

» RURAL PHARMACY

# The challenge of dementia in rural and remote areas

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Dementia is currently the ninth National Health Priority Area. It is estimated that 24.3 million people have dementia today, with 4.6 million new cases of dementia diagnosed every year (one new case every seven seconds). Moreover, the number of people affected is expected to double every 20 years to 81.1 million by 2040.<sup>1</sup>

Dementia is characterised by the impairment of brain functions, including language, memory, perception, personality and cognitive skills. Although the type and severity of symptoms and their pattern of development varies with the type of dementia, it is usually of gradual onset, progressive in nature and irreversible. The most common type of dementia is Alzheimer's disease, but there are other types of dementia including; vascular dementia which is the second most common type of dementia. It is associated with problems in the flow of blood to the brain, dementia with Lewy bodies, Korsakoff's syndrome (Alcohol related dementia); dementia with Parkinson's disease; and Huntington's disease.<sup>2</sup>

The increased in the number of people with dementia over the next few years will add several challenges to Australia's health and aged care systems. These challenges will be the result of the need to deliver high-quality services to the growing number of people with dementia, as well as to provide comprehensive support for carers that may include training for health professionals, research funds and strategies for effective prevention and management of dementia.<sup>2</sup>

In general, people with dementia need a range of healthcare services such as general practitioners (GPs), hospital care, community services and hostel and aged care facilities. Access to these services decreases with increasing remoteness

from regional centres. This is supported by statistics from the Australian Institute of Health and Welfare showing a lower use of services in rural areas compared with metropolitan areas.<sup>3</sup>

A recent government report addressing the support needs of people with dementia and their carers' in regional Australia identified issues considered essential to people with dementia in rural and remote areas. These included; emotional and social support to both patients and their carers; education and awareness of dementia patients needs, appropriate diagnosis, assessment and ongoing medical management; community service access, respite and residential care facilities and finally distance and travel issues.

The Report recommended:

- a telephone support service that can be accessed nationwide;
- internet-accessible help sheets and other information on dementia that could be useful for people with dementia and their carers;
- teleconference and videoconferencing facilities to link in with support groups;
- mobile dementia resource vans, and respite services to assist people in remote areas accessing help, establishing support;
- live in retreat programs for people with early stage dementia and their partners and provision of culturally appropriate training to carers looking after Indigenous people with dementia.<sup>3</sup>



## Case study

Catherine is a 49-year-old journalist who always prided herself on her excellent memory and often conducted work interviews without taking any notes. She worked mostly from home and lived in remote Victoria. On occasions, she noticed a gradual decline of memory and problems with finding words in her conversation. She also started to lose her way around her small country town. Her family noticed that lately she was forgetting important dates and events. Her mother was diagnosed with Alzheimer's disease at the age of 63 and had died at the age of 75. Catherine's family decided to take her to see a GP for her memory problems as a result of her constant forgetfulness.

Her initial assessment showed an average range of her Wechsler Adult Intelligence Scale (WAIS) & Wechsler Memory Scale tests. Her Mini Mental state Examination (MMSE) score fell in the moderately impaired range and her physical examination was normal. She had no history of diabetes, hypertension, heart problems, metabolic problems that could account for her symptoms of memory impairment.

CT Scans of her brain showed no areas of infarction which precluded

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