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QUEENSLAND WOMEN'S HEALTH NETWORK NEWS

ISSUE #3 2015 *Over 20 years of strengthening links between women & providing access to information*

WOMEN & DEMENTIA

What is dementia?

This [article] describes dementia, who gets it and some of its most common forms. It describes some early signs of dementia and emphasises the importance of a timely medical diagnosis.

Dementia describes a collection of symptoms that are caused by disorders affecting the brain. It is not one specific disease. Dementia affects thinking, behaviour and the ability to perform everyday tasks. Brain function is affected enough to interfere with the person's normal social or working life. The hallmark of dementia is the inability to carry out everyday activities as a consequence of diminished cognitive ability.

Doctors diagnose dementia if two or more cognitive functions are significantly impaired. The cognitive functions affected can include memory, language skills, understanding information, spatial skills, judgement and attention. People with dementia may have difficulty solving problems and controlling their emotions. They may also experience personality changes. The exact symptoms experienced by a person with dementia depend on the areas of the brain that are damaged by the disease causing the dementia. With many types of dementia, some of the nerve cells in the brain stop functioning, lose connections with other cells, and die. Dementia is usually progressive. This means that the disease gradually spreads through the brain and the person's symptoms get worse over time.

Who gets dementia?

Dementia can happen to anybody, but the risk increases with age. Most people with dementia are older, but it is important to remember that most older people do not get dementia. It is not a normal part of ageing, but is caused by brain disease. Rarely, people

IN THIS EDITION **WOMEN & DEMENTIA**

What is dementia? **1**
Caring for a loved one who has dementia **3**
The human rights of women with dementia **4**
Can a healthy diet protect my memory? **4**
'What's On' & 'Women's Health on the Net' **6**
Perceptions of dementia **7**
The dental needs of women with dementia **7**
How to nurture your mind and brain **8**

Continued from page 1

under the age of 65 years develop dementia and this is called 'younger onset dementia'. There are a few very rare forms of inherited dementia, where a specific gene mutation is known to cause the disease. In most cases of dementia however, these genes are not involved, but people with a family history of dementia do have an increased risk. For more information see the Help Sheet on *About Dementia: Genetics of dementia.* Certain health and lifestyle factors also appear to play a role in a person's risk of dementia. People with untreated vascular risk factors including high blood pressure have an increased risk, as do those who are less physically and mentally active. Up to date and detailed information about dementia risk factors is available at **yourbrainmatters.org.au**.

What causes dementia?

There are many different diseases that cause dementia. In most cases, why people develop these diseases is unknown. Some of the most common forms of dementia are:

Alzheimer's disease

Alzheimer's disease is the most common form of dementia, accounting for around two-thirds of cases. It causes a gradual decline in cognitive abilities, often beginning with memory loss. Alzheimer's disease is characterised by two abnormalities in the brain — amyloid plaques and neurofibrillary tangles. The plaques are abnormal clumps of a protein called beta amyloid. The tangles are bundles of twisted filaments made up of a protein called tau. Plaques and tangles stop communication between nerve cells and cause them to die. For more information see the Help Sheet on *About Dementia: Alzheimer's disease.*

Vascular dementia

Vascular dementia is cognitive impairment caused by damage to the blood vessels in the brain. It can be caused by a single stroke, or by several mini-strokes occurring over time. These mini-strokes are also called transient ischaemic attacks (TIAs). Vascular dementia is diagnosed when there is evidence of blood vessel disease in the brain and impaired cognitive function that interferes with daily living. The symptoms of vascular dementia can begin suddenly after a stroke, or may begin gradually as blood vessel disease worsens. The symptoms vary depending on the location and size of brain damage. It may affect just one or a few specific cognitive functions. Vascular dementia may appear similar to Alzheimer's disease, and a mixture of Alzheimer's disease and vascular dementia is fairly common. For more information see the Help Sheet on *About Dementia: Vascular dementia.*

Lewy body disease

Lewy body disease is characterised by the presence of Lewy bodies in the brain. Lewy bodies are abnormal clumps of the protein alpha-synuclein that develop inside nerve cells. These abnormalities occur in specific areas of the brain, causing changes in movement, thinking and behaviour. People with Lewy body disease may experience large fluctuations in attention and thinking. They can go from almost normal performance to severe confusion within short periods. Visual hallucinations are also a common symptom. Three overlapping disorders can be included with Lewy body disease:

- Dementia with Lewy bodies
- Parkinson's disease
- Parkinson's disease dementia

When movement symptoms appear first, Parkinson's disease is often diagnosed. As Parkinson's disease progresses most people develop dementia. When cognitive symptoms appear first, this is diagnosed as dementia with Lewy bodies. Lewy body disease sometimes co-occurs with Alzheimer's disease and/or vascular dementia. For more information, see the Help Sheets on *Lewy body disease.*

Frontotemporal dementia

Frontotemporal dementia involves progressive damage to the frontal and/or temporal lobes of the brain. Symptoms often begin when people are in their 50s or 60s and sometimes earlier. There are two main presentations of frontotemporal dementia — frontal (involving behavioural symptoms and personality changes) and temporal (involving language impairments). However, the two often overlap. Because the frontal lobes of the brain control judgement and social behaviour, people with frontotemporal dementia often have problems maintaining socially appropriate behaviour. They may be rude, neglect normal responsibilities, be compulsive or repetitive, be aggressive, show a lack of inhibition or act impulsively. There are two main forms of the temporal or language variant of frontotemporal dementia. Semantic dementia involves a gradual loss of the meaning of words, problems finding words and remembering people's names, and difficulties understanding language. Progressive non-fluent aphasia is less common and affects the ability to speak fluently. Frontotemporal dementia is sometimes called frontotemporal lobar degeneration or Pick's disease. For more information, see the Help Sheet on *About Dementia: Frontotemporal dementia*, or visit the Frontier research group website **neura.edu.au**

Is it dementia?

There are a number of conditions that produce symptoms similar to dementia. These can often be treated. They include some vitamin and hormone deficiencies, depression, medication effects, infections and brain tumours. It is essential that a medical diagnosis is obtained at an early stage when symptoms first appear to ensure that a person who has a treatable condition is diagnosed and treated correctly. If the symptoms are caused by dementia, an early diagnosis will mean early access to support, information and medication should it be available.

What are the early signs of dementia?

The early signs of dementia can be very subtle and vague and may not be immediately obvious. Some common symptoms may include:

- Progressive and frequent memory loss
- Confusion
- Personality change
- Apathy and withdrawal
- Loss of ability to perform everyday tasks

What can be done to help?

At present there is no cure for most forms of dementia. However, some medications have been found to reduce some symptoms. Support is vital for people with dementia and the help of families, friends and carers can make a positive difference to managing the condition.

Further Information

Alzheimer's Australia offers support, information, education and counselling. Contact the **National Dementia Helpline on 1800 100 500**, or visit our website at **fightdementia.org.au**

For language assistance phone the Translating and Interpreting Service on **131 450**.

This help sheet is funded by the Australian Government under the National Dementia Support Program. This publication provides a general summary only of the subject matter covered. People should seek professional advice about their specific case. Alzheimer's Australia is not liable for any error or omission in this publication.
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Reproduced without alteration. QWHN recommends that readers access the original document and other excellent resources at: <https://qld.fightdementia.org.au/about-dementia-and-memory-loss/help-sheets#About-dementia>.

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Are you caring for a loved one who has dementia?

Photo: Carers Queensland

If you are a woman caring for a loved one who has dementia, you'll already know what a demanding role it can be. As life events go, it's probably one of the most complicated. The long days and the even longer nights. The strange mix of joy and despair, hope and fear.

Caring for a loved one who has dementia is often all-consuming, and it can be difficult to look after your own needs as a carer during this time. But taking good care of your health and well-being is the most important thing you can do, both for yourself and the other person. Being fit, both physically and mentally, will assist your energy levels and outlook, and enable you to continue your caring role effectively.

Self-help is vitally important when you are a carer. You need to take a break whenever you get the opportunity. Could you use a local respite service, or get a family member or friend to look after your loved one for a few hours, to allow you to take a break and recharge your batteries? Can you have a bath in peace at the end of the day? Or make time to read a book? Any activity that can be classed as 'me-time' is important. Often, we're so focused upon caring for our loved one that we feel guilty taking time for ourselves. You need to view taking this time as a priority.

"Often, we don't like to ask for help, because we feel like we need to cope on our own."

Where possible, try also to fit exercise in to your day — even a walk around the block can clear your head and boost your spirits. And eat healthily — although sugary and junk foods can be tempting when we are tired, a balanced diet will help us to remain steady through the ups and downs.

Asking for help is important too. Often, we don't like to ask for help, because we feel like we need to cope on our own. But asking for support may be the best thing you could do. Support services for carers are available from Carers Queensland, a not-for-profit organisation for unpaid family carers. Perhaps you'd like to meet with other carers in a similar situation, at one of our local support groups. Maybe you feel that you'd benefit from talking to a counsellor about your situation. Or it could be that you need to understand the rights of the person you are caring for as you navigate the legal system.

Whatever your need, Carers Queensland is here to help you.

Carers Queensland has twelve regional offices throughout Queensland and it operates a free, telephone-based Carer Advisory Service, which is open Monday to Friday, 9am–5pm.

Carers wanting to access any service, or who may simply want advice or information about their caring role, can contact the **Carer Advisory Service on 1800 242 636.**

For more information visit: www.carersqld.asn.au

The human rights of Women with Dementia

Dr K. A. Munro, Seniors Legal and Support Social Worker, and B. Mitchell, Principal Solicitor
Townsville Community Legal Centre

Increasing General Prevalence of Dementia

In 2012, the Australian Institute of Health and Welfare revealed there were an estimated 298,000 Australians with dementia: 62% were women, 74% were aged 75 or over, and 70% lived in the community.[1] This number is expected to increase to 400,000 in the next decade. Without a medical breakthrough people with dementia will number almost 900,000 by 2050.[2]

The Use of Restrictive Practices for Women with Dementia

A critical human rights issue faced by the increasing population of women with dementia is the use of restraints to manage the Behavioural and Psychological Symptoms of Dementia (BPSD). There are two categories of restraint: physical and chemical. Physical restraints include seclusion in locked facilities,[3] removal of mobility aids,[4] binding patients to furniture,[5] and preventing patients from socialising with certain people.[6] Chemical restraints are medications to calm residents or prevent certain behaviors.[7]

A 2014 Senate Inquiry into the care and management of Australians living with BPSD heard disturbing evidence of the increased use of constraints as a management tool, often in the absence of guidelines about their appropriate use and management.[8] The issue was of sufficient concern that it drew comment from the Queensland Public Advocate, Ms. J. Cook who stated, in her submission to the Inquiry:

> I am increasingly concerned about the use of restraints in aged-care facilities as a means of responding to behaviours of concern. The use of restraint is a significant infringement on human rights and the lawful authority for the use of restraint in aged-care settings is ambiguous at best.[9]

Further submissions presented to the Senate exposed increasing pressures in a sector concurrently dealing with more complex clients and a less skilled workforce.[10] The Inquiry heard that simple considerations are often overlooked due to a lack of understanding and the speed at which some staff members are required to work. Examples raised included male carers showering female residents and residents being changed in rooms with open curtains. The Townsville Community Legal Service Inc. has received complaints from women in their 70s in relation to similar circumstances. One submitter who had a parent with dementia in residential care observed:

> In circumstances of chronic understaffing, apparent lack of training in the emotional and social needs of dementia [patients], and lack of funds, care tasks centre overwhelmingly on the physical needs of patients: showering, toileting and feeding.[11]

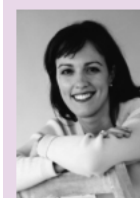
It is understood that carers generally want to keep the people they care for safe, yet they often underestimate the harm that excessive restraint can cause. Alzheimer's Australia's position is very clear on this issue — the line of first response should be a psychosocial approach and restrictive practices should be the intervention of last resort.[12]

In Queensland, regulation of the disability sector affords vulnerable people with disabilities requiring care a variety of 'black letter law' protections. Legislation governs the three levels of restrictive practices subject to statutory oversight through the Queensland Civil and Administrative Tribunal and further appeal levels.[13]

These same clear duties, reporting obligations and statutory protections do not apply to persons over 65 years[14] for whom constitutional responsibility lies with the Australian Government. International law says that restrictive interventions must strike a lawful,

Can a healthy diet protect my memory?

food files *with* Maria Packard
NUTRITION MANAGER, HEART FOUNDATION



The brain needs a range of nutrients to function properly. Evidence suggests that a healthy, balanced diet may help in maintaining brain health and functionality but more research is needed to understand if there are specific foods that may be able to reduce the risk of dementia. Even though there is no *consensus* guidelines for the nutrition-related prevention of dementia, excess body weight and a high saturated fat intake are suggested as potential risks,[1] similar to risk factors we see in some chronic diseases like cardiovascular disease.

What can we do in the meantime to protect our memory?

- Follow *The Australian Dietary Guidelines*, evidence-based guidelines providing information on the types and amounts of food to promote overall health and well-being.
- Aim to achieve and maintain a healthy body weight.
- Enjoy regular physical activity.
- Quit smoking.

What are some Health Professional considerations for the person with dementia?

- Identify nutrition issues, complications and challenges that can arise, e.g. malnutrition, stress from the challenges of self-feeding.
- Engage a Dietitian for nutrition advice and as part of the care plan. They can provide practical strategies to enhance food intake, e.g. providing small frequent meals, promoting self-feeding, providing appropriate eating environment and texture of food to maximise intake.
- Understand ethical considerations when managing people with dementia and how essential it is for family and carers to be involved.

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appropriate balance between public interest and personal liberty.[15] The limited protections available apply only to persons residing in residential aged care facilities and the *Aged Care Act 1997* and its related laws are silent on the issue of restrictive practices.[16] It is up to key personnel, in the first instance, to make a subjective decision about what constitutes unreasonable use of force.[17]

The Sexual Assault of Women with Dementia

Ambiguity also exists around responsibilities for reportable assaults defined as the "unreasonable use of force on a resident, ranging from deliberate and physical attacks ... to the use of unwarranted physical force, and unlawful sexual contact, meaning any sexual contact with residents when there has been no consent."[18]

The issue of sexual abuse and exploitation of women with dementia whether in their own homes or an institution is frequently 'unmentionable'. In fact, in response to the findings of 'Norma's Project',[19] Age Discrimination Commissioner Susan Ryan said:

> [T]he circumstances of very old victims have remained to a large extent, hidden. Sexual violence against any woman is intolerable, but sexual violence against frail, very old women, be they living in residential aged care, or receiving care at home, constitute the worst cases of this abominable crime. Frail older women, often suffering dementia, have no defences against the perpetrators. Sometimes, the perpetrators are in fact the very people charged with care of the older women. The situation of these older abused women is especially damaging when they are unable to describe what has happened to them, or identify their attacker so that criminal processes can be set in train.[20]

One of the most disturbing findings of Norma's Project is that the sexual abuse of older women with dementia went largely undetected because participants in the study stated that older women were seen as asexual and therefore presumed never to be the subject of assaults. What is unimaginable and unacceptable becomes unsayable or invisible.[21]

Embedded in such myths are deeply held prejudices of ageism and sexism that are particularly resistant to change. However, continuing to ignore these myths and stereotypes is no longer an option and must be confronted, challenged and prevented alongside all forms of violence against women.

There are numerous recommendations from organisations such as the Australian Law Reform Commission, the Senate Inquiry, Alzheimer's Australia and Norma's Project proposing significant reforms to address the issues raised in this paper. The time is long overdue for the Australian Government to give these issues the attention they urgently deserve.

For more information:

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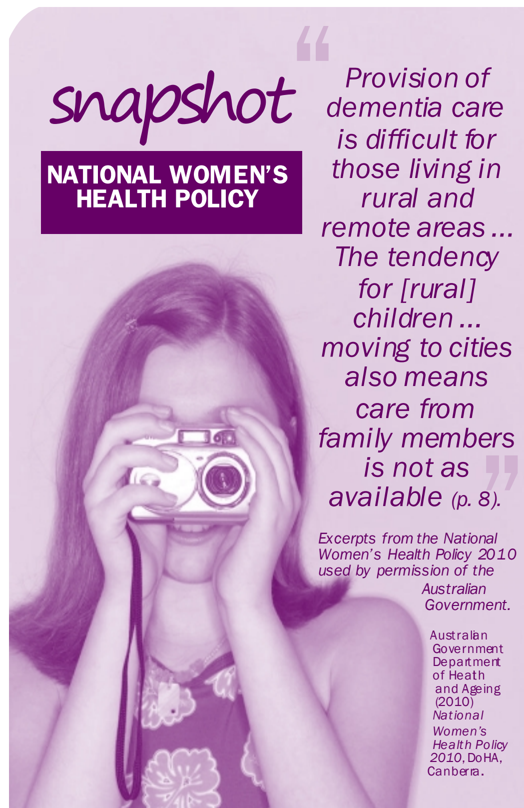
Photo: le vent nous portera, Elisa Paolini, CC BY-NC-ND 2.0 <https://www.flickr.com/photos/hely_chop_suey/8462119294>.

snapshot

NATIONAL WOMEN'S HEALTH POLICY



"Provision of dementia care is difficult for those living in rural and remote areas ... The tendency for [rural] children ... moving to cities also means care from family members is not as available (p. 8)."

Excerpts from the National Women's Health Policy 2010 used by permission of the Australian Government.

Australian Government Department of Heath and Ageing (2010) *National Women's Health Policy 2010*, DoHA, Canberra.

what's on?

Important Events and Conferences

3–5 Feb 2016

DISABILITY, HUMAN RIGHTS AND SOCIAL EQUITY CONFERENCE — MELBOURNE
This conference aims to encourage researchers from a range of disciplines to engage with persons with disabilities and Disabled Persons Organisations in order to develop, in the words of the National Disability Research and Development Agenda, 'research which focuses on human rights, participation in community life, access to mainstream activities and services, and broader systems change'.
FOR INFORMATION visit: <http://mseiconference.unimelb.edu.au/#home>.

23–25 Feb 2016

ANROWS INAUGURAL NATIONAL RESEARCH CONFERENCE — MELBOURNE
VIOLENCE AGAINST WOMEN: ANROWS RESEARCH TO POLICY AND PRACTICE
Australia's National Research Organisation for Women's Safety (ANROWS) welcomes you to attend the Inaugural National Research Conference on Violence against Women and their Children. The Conference will showcase current ANROWS and Australian research, demonstrating how research is informing policy and practice in addressing violence against women.
FOR INFORMATION visit: <http://anrowsconference.org.au/>.

1–2 Mar 2016

BATIBA GUWIYAL 'EXTINGUISH THE FLAME' CONFERENCE 2016 — BRISBANE
A national initiative to facilitate collaborative efforts in tackling the impacts of child sexual assault on Indigenous individuals, families & communities.
FOR INFORMATION visit: <http://www.batibaguwiyal.com/#/harvest-wall/>.

12–14 Apr 2016

WORLD INDIGENOUS CANCER CONFERENCE 2016 — BRISBANE
CONNECTING COMMUNICATING COLLABORATING
The World Indigenous Cancer Conference 2016 is a multidisciplinary meeting, inviting participation from researchers, public health practitioners, clinicians, nurses, advocacy groups, allied health and other related professionals, and Indigenous community groups and leaders from around the globe.
FOR INFORMATION visit: <http://www.nican.org.au/uploads/WICC_2016%20Info%20Flyer.pdf>.

17–19 Apr 2016

CARING FOR COUNTRY KIDS — ALICE SPRINGS
Children's Healthcare Australasia (CHA) and the National Rural Health Alliance (NRHA) are joining forces to host a national Conference on quality healthcare for children and young people living in rural, regional and remote communities across Australia. This unique Conference will showcase innovations, models, programs and activities that enhance the health and wellbeing of infants, children and young people in rural and remote Australia.
FOR INFORMATION visit: <http://www.countrykids.org.au/>.

women's health on the net

Hot Spots on the Internet for Women

YOUR BRAIN MATTERS

http://yourbrainmatters.org.au/

Your Brain Matters is Alzheimer's Australia's brain health program, designed to help Australians live a brain healthy life. The site contains a variety of information, including '5 Simple Steps to Maximising your brain health', and the 'Brainy App'. Information is available in a variety of languages and there are free resources for brain health in the workplace.

WOMEN AND DEMENTIA: A GLOBAL RESEARCH REVIEW (2015)

http://www.alz.co.uk/women-and-dementia

The purpose of this report is to understand the main issues affecting women in relation to dementia from an international perspective. The report examines the effect of gender on three specific groups: women living with dementia; women caring for people with dementia in a professional caring role; women undertaking an informal caregiving role for someone with dementia. It also focuses on cross-cutting issues, including factors affecting women in low and middle income countries (LMICs).

'TRIPLE P' — POSITIVE PARENTING PROGRAM

http://www.qld.gov.au/community/caring-child/positive-parenting/

Triple P is a world-renowned parenting program that helps make raising children and teenagers easier. It is available free of charge and on a voluntary basis to all Queensland parents and carers of children up to 16 years. The program will give you practical skills and tools, and help build the confidence you need.

'NOT NOW, NOT EVER: PUTTING AN END TO DOMESTIC AND FAMILY VIOLENCE IN QUEENSLAND'

http://www.qld.gov.au/community/documents/getting-support-health-social-issue/dfv-report-vol-one.pdf

"This Report delves into the nature of domestic and family violence and documents some of the work of the deeply committed people who provide services to victims and perpetrators of abuse. The Report tells the stories of those who have suffered, and those who work to stop the violence.
Most importantly it provides recommendations and insights gathered and developed by the Taskforce to provide to the Premier to set the vision and direction for a Queensland strategy to stop domestic and family violence."

NEXT NEWSLETTER TOPIC

'PREGNANCY'

DO YOU OR YOUR ORGANISATION HAVE EXPERTISE IN THIS AREA?

Share your insights with over 400 health & community organisations and other women in Queensland.

We welcome articles, news items, and other non-profit submissions.
Contact us as soon as possible at coordinator@qwhn.asn.au
to obtain full submission guidelines.

DEADLINE: 12 February 2016

Perceptions of dementia in ethnic communities

RUSSIAN CULTURAL PROFILE

Introduction

Russian migration to Australia extends from the early 1900s through to today and the type of migration depends on the time of arrival. The majority of Russian migrants arrived in Australia between [the] 1940s and 1980s and included displaced persons after World War II, Russian immigrants from China and immigration of Russian Jews from the Soviet Union. Most recent arrivals followed the collapse of the USSR …

Perception of dementia

The perception and understanding of dementia in the Russian community depends on where the community came from and when they arrived … For those who arrived post 1980s … English still presents a major barrier, particularly for the elderly. The established migrants are familiar with dementia and its symptoms … There is, however, still some confusion about what causes dementia and some still attribute it to stress and other health conditions such as high blood pressure. There is a lack of understanding of the illness in the newly arrived sections of the Russian community and dementia may be understood as a form of mental illness … When considering dementia perceptions in the Russian community, there is a need to see it [in] context with the experiences prior to arrival in Australia. Many migrants suffered torture and trauma during [the] Second World War, while others have lived most of their life under an oppressive communist regime developing a strong distrust of institutions and authority. This is likely to have a major impact on the type of care that is likely to be utilised for a person with dementia.

Role of the family

The elderly are respected in the Russian community and the family tends to play a central role in the care for the elderly …

VIETNAMESE CULTURAL PROFILE

Introduction

Most Vietnamese people arrived in Australia between 1975 and 1985 after the end of [the] Vietnam War. Many arrived as refugees and commonly in fishing boats. Since 1982, a majority of arrivals have been sponsored by family members. Today, the Vietnamese community is one of the largest CALD communities in Australia.

Perceptions of dementia

Younger members of the Vietnamese community are familiar with the terms 'dementia' and Alzheimer's disease but do not know a lot about the illness … Dementia is not recognised by the Vietnamese elderly as an illness and it is most commonly considered a normal part of ageing. Most Vietnamese elderly believe that this is something that happens to all old people and it is an unavoidable part of growing old. There is very little understanding of the causes of dementia and people believe that the risk of getting dementia depends on their lifestyle … While it is considered that dementia is caused by old age, some people also believe that it may be brought on by excessive thinking and worrying. Another common concern is that dementia is perceived negatively and there may be a strong reaction if a person is told they have dementia … Dementia perceptions are also linked closely with religion and spirituality.

Role of the family

The Vietnamese community is family-oriented and there is a strong expectation that children will take care of their parents. The elderly are highly respected and it is part of the children's duty to look after their parents. Hence sending parents to a nursing home is seen as [a] last resort and may be seen as bringing shame to [the] family.

This report is also available on the Alzheimer's Australia website alzheimers.org.au
For further information:
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An Australian Government Initiative

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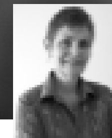
This article is a short extract only from 'Perceptions of dementia in ethnic communities' by Alzheimer's Australia Vic. QWHN highly recommends reading the full document at: <https://fightdementia.org.au/sites/default/files/20101201-Nat-CALD-Perceptions-of-dementia-in-ethnic-communities-Oct08.pdf>.

Photo: people and street life La Priz CC BY-ND 2.0 <https://www.flickr.com/photos/sujuhyte/5388872676/in/album-72157625906541070/>.

mouth matters

with ***LAURELYN HIGGINS***
Registered Dental Hygienist



What are the dental needs **of women with dementia?**

Dementia is an important health issue for women. They are more likely to be caregivers for those with dementia. Dementia is also more prevalent in older women perhaps because they tend to live longer than men. With an ageing population, the number of people with a diagnosis of dementia is projected to rise.

Oral health can be a concern for women living with dementia due to dry mouth conditions from medications, altered ability to care for teeth and gums, changes in diet, or the existence of tooth decay and gum disease.

Infection and discomfort from dental problems can lead to difficulty chewing and swallowing, changed behaviour, restless sleep and the need for extensive dental treatment.

Good oral health can improve quality of life, comfort and general health. Here are some strategies to maintain oral health:

- Brush morning and night with a soft toothbrush on the gumlines, teeth and tongue
- Use a high-strength fluoride tooth-paste prescribed by a dentist
- Spit out after brushing but do not rinse, so the fluoride soaks in
- Use an antibacterial gel or mouth-wash after lunch to protect the gums
- Sip fluoridated tap water, especially after meals, snacks and medications
- Restrict sugary foods and drinks to mealtimes
- Have regular dental check-ups to detect dental problems early.

For more information about dementia and dental care: <https://fightdementia.org.au/support-and-services/families-and-friends/personal-care/dental-care>.

How to nurture your mind and brain for better memory

While World Alzheimer's Day is observed each year on 21 September, experts from Jean Hailes for Women's Health remind women to nurture their mind and brain every day for the best chance of keeping healthy, both physically and mentally.

Jean Hailes endocrinologist Dr Sonia Davison says that the link between brain and mental health is vital. "Depression and social isolation have been found to be risk factors for the development of dementia," she says. "Addressing these issues early may be beneficial in terms of protecting healthy brain function as we age."

Dr Davison says that three key areas affected by both brain function and mental health include mood, concentration and memory.

"Eating the wrong foods, not drinking enough water, not sleeping well and not being active can all affect mood and concentration," she says. "This can leave you feeling moody, anxious, stressed and depressed."

While there is some normal age-related decline when it comes to memory, Dr Davison says there is much that can be done to improve or maintain memory and brain function.

"Staying as healthy as possible helps circulation to the brain, preventing problems such as small bleeds and low level inflammation," she advises.

Sonia's tips to keep your mind and brain active:

- Build new brain cells by challenging your mind and brain with puzzles, reading or learning something new — these help lower risk of memory problems
- Take a lunch break away from your desk — a healthy lunch and physical activity helps you stay focussed
- Connect with others — helps decrease depression and low mood, decreases risk of cardiovascular disease
- Be active on most days of the week — increases feel good hormones to the brain, helps to maintain weight, reduces blood pressure and cholesterol and balances out mood swings.

Jean Hailes naturopath Sandra Villella says we can boost our minds and brains by choosing foods proven to protect and enhance them. "When we look at foods that feed our brain, evidence in the research (based on observational studies) supports eating a healthy diet," she says. "Healthy eating reduces our risk of cardiovascular disease, which in turn seems to reduce the risk of cognitive decline."

Sandra's tips to feed your mind and brain:

- Start the day with a healthy breakfast
- Drink water and eat regular meals and snacks to help with concentration
- Reduce saturated fats as these can increase cholesterol (linked with impaired brain function)
- Use poly- and mono-unsaturated fats such as olive and canola oils, fish, almonds and avocados
- Drink tea — L-theanine in tea promotes mental relaxation and attention
- Get plenty of omega-3s for healthy brain function — fish, walnuts and flaxseeds/linseeds
- Menopausal women may benefit from eating phytoestrogens — found in soy, as well as some grains, seeds, nuts and legumes
- Top foods for health include orange and green coloured fruit and vegetables (for their carotenoid properties); also blueberries, prunes, tomatoes, broccoli, spinach, avocado, almonds, walnuts, flaxseeds/linseeds, soy and salmon.

For more information on memory and dementia, and to watch Jean Hailes naturopath Sandra Villella talk about foods that are great for the brain and cognitive function, and see her prepare an easy brain food recipe Calamari al forno in the Jean Hailes kitchen, go to <https://jeanhailes.org.au/health-a-z/mental-emotional-health/memory-dementia>.

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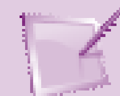

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Please contact the QWHN Coordinator Maree Hawken on (07) 4789 0665 or email us at: coordinator@qwhn.asn.au

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