeducation module	MOH D/MDD	2025-2030	Numbers of training per year	Minimum one training per year for each state.
7. To establish standardized	MOH ADE	2023-2030	Number of caregivers trained on Dementia Care Skills Training module	At least one training for each state / year
8. Training of multidomain interventions for MDT team	MOH, MOHE/AHD/ FHDD/MDD	2024-2030	Number of TOT for MDT for each state	One TOT / year
9. Training of Cognitive Stimulation Therapy (CST) for OT	MOH (AHD/ FHDD/MDD), MOHE	2024-2030 2024-2030	Number of Training of Trainer's (ToT) for OT for each state Number of TOT for OT for each district	One TOT for each state/ year One TOT for each district/ year

Moderate to severe

2B: Strengthening a sustainable health-care and social support system for moderate to severe dementia

Strategy 1:

Provide person-centered, holistic, expert and multidisciplinary consultation for timely comprehensive assessment, diagnosis and management of the person with dementia (PWD) and cognitive impairment

Activities	Responsible agency	Period of implementation	Indicator	Target
1. Strengthen/ establish Memory Clinics in hospital with geriatric unit as person-centered and holistic multidisciplinary approach.	OH-MDD DE/ private	2023-2025	1. Percentage of geriatric units with a memory clinic 2. Percentage of memory clinics with core MDT* 3. Percentage of cluster/ visiting hospital by geriatrician with memory clinic	1. 100% geriatric units must have a memory clinic 2. 70% memory clinics with core MDT 3. 50% of cluster/visiting hospital by geriatrician with memory clinic
2. To equip primary care team with knowledge and skillsets for management of PWD in the community via	FHDD	2023-2025	Number of HCP trained per state per year	3 HCPs trained for 10 sessions in nearby Memory Clinic per state per year
3. To improve continuity of care for PWDs across primary and tertiary care through Seamless Geriatric Care (SGC) a. Development of guideline and modules on SGC To train HCP on Seamless Geriatric Care - across the primary-hospital care continuum	OH-FHDD/MDD	2023 2024-2030	Develop a draft document Numbers of HCP trained Numbers of training done per year	3 HCPs trained for 10 sessions in nearby Memory Clinic per state per year Guideline and module developed and/or endorsed by 2023 At least 3 HCP (multidisciplinary) trained on SGC per year At least 1 training done per year
health care	OH/FHDD	2028-2030	Number of memory service established in primary care each year per state	At least 1 memory service established in primary care each year per state


THANK YOU!