



# Key facts of dementia among Indigenous peoples

## About dementia

### What is dementia?

Dementia is not a specific disease; it is the term used to describe a collection of symptoms that are caused by disorders affecting the brain. Dementia is characterised by widespread impairment of mental function, decline in activities of daily living, and impaired social function. This means thinking, memory, communication, emotions, and other functions of the brain get worse over time, and cannot be cured. Most people with dementia will eventually require assistance to perform even simple tasks.

Memory loss, both short-term and long-term, is a main symptom of dementia. Short-term memory is usually affected more than long-term memory. Long-term memory is usually affected in the later stages of dementia.

There are more than 60 different types of dementia. Some of the common forms of dementia are: Alzheimer's disease; vascular dementia; and Korsakoff's (alcohol-related) dementia. It is possible for a person to have more than one type of dementia (for example, alcohol-related dementia and vascular dementia).

As well as these forms of dementia, for which there are no cures currently, some people develop dementia that can be at least partly reversed. The conditions contributing to reversible dementia include: dehydration; constipation; infection; vitamin imbalance; pain; medication poisoning; brain tumours; and depression.

## Contents

<b>About dementia</b> .....	1
What is dementia?.....	1
What things contribute to the development of dementia? .....	2
How is dementia assessed and treated? .....	2
<b>Dementia among Indigenous people</b> .....	2
Background.....	2
How common is dementia among Aboriginal and Torres Strait Islander people? .....	3
Assessing dementia among Indigenous people .....	3
<b>Sources and key readings</b> .....	3
About dementia .....	3
Dementia among Indigenous people .....	3
<b>Indigenous-specific resources</b> .....	4

More detailed information about dementia in Indigenous people can be found at:

[http://www.healthinfonet.ecu.edu.au/dementia\\_review](http://www.healthinfonet.ecu.edu.au/dementia_review)

CORE FUNDING



Australian Government  
Department of Health and Ageing



---

## What things contribute to the development of dementia?

Reflecting the various types of dementia, there is a range of factors contributing to its development:

- damage to nerve cells within the brain from development of amyloid plaques and neurofibrillary tangles (Alzheimer's disease)
- toxic damage, alcohol or substance misuse (such as Korsakoff's dementia)
- interference of the blood supply to the brain as the result of a stroke (through blockage or rupture of blood vessels)
- physical damage for example, head injury or trauma
- infections such as, AIDS or syphilis
- the reversible causes noted above.

## How is dementia assessed and treated?

Assessment of dementia consists of:

- detailed patient history, particularly related to memory and thinking. Carers and other family members can be very useful in this aspect
- physical examination for reversible causes of dementia
- cognitive testing – cognitive screening, possibly leading to more intensive tests
- possibly investigations for reversal causes of dementia
- possible referral to psychologists and medical specialists (neurologists and geriatricians).

The treatment of dementia varies according to the type of dementia. The treatment of reversible dementia focuses on the specific cause (for example, reversal of dehydration or treatment of an infection).

Unfortunately, many types of dementia are not reversible. In these cases, it's important to understand how the brain is damaged, which part of the brain is affected and how the disease may progress, so you can explain this to the person with dementia, their carer or families. Understanding which part of the brain is damaged will also help with understanding symptoms.

For irreversible forms of dementia, treatment focuses on the symptoms. This relates mainly to drugs that improve mental functioning and/or treat things like depression and anxiety.

## Dementia among Indigenous people

### Background

Until very recently, there was minimal attention to and research about dementia in Aboriginal and Torres Strait Islander communities. This has had major implications for the provision of appropriate services.

In 2006, Alzheimer's Australia initiated a consultation process with a diverse range of people involved in caring for Indigenous people with dementia. The information from this process is outlined with the Beginning the conversation report (see Sources and further reading).

A year previously, dementia had been recognised as a National Health Priority. This recognition provided the focus for collaboration between the Australian and state and territory governments and other organisations to improve the quality of life and care for people living with dementia.

One of the main questions asked at the 2006 workshop was whether dementia was a priority in Indigenous communities. Participants noted the relative lack of data about dementia among Indigenous people, but, in recognition of the poor outcomes for Indigenous people across many areas, queried whether dementia was a priority.

After reviewing some preliminary prevalence data coming out of the Kimberley region of Western Australia (see below), participants acknowledged that dementia was an important issue that should be addressed and resourced. It was agreed that work addressing dementia among Indigenous people should be guided by six 'action points':

- community awareness and prevention
- care and support
- research
- diagnosis, referral, and treatment
- workforce issues
- partnerships and collaborations.

As a part of its efforts to improve dementia services and support for Indigenous communities, Alzheimer's Australia established a National Aboriginal and Torres Strait Islander Dementia Advisory Group (NATSIDAG).

## How common is dementia among Aboriginal and Torres Strait Islander people?

The full extent of dementia among Indigenous people is not known, but preliminary data from the Kimberley region of Western Australia suggest that around one-in-eight (12.4%) Indigenous people aged 45 years or older are affected. This means that dementia is almost five times more common among this Indigenous population than among the total Australian population, for which around one-in-forty (2.6%) are affected.

The risk factors identified in the Kimberley study were, age, male gender, previous stroke, head injury and low education.

## Assessing dementia among Indigenous people

As is the case for non-Indigenous people, the accurate assessment of dementia among Indigenous people is essential in reaching the correct diagnosis, so that appropriate treatment can be provided.

Gaining early and accurate diagnosis for Aboriginal and Torres Strait Islander people has been problematic, however, due to a number of reasons. These include: lack of culturally appropriate cognitive assessment tools; reduced access to specialised investigations; and other barriers.

Due to the diversity of Aboriginal and Torres Strait Islander cultures across Australia appropriate and accepted cognitive assessment tools needs to be trialled and validated so that the assessment process takes into account cultural and language differences.

The Kimberley Indigenous Cognitive Assessment (KICA) tool has been developed to take into account language and cultural diversity of Aboriginal and Torres Strait Islander people living in rural and remote communities across northern Australia (north Western Australia, Northern Territory, Cape York and Torres Strait Islands).

The KICA assessment tool alone doesn't diagnose dementia. But, if it suggests cognitive impairment, more detailed investigation by doctor and/or referral to specialist is needed.

The KICA assessment tool is currently being trialled in urban and rural Indigenous populations in New South Wales as a part of the Koori Growing Old Well Study (KGOWS); this study is also examining risk and protective factors for dementia.

## Sources and key readings

### About dementia

Alzheimer's Australia (2007) Dementia: a major health problem for Indigenous people: briefing prepared for Parliamentary Friends of Dementia. Canberra: Alzheimer's Australia

Alzheimer's Australia (2005) Tests used in diagnosing dementia. Retrieved 9 May 2011 from <http://www.alzheimers.org.au/understanding-dementia/tests-used-in-diagnosing-dementia.aspx>

Alzheimer's Australia (2005) Types of dementia. Retrieved 9 May 2011 from <http://www.alzheimers.org.au/understanding-dementia/types-of-dementia.aspx>

Alzheimer's Australia (2005) What is dementia? Retrieved 9 May 2011 from <http://www.alzheimers.org.au/understanding-dementia/what-is-dementia.aspx>

Dementia Care Australia (2011) What is dementia? Retrieved 9 May 2011 from <http://www.dementiacareaustralia.com/library/what-is-dementia.html>

### Dementia among Indigenous people

Alzheimer's Australia (2006) Beginning the conversation: addressing dementia in Aboriginal and Torres Strait Islander communities: workshop report, 8-9 November 2006, Adelaide. Hawker, ACT: Alzheimer's Australia

Arkles RS, Jackson Pulver LR, Robertson H, Draper B, Chalkley S, et al. (2010) Ageing, cognition and dementia in Australian Aboriginal and Torres Strait Islander peoples: a life cycle approach. Sydney: Neuroscience Research Australia and Muru Marri Indigenous Health Unit, University of New South Wales

Garvey G, Simmonds D, Clements V, O'Rourke P, Sullivan K, et al. (2011) Making sense of dementia: understanding among Indigenous Australians. *International Journal of Geriatric Psychiatry*;26(6):649-656

Lindeman M, Smith K, LoGiudice D, Shadforth G, Carroll E, et al. (2010) Model of care for people living with dementia and disabilities in remote Aboriginal communities. Presented at 2010 PHC Research Conference: Primary health care research and health reform: Improving care 30 June-2 July 2010, Darwin

Living Black, SBS (2009) Lost memories. Accessed May 2011 at: [http://news.sbs.com.au/livingblack/lost\\_memories\\_563601](http://news.sbs.com.au/livingblack/lost_memories_563601)

LoGiudice D (2008) Dementia in remote Indigenous communities. Presented at 3rd NARI Biennial Seminar: the challenge of dementia: what has been achieved and what remains to be done? 7th November 2008, South Melbourne

LoGiudice D, Smith K, Thomas J, Lautenschlager NT, Almeida OP, et al. (2006) Kimberley Indigenous Cognitive Assessment tool (KICA): development of a cognitive assessment tool for older Indigenous Australians. *International Psychogeriatrics*;18(2):269-280

LoGiudice D, Strivens E, Smith K, Stevenson M, Atkinson D, et al. (2011) The KICA screen: the psychometric properties of a shortened version of the KICA (Kimberley Indigenous Cognitive Assessment). *Australasian Journal on Ageing*; Early View (<http://dx.doi.org/10.1111/j.1741-6612.2010.00486.x>)

---

Smith K, Flicker L, Dwyer A, Atkinson D, Almeida OP, et al. (2010) Factors associated with dementia in Aboriginal Australians. *Australian and New Zealand Journal of Psychiatry*;44(10):888–893

Smith K, Flicker L, Dwyer A, Marsh G, Mahajani S, et al. (2009) Assessing cognitive impairment in Indigenous Australians: Re-evaluation of the Kimberley Indigenous Cognitive Assessment in Western Australia and the Northern Territory. *Australian Psychologist*;44(1):54-61

Smith K, Flicker L, Lautenschlager NT, Almeida OP, Atkinson D, et al. (2008) High prevalence of dementia and cognitive impairment in Indigenous Australians. *Neurology*;71(19):1470-1473

Smith K, LoGiudice D, Dwyer A, Thomas J, Flicker L, et al. (2007) 'Ngana minyarti? What is this?' Development of cognitive questions for the Kimberley Indigenous Cognitive Assessment. *Australasian Journal on Ageing*;26(3):115-119

## Indigenous-specific resources

Alzheimer's Australia (2007) Dementia learning resource for Aboriginal and Torres Strait Islander communities.

This kit of resources and materials is designed to be used for preparation and delivery of dementia awareness raising and information sessions, as well as educational and training programs, specifically for Aboriginal and Torres Strait Islander communities.

The resource's facilitators guide, student handbook, and assessment items are aligned to nationally accredited Units of Competency: CHCAC319A Provide support to those affected by dementia; CHCAC416A Facilitate support responsive to the specific nature of dementia; and HLTIR404B Work effectively with Aboriginal and Torres Strait Islander People.

Resource accessible at: <http://www.alzheimers.org.au/understanding-dementia/dementia-learning-resource-for-aboriginal-and-torres-strait-islander-communities.aspx>

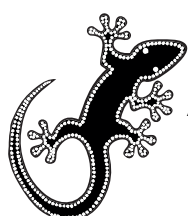
Alzheimer's Australia (2007) Looking out for dementia.

This suite of themed resources has been developed to inform Indigenous people living in remote communities of Northern Territory about dementia. The resources have been developed in English and three Indigenous languages; Djambarrapuyngu, Warlpiri and Kriol.

Resource accessible at: <http://www.alzheimers.org.au/northern-territory/looking-out-for-dementia.aspx>

An evaluation of the resource is accessible at: <http://www.alzheimers.org.au/northern-territory/evaluation-of-a-dementia-awareness-resource.aspx>





## Australian Indigenous HealthInfoNet

The Australian Indigenous HealthInfoNet is an innovative Internet resource that contributes to 'closing the gap' in health between Indigenous and other Australians by informing practice and policy in Indigenous health.

Two concepts underpin the HealthInfoNet's work. The first is evidence-informed decision-making, whereby practitioners and policy-makers have access to the best available research and other information. This concept is linked with that of translational research (TR), which involves making research and other information available in a form that has immediate, practical utility. Implementation of these two concepts involves synthesis, exchange and ethical application of knowledge through ongoing interaction with key stakeholders.

The HealthInfoNet's work in TR at a population-health level, in which it is at the forefront internationally, addresses the knowledge needs of a wide range of potential users, including policy-makers, health service providers, program managers, clinicians, Indigenous health workers, and other health professionals. The HealthInfoNet also provides easy-to-read and summarised material for students and the general community.

The HealthInfoNet encourages and supports information-sharing among practitioners, policy-makers and others working to improve Indigenous health – its free on line yarning places enable people across the country to share information, knowledge and experience. The HealthInfoNet is funded mainly by the Australian Department of Health and Ageing. Its award-winning web resource ([www.healthinfo.net.ecu.edu.au](http://www.healthinfo.net.ecu.edu.au)) is free and available to everyone.

<b>Director</b>	Professor Neil Thomson
<b>Address</b>	Australian Indigenous HealthInfoNet Edith Cowan University 2 Bradford Street Mount Lawley, WA 6050
<b>Telephone</b>	(08) 9370 6336
<b>Facsimile</b>	(08) 9370 6022
<b>Email</b>	<a href="mailto:healthinfo.net@ecu.edu.au">healthinfo.net@ecu.edu.au</a>
<b>Web</b>	<a href="http://www.healthinfo.net.ecu.edu.au">www.healthinfo.net.ecu.edu.au</a>

### FEATURED ARTWORK



### Karnta Jukurrpa

by Chantella Nampijinpa  
Robertson

© Australian Indigenous HealthInfoNet 2013



This product, excluding the Australian Indigenous HealthInfoNet logo, artwork, and any material owned by a third party or protected by a trademark, has been released under a Creative Commons BY-NC-ND 3.0 (CC BY-NC-ND 3.0) licence. Excluded material owned by third parties may include, for example, design and layout, images obtained under licence from third parties and signatures.

### CORE FUNDING



Australian Government  
Department of Health and Ageing

