

**VISIT TO THE NEUROLOGY DEPARTMENT, MEMORY UNIT  
QUEEN ELIZABETH HOSPITAL  
WOODVILLE SOUTH, SOUTH AUSTRALIA**

**13 JUNE, 2013**

**ITA BUTTROSE AO, OBE  
NATIONAL PRESIDENT, ALZHEIMER'S AUSTRALIA**

I AM DELIGHTED IT WAS POSSIBLE TO VISIT YOUR MEMORY UNIT WHILE I AM IN SOUTH AUSTRALIA.

AN IMPORTANT ELEMENT OF THE ADVOCACY OF ALZHEIMER'S AUSTRALIA OVER RECENT YEARS IS THAT DEMENTIA IS A HEALTH ISSUE AS WELL AS A CONCERN FOR AGED CARE.

IT SEEMS REMARKABLE THAT IT HAS BEEN SO DIFFICULT OVER SO MANY YEARS TO GET TRACTION WITH HEALTH DEPARTMENTS ON ISSUES AROUND TIMELY DIAGNOSIS, MAKING HOSPITALS SAFER FOR PEOPLE WITH DEMENTIA AND INCLUDING BRAIN HEALTH ALONGSIDE PHYSICAL HEALTH IN PREVENTATIVE HEALTH INITIATIVES.

LET ME SAY THIS PROBLEM IS NOT UNIQUE TO THE AUSTRALIAN HEALTH POLICY LANDSCAPE. THE BELIEF THAT DEMENTIA IS AN INEVITABLE PART OF AGEING IS ALIVE AND WELL. UNFORTUNATELY THIS ATTITUDE WORLDWIDE, MAY HAVE LED TO A DEGREE OF COMPLACENCY IN OUR CARE OF THE ELDERLY.

AUSTRALIA WAS IN FACT THE FIRST COUNTRY TO TAKE ACTION ON DEMENTIA AT THE NATIONAL LEVEL AS A PRIORITY IN 2005 AND JUST LAST YEAR COMMONWEALTH AND STATE MINISTERS DESIGNATED DEMENTIA A NATIONAL HEALTH PRIORITY AREA ALONGSIDE CANCER, HEART AND OTHER CHRONIC DISEASES.

UNFORTUNATELY SYMBOLIC ACKNOWLEDGEMENT DOES NOT CARRY AN IMMEDIATE SWAG OF DOLLARS FOR RESEARCH BUT RECOGNITION AS A CHRONIC DISEASE SHOULD NOT BE UNDERESTIMATED.

WITH THE INCREASE IN OUR AGEING POPULATION COGNITIVE ISSUES WILL BE AN ISSUE THAT WILL AFFECT US ALL, EITHER THROUGH OUR FAMILY, FRIENDS OR EVEN PERSONALLY.

WE ALL KNOW THERE IS NO WAY OF EASILY CHANGING COMMUNITY ATTITUDES ESPECIALLY, AS IN THE CASE OF DEMENTIA. FOR CENTURIES A DIAGNOSIS OF DEMENTIA HAS BEEN SHROUDED IN A CLOUD OF DENIAL AND SHAME AND NOT TALKED ABOUT IN SOCIETIES ACROSS THE WORLD.

WE NOW TALK MORE OPENLY IN AUSTRALIA ABOUT DEMENTIA IN THE MEDIA AND PEOPLE WITH DEMENTIA ARE ENCOURAGED TO BE ADVOCATES AND SPEAK AT CONFERENCES AND OTHER PUBLIC EVENTS. NONETHELESS ALL THE MARKET RESEARCH WE HAVE SUGGESTS THAT STIGMA AND SOCIAL ISOLATION ARE ALIVE AND WELL.

A REPORT RELEASED LAST YEAR BY ALZHEIMER'S DISEASE INTERNATIONAL FOUND THAT ONE QUARTER OF PEOPLE WITH DEMENTIA AND ONE IN TEN CARERS HAVE ADMITTED THEY WOULD HIDE THEIR DIAGNOSIS FROM OTHERS BECAUSE OF THE STIGMA ATTACHED TO THE CONDITION.

IN AN AUSTRALIAN SURVEY LAST YEAR NEARLY ONE IN FIVE AUSTRALIANS SAID THAT IF A MEMBER HAD MEMORY LOSS OR CONFUSION THEY WOULD THINK IT WAS A NATURAL PART OF AGEING.

THERE IS A WEALTH OF EVIDENCE BUT FOR THOSE HERE TODAY AN IMPORTANT TASK IS TO IDENTIFY STRATEGIES THAT DEMYSTIFY DEMENTIA AND IMPROVE COMMUNITY UNDERSTANDING.

IMPORTANT AMONG THESE STRATEGIES IS THE TIMELY DIAGNOSIS OF DEMENTIA AND THE DEVELOPMENT OF AN ACUTE MANAGEMENT PLAN INVOLVING PHARMACOLOGICAL, NON- PHARMACOLOGICAL TREATMENTS AND SOCIAL SUPPORTS. NOT ONLY CAN THIS REMOVE THE UNCERTAINTY FOR AN INDIVIDUAL AND THEIR FAMILIES ABOUT WHAT IS WRONG BUT ALSO TO PUT IN PLACE THE PLANNING NEEDED IN RESPECT OF FINANCIAL AND LEGAL MATTERS AND CARE.

WHILE WE KNOW THAT MOST AUSTRALIANS WILL GO TO THEIR GP AS THE FIRST POINT OF CONTACT IF THEY HAVE A PROBLEM WITH THEIR MEMORY WE ALSO KNOW THE DIAGNOSIS OF DEMENTIA IS COMPLEX BUT THERE ARE TREATMENTS AVAILABLE.

YOUNGER PEOPLE WITH DEMENTIA HAVE OFTEN A PARTICULARLY TRAUMATIC EXPERIENCE IN THEIR DIAGNOSIS BEING REFERRED TO ONE SPECIALIST AFTER ANOTHER WHO SIMPLY DOESN'T BELIEVE A YOUNG PERSON COULD HAVE DEMENTIA.

INSTEAD STRESS, DEPRESSION AND OTHER POSSIBLE CAUSES ARE INVESTIGATED AND WHILE IT IS IMPORTANT TO SCREEN THESE OTHER POSSIBILITIES OUT IT SHOULD NOT TAKE THREE TO FIVE YEARS AS IT DOES IN MANY CASES.

IN THE CONTEXT OF THE IMPORTANT WORK YOU DO IN THE QUEEN ELIZABETH HOSPITAL MEMORY CLINIC, DRAWING TOGETHER THE MULTIDISCIPLINARY SKILLS NECESSARY TO ASSESS A PERSON'S SOCIAL AND MEDICAL ISSUES IS FUNDAMENTAL AND MEMORY CENTRES HAVE TO BE PART OF THE ARSENAL OF HEALTH SYSTEMS IN TACKLING DEMENTIA.

IT IS IMPORTANT TOO, THAT THOSE CENTRES OF EXPERTISE ARE LINKED INTO THE COMMUNITY TO ALZHEIMER'S ORGANISATIONS, CARERS AUSTRALIA AND OTHERS WHO CAN PROVIDE SUPPORT.

ALL TOO OFTEN IT SEEMS THAT A PERSON IS DIAGNOSED IS LEFT TO GET ON WITH THEIR LIVES AS BEST THEY CAN. IN MOST CASES THEY ARE NOT REFERRED TO COMMUNITY ORGANISATIONS.

THAT IS SIMPLY NOT GOOD ENOUGH WHEN THERE ARE SUPPORT SYSTEMS AND CARE AVAILABLE IN THE COMMUNITY TO HELP. THE QUEEN ELIZABETH HOSPITAL MEMORY CLINIC HAS DEMENTIA LINK WORKERS AND DBMAS (DEMENTIA BEHAVIOURAL ADVISORY SERVICE) FROM ALZHEIMER'S SOUTH AUSTRALIA WORKING TOGETHER IN THESE CLINICS.

WE KNOW FROM THE WORK THAT ALZHEIMER'S AUSTRALIA HAS DONE WITH THE AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE THAT HOSPITALS ARE PARTICULARLY DIFFICULT ENVIRONMENTS FOR PEOPLE WITH DEMENTIA. THEY RISK CONFUSION, FALLS, MALNUTRITION AND DELUSION AMONG OTHER POSSIBILITIES AND LENGTHS OF STAY ARE ALMOST TWICE AS LONG.

WITHIN THEIR SYSTEMS HOSPITALS NEED EXCELLENCE IN DEMENTIA CARE NOT ONLY TO GIVE BETTER CARE WHICH I AM SURE THEY BELIEVE IN, BUT ALSO TO BE MORE COST EFFECTIVE IN WHAT THEY DELIVER.

AN IMPORTANT PART OF THE WORK WHICH WILL BE DONE IN THE CONTEXT OF **LIVING LONGER. LIVING BETTER.** WILL BE TO LOOK AT HOW HOSPITAL SYSTEMS CAN BE BUILT UPON TO BETTER COORDINATE CARE FOR PEOPLE WITH DEMENTIA AND BETTER TRAIN ALL STAFF IN UNDERSTANDING DEMENTIA AND COMMUNICATING WITH PEOPLE WHO HAVE COGNITIVE IMPAIRMENT.

THIS IS AN IMPORTANT PART – I AM SURE – OF YOUR MISSION AS WELL AS REACHING OUT TO THE COMMUNITY TO ENSURE THAT PEOPLE WHO NEED HELP WITH DEMENTIA RECEIVE THE EARLIEST POSSIBLE DIAGNOSIS, APPROPRIATE REFERRALS AND CONSIDER THE OPTION OF BEING INVOLVED IN RESEARCH OF NEW ALZHEIMER TREATMENTS.

YOU HAVE SUCH AN IMPORTANT JOB TO DO AND I HOPE FUNDING  
MECHANISMS AND THE SUPPORT YOU GET FROM NATIONAL AND STATE  
LEVEL ENABLES YOU TO FACE THE FUTURE WITH CONFIDENCE IN WHAT  
YOU DO.

THANK YOU AGAIN FOR INVITING ME HERE TODAY.