Chairman’s Message

We are now a company limited by guarantee. We had an uneventful AGM in November and elected 11 directors from amongst whom were elected a Chairman and Vice-Chairman (Robin Wirth). We have two new Directors and we welcome back Kim Appleby from her study obligations and welcome Christine Leaves and Eesa Witt as Directors. Christine worked as a diversional therapist in a dementia unit for two and a half years, has worked for years in marketing and promotion and has served on the Board of Macquarie Community College for many years. Eesa has extensive nursing experience caring for people with dementia. She has been a generalist Clinical Nurse Specialist, an ACAT RN, and Acute Aged Care Clinical Nurse Consultant in the Prince of Wales Hospital. She has conducted organisational wide forums, workshops and educational services and has been a telephone volunteer with Alzheimer’s Australia NSW. John Morrison will continue as Honorary Treasurer and Bill Northcote is the Company Secretary. Ern Alchin and Maree Gleeson are both now in Newcastle and will be heavily involved in the now imminent opening of our new property in Percy St.

Our thanks go to Geoff McIntyre for his term as President. He has put a lot of time into the organisation and has done a wonderful job during some tumultuous months. He has given freely of his time and talent in some quite awkward situations. He has worked and toiled for us all and we are deeply in his debt. He remains as a Director and his wisdom will be important to us all.

Bill Northcote has already been a great success for Alzheimer’s Australia NSW. He is a very good manager who comes from the NGO sector in the disability area. We, on the Board, enjoy our contact with him and wish him well into the future. He intends to bring us a strategic document in March. This is an important document which will guide us in a number of day to day decisions and we would like our own strategic document to ‘marry’ well with the national one (which we were part of) which is now out and guiding smaller States and Territories.

We will also do some routine, but necessary, assessment of ourselves, of our CEO and of our committees in the next 12 months. We want to be even better.

Good luck for the next year for everyone in the organisation.

Peter Baume AO
The first thing you notice about Maria and Geoff Turner is they are a great double act. As Maria chats about her volunteer work for Alzheimer’s Australia NSW, her husband of 36 years, Geoff, smiles and adds the occasional one-liner. Despite being diagnosed with frontal lobe dementia six years ago this former commercial radio man still looks for the lighter side of life. “The best thing to do is to keep cheery. You’ve got to have a sense of humour,” Geoff grins.

He and Maria contribute to the work of Alzheimer’s Australia NSW in many ways: As members of the Consumer Reference Committee they advise the organisation on policy issues; while as media spokespeople they help to send a message to others living with dementia that assistance is at hand.

“We’re thankful for the help and support that Alzheimer’s Australia has given us,” says Maria. “We were happy to spread the word. By sharing our experience we hope to help others.”

Since becoming volunteers Geoff and Maria have been asked often to speak to drug companies, conferences and the media. In 2005 they were special contributors to the National Consumer Summit on Dementia in Canberra – and found themselves the focus of media attention. There they met government representatives and politicians. Geoff laughs, “It was wonderful to meet them and even better to drink their beer!”

Maria says she and Geoff do not mind the public attention: “We get to meet and talk to so many people. We realise that they are going through the same thing as we are and many are a lot worse off.”

In addition to their work for Alzheimer’s Australia NSW, the couple is also involved in an ongoing education project that uses satellite TV broadcasts to rural GPs to outline the benefits of early diagnosis.

Maria says, “We participated in the telecast three years ago and the producers have just invited us to do a follow up program. “We’d love to. Communication is the key. We fought for a long time to get a diagnosis for Geoff, so maybe by explaining to GPs the benefits of early diagnosis we can help reach many more people.”

Geoff is a wonderful spokesman for Alzheimer’s Australia NSW, as he can articulate clearly what he is going through, which has an enormous impact on other people with dementia.

“When you are diagnosed you are grasping for someone and there’s no one there,” Geoff says. “If you’ve got someone who can meet you halfway, who’s going through a similar experience, then that is to be cherished.”

Maria says one of the benefits of being so actively involved with the organisation is that “we hear about new treatments and developments in dementia research, which we can also tell others about.”

There’s a fun, social side, too, to the Turners’ connection with Alzheimer’s Australia NSW. Maria says the Ad Hoc group, which meets at the Dementia and Memory Community Centre at North Ryde, is a lifeline: “I feel I can walk in there, be among friends and really relax.”
Counselling carers helps people with Alzheimer’s to stay at home longer
Alzheimer’s disease and other dementias are a major reason why people enter residential care. However, new research findings show that a counselling and support program for people caring for a spouse with dementia can help delay residential care placement.

These findings come from a long-term US study led by Dr Mary Mittelman of New York University. The study, which began in 1987, is the longest running of its kind. It included 406 spouse carers of people with Alzheimer’s disease living in the community. Half of the carers were randomly allocated to participate in the individually-tailored counselling program, while the other half were assigned to usual care.

The researchers found that people with Alzheimer’s disease whose partners were part of the counselling program, on average, were placed into residential care about 1.5 years later than those whose partners did not receive counselling.

Caring for a person with dementia can be draining emotionally and physically, and can leave carers susceptible to burnout. In this study, the program delayed the institutionalisation of people with dementia largely because it improved their carer’s wellbeing, as statistical analyses revealed. Carers who received the counselling program had a better understanding of and tolerance for the memory and behavioural problems associated with dementia. They also had greater satisfaction with support given by friends and family, and had fewer symptoms of depression. Better able to cope, the carers who received the counselling were able to care for their partners at home longer.

“Counselling and support for family members, with no time limits, can benefit the family and the person with dementia, and this has been shown in a major way in our latest report,” Dr Mittelman remarked.


Occupational Therapy helps people with dementia and carers
Occupational therapy can help people with dementia to function better in daily life, a new Dutch study has found. It can help carers too, by giving them a greater sense of competence.

The study, in the online journal BMJ, was lead by Maud J.L. Graff, of University Medical Centre Nijmegen in the Netherlands.

People with dementia gradually lose the ability to perform daily activities, such as preparing meals, dressing and gardening. These declines lead to loss of independence and quality of life, as the person can no longer perform tasks that give them pleasure and a sense of accomplishment. Occupational therapy for people with dementia aims to improve the person’s functional independence in carrying out daily tasks.

In the study, 135 people with mild to moderate dementia living in the community, and their primary carers, were randomly allocated into two groups. One group received 10 sessions of occupational therapy over 5 weeks, while the other group received no treatment during the study.

It was found that at week six, one week after completing the occupational therapy, people with dementia in the treatment group had significantly greater improvements in daily functioning than those in the control group. Although both groups started off the same, at week six, those who received therapy had better skills and needed less assistance to perform daily tasks than people with dementia who received no treatment. Caregivers who received occupational therapy also felt more competent than those who did not receive treatment. These improvements were still present seven weeks after completion of the occupational therapy.

“We believe that the benefit was sustained because a component of the intervention was to train care givers in providing the supervision patients needed to sustain their performance of daily activities,” the authors wrote.


Substance in fish may reduce dementia risk
Recent research provides more evidence that omega-3 fatty acids, abundant in fatty fish, may protect against dementia. A US study has found that people with high blood levels of an omega-3 fatty acid called docosahexaenoic acid (DHA) had an almost halved risk of developing dementia compared to people with lower levels. DHA is one of several omega-3 fatty acids found in fish. The study also examined other omega-3
fatty acids, but found that only DHA significantly reduced dementia risk.

In this study, 899 initially dementia-free adults, with a median age of 76 years, were followed for an average of over 9 years. At the start of the study, researchers took blood samples from all the participants to determine the level of plasma fatty acids. They also obtained information about DHA and fish intake using a questionnaire.

Over the course of the study, 99 of the volunteers developed dementia; 71 of these cases were Alzheimer’s disease. After controlling for other risk factors for dementia, such as age, gender, and ApoE gene status, the researchers found that people who had the highest blood levels of DHA (i.e., those who were in the top 25 per cent) had a 47 per cent lower risk of developing any type of dementia, and a 39 per cent lower risk of developing Alzheimer’s disease, compared to those in the bottom three-quarters for DHA levels.

Participants in the top quarter of DHA levels also ate the most fish (3 servings a week). The study found a significant link between blood DHA levels and fish intake, confirming that fish is an important source of DHA.

Although other studies have looked at omega-3 fatty acids and dementia before, this study is “the first evidence that direct measure of DHA in human plasma is related to lower Alzheimer disease risk,” according to Dr Martha Clare Morris, who wrote an editorial in the same issue.

However, as lead author Dr Ernst Schaefer notes, this study doesn’t prove that DHA, or eating fish, reduces the risk of dementia. He said, “It’s [purely] an observational study that presents an identified risk factor, and the next step is a randomised placebo-controlled study in people who do not yet have dementia.” Such a randomised controlled study is the only way that we be sure of whether DHA actually reduce dementia risk. For now though, keep on eating fish — there is much evidence to suggest it has many health benefits, and reducing the risk of dementia may be one of them.


Dementia Manifestos for the 2007 State and Federal Elections

At the end of 2006 all our members received a copy of the Alzheimer’s Australia NSW Dementia Manifesto. In the lead-up to the NSW election this document was also sent to all State MPs, asking them to pledge their commitment to dementia care.

A similar document is now being produced at the national level by Alzheimer’s Australia national office, in the lead-up to the Federal Election at the end of the year. Ron Sinclair, Chair of the Alzheimer’s Australia National Consumer Committee, tells us more about this document affecting all Australians:

The landmark decision taken in the 2005 Federal Budget to make dementia a National Health Priority gave new hope to people with dementia and their families and carers. The decision was a direct response to the advocacy of consumers and Alzheimer’s Australia.

The 2007 federal election is an opportunity to seek continued support from both the major parties if there is to be the national commitment necessary to address the dementia epidemic in the longer term.

The Alzheimer’s Australia National Consumer Committee has been working hard to identify those priority actions that would make the most difference in the everyday lives of people with dementia and their families and carers. Many of the priorities flow out of the Summit Communiqué agreed by people with dementia and their carers at the National Consumer Summit at Parliament House in October 2005.

Among the priorities that have been identified by the National Consumer Committee are to take action to:

- Improve diagnosis of dementia by GPs.
- Expand community and residential care options for people with dementia.
- Improve access to quality dementia care for people from culturally and linguistically diverse backgrounds and Indigenous communities.
- Ensure a workforce able to deliver quality dementia care.
- Promote advanced care planning for people with dementia.
- Increase dementia research into cause, prevention and care.

The next few months will be spent discussing the draft Manifesto with political leaders with a view to finalising it after the 2007 budget.

Meanwhile, the National Committee would like to hear from consumers on the Federal Manifesto. The Committee will hold a policy workshop on the Manifesto at the Alzheimer’s Australia National Conference in Perth at the end of May. Consumers who cannot be there and would like to comment on the draft Manifesto should contact secretariat@alzheimers.org.au or ring (02) 6254 4233.
Most people with dementia and their carers would prefer to remain at home. There are many challenges people living with dementia and their carers (whether living together or separately) can face, such as forgetting to switch off taps or cookers; wandering and leaving the house unsecured; having difficulty using the phone or remembering to take medications; or misplacing keys and other objects. Eventually, because of safety or health concerns, for many people there comes a time when moving to residential care is the only option.

However, with advances in technology and our understanding of how home environments can be made more supportive for a person living with dementia, we are starting to provide more options for people to stay living at home with safety, security and dignity. Technology will never be the sole answer to maximising quality of life for people with dementia and their carers. Nor will every piece of technology be suitable for every person all the time, but it can play an important support role, including delaying or preventing moving from home.

International examples such as ASTRID, Safe at Home, ENABLE, At Home with AT, Norfolk S.T.I.L and the Ford Housing Association all demonstrate how simple home modifications, adaptations and the wise use of equipment and assistive technologies can help. Further information on these can be found at the Alzheimer’s Australia NSW library (see inset).

Examples of the ways existing technologies can help support specific needs include:

- **Disorientation**: a range of reminder devices, such as locators for lost objects, calendar clocks, programmable phone with photos instead of numbers, automatic calendars

- **Safe use of domestic appliances**: shut-off devices, flood detectors, water level and temperature controllers, natural gas detectors, cooker usage monitors, magnetic locks

- **Medications**: medication dispensers that can be programmed to beep when it’s time to take medications

- **Falls**: falls detectors, pressure sensor mats, lighting sensors and controls

- **Summoning help**: many of these technologies can be linked with a personal emergency response service (like BCS CareCall), to notify of a problem – the call centre can provide immediate support and reassurance to the person and arrange further support as required

- **Security**: bogus caller buttons

- **Wandering**: movement monitors and sensors

- **Sleep disturbances**: sleep monitoring, bed occupancy sensor light

- **Leisure activities**: aromatherapy, touch screen entertainment

To demonstrate available options in home modifications and a wide range of assistive technologies, Baptist Community Services...
and the environment can help

commenced work on an ‘Age Friendly Home’ in Marsfield NSW, which was opened in May 2006. This home is being further developed to demonstrate modifications and assistive technologies and equipments that will make the house supportive of the needs of a person living with dementia.

Baptist Community Services – NSW & ACT, funded by the Department of Health and Ageing under an Australian Government Initiative, will develop, produce and pilot the following range of national training resources based on the BCS Age Friendly House over the following two years:

- a room-by-room series of educational fact sheets, brochures and posters, which highlight common difficulties experienced by people with dementia and present some solution options
- a ‘dementia-friendly home’ checklist, available in hard copy and online
- a video/DVD on how the environment and assistive technology can help people with dementia stay living at home, in a set including the above-mentioned fact sheets, brochures and posters
- on-line virtual tour and product information

These training products will be targeted to dementia care workers, volunteers, service providers and family carers. They aim to inform those working and interacting with people with dementia who live at home of different ways assistive technologies, equipment and environment adaptation can help a person stay at home for as long as possible.

You can help make sure that what is developed is useful! Baptist Community Services would appreciate hearing about your experiences and suggestions. If you would like to discuss how assistive technology can help people with dementia, please complete the enclosed survey or contact Fiona Jarvis (Project Officer) at Fiona.Jarvis@bcs.org.au, or 0434 476 876.

Related Resources

Enable Project
www.enableproject.org
The ENABLE website has information on ‘enabling products’ as well as research, reports and conference presentations on assistive technology supporting people with dementia.

Smart Homes Foundation
www.smart-homes.nl/engels
A useful website to find out what a ‘smart home’ is and how it can be created to assist people with special needs.

Various publications on this subject are available to borrow from the Alzheimer’s Australia NSW Library, such as:
Assistive technology in dementia care: developing the role of technology in the care and rehabilitation of people with dementia - current trends and perspectives.
Safe at home: the effectiveness of assistive technology in supporting the independence of people with dementia: The Safe at Home project.
Technology, ethics and dementia: a guidebook on how to apply technology in dementia care

Also check out the Quick Clicks | Reading Lists for “Assistive technology” and “Environmental Design” available through the online catalogue https://catalog.nsw.alzheimers.org.au/Liberty3/opac.htm
Weight loss in dementia

Weight loss and malnutrition occur frequently in people with Alzheimer’s disease and other dementias. Often people lose weight before the symptoms of dementia are recognised. The cause remains unclear, and is probably related to the type and stage of dementia.

In contrast, some people with dementia gain weight, often because they do not recognise that they have eaten. The Alzheimer’s Australia Help Sheet 2.12 ‘Eating’ provides hints on dealing with this.

Although weight loss and malnutrition are extremely common, their significance is often overlooked or accepted as inevitable; However, being underweight or malnourished has a major impact on health. Poor intake of food and liquid can cause constipation, lethargy, reduced concentration and decreased mobility. It also increases the risk and severity of complications such as falls, pressure ulcers and infections. This leads to increased medical costs for the individual and society and often results in earlier need for residential care. Weight loss is also a cause of considerable stress for carers. An extensive study of family members and professionals involved in the care of people with dementia was undertaken by the Alzheimer’s Society of the U.K. One of the study’s main conclusions was that carers perceive issues around food and eating as the “heavy end of care.”

Why does weight loss occur?

Some of the factors contributing to weight loss are easily identified and treated, while others are more subtle. Causes include
- problems with teeth and mouth (see Alzheimer’s Australia Help Sheet 2.14 ‘Dental Care’)
- constipation
- problems identifying food, managing cutlery
- difficulties with chewing and swallowing
- poor attention span
- confusing environment and/or table settings
- restrictive diets
- gastric reflux that is not identified or treated
Some medications affect appetite
- talk to your doctor or pharmacist if you are concerned.

What can be done?

Because weight loss can be gradual, it is vital to weigh the person regularly – preferably weekly or fortnightly. Small fluctuations in weight are normal, so try plotting the weights on a graph to see the trend. Weight loss of 5 per cent in one month or 10 per cent in six months is considered significant and may require further investigation. It is far easier to reverse a small weight loss than a large one, so intervene as soon as you notice a change.

The two main strategies to increase food intake are to offer frequent meals with between meal snacks, and to fortify foods. More information can be found in the Alzheimer’s Australia Help Sheet 2.13 ‘Nutrition’.

Include a variety of fruit, vegetables, cereals and grains, dairy products and meat, fish, chicken and eggs in the person with dementia’s diet. Offer liquids regularly, especially if the person is constipated. Fruit juices, soups, milk drinks, tea and coffee (in moderation), and cordials all have more flavour than water, and may be better recognised.

Most people with dementia prefer sweet foods to savoury ones. Brightly coloured foods and foods with enticing smells (such as homemade bread or scones) are also popular.

Pumpkin soup with added milk, cream or yoghurt served in a mug is a favourite.

If cutlery is difficult to manage, offer ‘finger goods’ such as sandwiches with moist fillings that hold together easily, slices of quiche or frittata, and wedges of cooked potato, sweet potato, carrot and pumpkin.

Useful snacks to offer between meals include
- flavoured milk or fruit smoothies
- plain or flavoured yoghurt
- scones, pikelets, raisin toast, crumpets, fruit cake
- biscuits and cheese or dip
- dried fruit, nuts
- fruit bars and muesli bars

If the person is living alone, leave snacks in the room where they spend most of their time, so they see them. Do not leave foods that need refrigeration at room temperature. An alarm clock or phone call can be used as a reminder.
Fortifying foods means adding extras such as milk powder, grated cheese, oil, butter or margarine or cream. This gives more nutrients per mouthful.

Try adding one or two tablespoons of milk powder to a glass of milk before using it on cereal or in a drink; spreading sandwiches and toast thickly with butter, margarine or avocado; and serving vegetables topped with grated cheese or cheese sauce.

If the person is easily distracted, make sure he or she eats in quiet surroundings. Turn off the TV. Playing soft music may help.

Use plain crockery – preferably white – and avoid floral tablecloths or mats, so the food can be easily identified.

Allow plenty of time for the meal, but do not continue if the person becomes tired. Have a break and start again later. This is especially important of the person has difficulty swallowing. Swallowing difficulties (dysphagia) are common in advanced dementia and malnutrition and can lead to pneumonia or even death.

Many people respond to prompting or cueing, so try eating with the person so he or she can copy your actions, or guide his or her hand on the spoon. Relax while you are helping the person eat – if you are tense, they are likely to be too.

**What about supplements?**
Nutritional supplements may be useful if meals do not contain foods from the five food groups, but they rarely improve appetite on their own.

Keep the pantry and freezer stocked so you always have snacks or meals on hand. Cook larger serves of casseroles so you can freeze and reheat additional portions. Convenience foods can save your time – try frozen vegetables, ‘cook-in’ sauces and readymade custard.

Avoid low-fat varieties. Going out for a meal (if this is not too distracting) or having a picnic in the backyard can provide a change of environment.

Helping the person you care for to eat well is challenging and time-consuming, but worth the effort involved to optimise physical health.

Sally James is an Accredited Practising Dietitian with many years’ experience in Aged Care. She has worked in hospitals, aged care facilities and in the community. Her last position was with the WSAHS HACC Nutrition Program.
More support for Cumberland Carers
Hills Community Care has launched a project for working carers who are supporting frail older people in the Cumberland Prospect area of Sydney. The Working Carers Liaison Project aims to establish effective local networks and working relationships with employers, and to provide a short-term case management service for working carers to locate and establish appropriate support services. For more details call 0434 562 713.

John Craig on the mend
John Craig AO has been a long-time key supporter of Alzheimer’s Australia NSW, including as a Board member and Ad Hoc organiser. John was in a serious car accident towards the end of last year. Although he was home within a few weeks, he still needed an operation to correct the damage. We send him our best wishes for a full recovery.

Caring Craft
Many thanks to Narwee Baptist Creative Craft centre for their generous donation of $8,000 – their largest donation to date.

Readers’ survey next issue!
We welcome comments and opinions about your newsletter. Please keep your eye out for the readers’ survey in the next issue of intouch.

Humour Helps
Humour can help to cope with dementia in everyday life, so get along to ‘Alzheimer’s the Musical’, running 27 - 30 March as part of the Big Laugh Festival at Parramatta Riverside Theatres. The comedy musical will aim to address fears of ageing and dementia through original songs plus hits of the 1960s with reworked lyrics. Best of all, Alzheimer’s Australia will receive $1 from each ticket sold. Call (02) 8839 3399 for bookings.

Welcome donations from ANZ
As part of a new initiative from ANZ Bank, shareholders have nominated Alzheimer’s Australia to receive a portion of their quarterly share dividends. In addition, ANZ will match shareholder’s donations up to an aggregate of $250,000 in the first year of the program.

Green Thumbs and Big Hearts
The Orange Blossom Festival Garden Competition not only encouraged a flurry of activity in the gardens of Baulkham Hills, but resulted in a tidy sum of $3,000 being donated to Alzheimer’s Australia NSW. We thank Hills Rural Lions Club and the residents of the Hills District.

The Rotary Club of Darling Harbour presents
Carnevale in Sydney
A masquerade to raise funds for Alzheimer’s Australia NSW
Fine Italian dining, entertainment and dancing

Saturday 3 March
7pm – midnight
North Ryde School of Arts Hall
201 Cox’s Road, North Ryde
Tickets $50
call 9144 3999 or 9402 7735

2007 Rotary Community Chest Raffle
Like to win a new car?
Please show your support for Alzheimer’s Australia NSW and go in the draw for fantastic prizes in the 2007 Rotary Community Chest Raffle.

We retain 80% of proceeds, so every ticket you buy – and your family and friends too! – helps us to foster dementia awareness, understanding and care.

1st Prize Toyota Corolla Value $22,000
2nd Prize Jewellery Value $3,000

Tickets $2 each
Sales close Monday 11 July
Enquiries call 8875 4625

Good Luck!
We offer our sympathies to the families who have lost their loved ones. We also thank the friends and families who have donated to Alzheimer's Australia NSW in their memory.

Betty Abdullah  John Bernard Fitzgerald  Giuseppe Panuccio
Frances J Aiken  Nita Alice Forrest  Jack Parmax
Lillian Phyllis Arnold  Marie Catherine Graham  K Passaris
Lily Atkins  Keith Gray  Marie Payet
Bill Bailey  Alan E Green  Michele Pulciani
Sophie Bard  Millicent Ruth Gribbin  Phyllis Punch
Beryl Barnes  Gerald Joseph Hearn  Robert Richardson
Iris Barrett  Thelma Henley  Ms Vida Muir
Constance Winifred Barry  Iris Joyce Herd  Norah McNally Robertson
Marfa Batalin  Maureen Joyce Hill  Joan Rosebery
Amy Beckington  Alice Eileen Hughes  Neil Arthur Royle
Doris Nellie Behrens  John Joseph Hughes  Connie Russo
Thomas Bell  Guiseppe Ieraci  Joan Savage
Kathleen Bellamy  Joyce Jones  Harry Savage
Noel David Bews  Bess Kefford  Vincenzo Maria Scali
Neil Arthur Boyle  Sydney Lange  Angelo Scanduro
Mary Brain  Bruce Lawson  Cecile Ramsay Sharp
John Broadbent  Daisy Lee  Daisy May Simpson
Gladys Bull  Giuseppina Liciardi  Brian Smith
Lila Burns  Annie Lo Surdo  Edna P Smith
Roy Cameron  Bruce Hanbury Mann  Ida Strain
Letitia Cantarella  George McIver  George Swab
Ada Florence Cutbush  Donald McNeilly  Doris May Thornton
Minnie Ellen Denning  Robert Samuel Mead  Antona Visanich
Theresa Ellen De Vos  Beth Morton  Bill Watson
John Diver  Vida Muir  Alison Joan Williams
Madeline Dolden  Albert James Nash  George Williams
Alexander Douglas  Betty Joan Newman  Phoebe Annie Wilson
Margaret Elizabeth Dunn  Noela Betty O’Connor
Sheila Firth  Fiona Teresa Palumbo  Eric Worthington

A Tribute

With great regret we inform you that Connie Blomgren, a long-time volunteer with Alzheimer’s Australia NSW, passed away on Christmas Eve 2006.

Connie came on board with the organisation through caring for her husband Tony, who had dementia and passed away in 1984. Connie made an enormous contribution to Alzheimer’s Australia NSW, as an early Helpline volunteer, a one-time Board member, an Ad-Hoc volunteer and a Life Member of Alzheimer’s Australia NSW.

She was a co-organiser of the Ryde Support Group for many years, including producing the monthly newsletter. She, with Diana Mitchell, attended Henry Brodaty’s and Di Griffin’s first live-in course for carers at Prince of Wales Hospital.

The funeral was held on Friday 29 December 2006. Helpline Coordinator Nonie Hodgson, who was working at the time, attended as a representative of the organisation. A number of Connie’s friends and volunteers from Alzheimer’s Australia NSW also came to pay their respects.
Education and Professional Development

Alzheimer’s Australia NSW has a range of courses to help people care for people with dementia, whether as family and friends or as health professionals.

We have reviewed the way we offer education and professional development, and in 2007 are happy to offer a customised education service, available anywhere in NSW. In consultation with you we can tailor-make a program to meet your specific learning needs.

**Topics include:**
- Understanding and management of behaviours of concern
- Dementia causes and treatment
- The essentials of quality dementia care
- Frontline management skills
- Disability and dementia
- Understanding confusion in older people
- Cognitive assessment
- Special needs groups
- Grief and loss
- Issues in palliative care
- Current research
- Sexuality
- Communication
- Leadership in dementia care
- Environmental considerations
- Alternative therapies

For information please phone 02 8875 4653 or email snewton@alznsw.asn.au

**Star Library User**

Marion, a Recreational & Activities Officer (RAO), has borrowed 40 resources since becoming a library member in mid-November 2006. So what does Marion think of the Library & Information Service?

“The Library is a goldmine! Even though it has a focused collection, the library also offers a broad range of material to support my work. I can do more now because I’m learning from the books and videos I borrow and I find it exciting to prepare new activity sessions”.

Did You Know… that the library has over 1,500 items to borrow?
Did You Know… that we post out library items at no charge to members?
Did You Know… that the library catalogue is available online? https://catalog.nsw.alzheimers.org.au/Liberty3/opac.htm

**New Resources for Loan that focus on exercise and wellbeing:**

*Promoting Mobility for People with Dementia* provides practical advice on issues affecting mobility in carrying out activities of daily living. The author also discusses communication, managing fear, the environment and exercises.

*Alive & Kicking: The Carer’s Guide to Exercises for Older People* looks at the benefits of fitness and exercise for the older person. Includes exercise sessions with photographs and sample exercise plans.

*Energy Boost for Seniors* (DVD) guides you through a basis Qigong (chi gong) session, which combines gentle, slow movements with deep breathing.

*The Laughter Book: Ha Ha Laughter, ‘It’s the Best Medicine’,* a short collection of jokes and stories developed by The Diversional Therapist Association of WA.

*Jack: Quality of Life in Dementia Care* (DVD) produced by Alzheimer’s Australia Tas. Tells the story of Jack, whose wellbeing and quality of life improves through the use of doll therapy and multi-sensory stimulation.

To find out more about your library services contact the Library 9am – 5pm Monday to Friday on (02) 9888 4218 or lis@alznsw.asn.au