



March 2015 Newsletter

First Link® for health care professionals

When patients give permission to their health care professionals to share their information with our First Link staff, we then contact patients directly. We immediately connect patients with a network of education and support services specific to their situation.



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If you are a health care professional, please see our **First Link** information and download the **First Link Agency Referral Form**.

RaDAR in your region

Phase 1 Dementia Care Pathways - Baseline

In early February, we began Phase 1 of data collection in Sun Country Health Region with two groups: 1) regional decision-makers and 2) patients and caregivers. Data collection will take place by telephone interview, conducted by RaDAR team member **Dr. Julie Kosteniuk**.



Julie Kosteniuk

Regional decision-makers have been asked to take part in a one-on-one telephone interview examining their views of strengths and gaps in dementia care throughout the region. In the interview, we also explore information and education availability, accessibility of services, co-ordination and comprehensiveness of care, and fit between needs and services. To date, 64% of the interviews have been completed with this group.

Patients and caregivers are being invited to take part in similar telephone interviews with the assistance of Primary

Health Care sites. We hope to interview 2 patient-caregiver dyads from each PHC site. In cases where patients have recently moved to long-term care, we would like to interview their caregiver. Interview topics will cover experiences with the diagnosis and management processes, and positive aspects of team-based care and community services.

The third group – 4 members of each PHC site – will be invited to take part in Phase 1 after pilot testing of their questionnaire has been completed. **Kathleen Kulyk**, a U of S nursing Masters student, has begun pilot testing with members of rural PHC sites in Saskatoon Health Region. We expect the pilot study to wrap up by the beginning of May.



Kathleen Kulyk (centre)

The RaDAR Team

Dr. Debra Morgan, lead of the RaDAR team, also co-leads Team 20 of the **Canadian Consortium in Neurodegeneration in Aging (CCNA)**. The Consortium was announced by the federal government and the **Canadian Institutes of Health Research** in September, 2014. The Consortium brings together 340 researchers across 20 research teams, organized into 3 themes (prevention, treatment, care).



Team 20 (RaDAR) Co-investigators

Joanne Bracken (Alzheimer Society of SK)
Margaret Crossley (U of S)
Vanina Dal Bello-Haas (McMaster)
Dorothy Forbes (U of A)
Anthea Innes (Bournemouth, England)
Julie Kosteniuk (U of S)
Andrew Kirk (U of S)
Lesley McBain (First Nations University)
Haizhen Mou (U of S)
Megan O'Connell (U of S)
Edna Parrott (Caregiver)
Norma Stewart (U of S)

Rural and Remote Memory Clinic

The Saskatoon-based **Rural and Remote Memory Clinic** is a major part of the RaDAR team. The focus of the clinic is on diagnosis and management of atypical and complex cases of suspected dementia, where an interdisciplinary team assessment is most needed. The clinic is located in the new Health Sciences E-Wing of the University of Saskatchewan.



Dr. Debra Morgan
RaDAR Lead



Dr. Megan O'Connell
Clinic Neuropsychologist



Dr. Andrew Kirk
Clinic Neurologist

DEMENTIA

Saskatchewan statistics



based on an analysis of 10 linked administrative health data databases (2012/13)

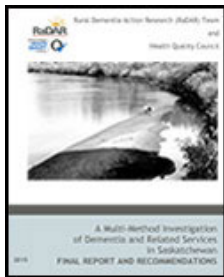
Complete details are available in the full report: cchsa-ccssma.usask.ca/ruraldementiacare/radar.html

RaDAR in the news

Early diagnosis helps dementia patients, prof says an excerpt from a *Canadian Press* article (Jan 29/15)

A study on dementia says improvements are needed in the support available for families, access to timely diagnoses and better tracking of the brain disease.

University of Saskatchewan professor **Debra Morgan** says she was surprised to find a lot of patients were not diagnosed until they ended up in long-term care.



The study tracked all new and current cases of dementia from all health regions in the province.

Between 2012 and 2013, almost 3,300 people were diagnosed with dementia in Saskatchewan, which represents about seven in every 1,000.

There were 13,000 previously diagnosed cases.

The full RaDAR-HQC research report includes detailed summaries for each health region, and can be accessed [here](#). Information for Sun Country Health Region can be found on page 110 of the report.

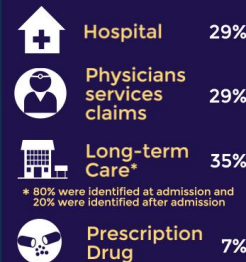
INCIDENCE

3,270
Number of individuals newly identified with dementia in a 12-month period

Age when first identified

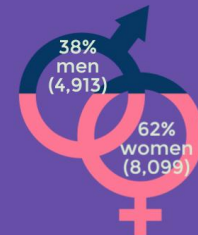


DATABASE of identification (how individuals were first identified with dementia)



PREVALENCE

13,012
Number of individuals living with dementia in a 12-month period



WHO is currently living with dementia?



Living with dementia on the farm

by Helen Lammer-Helps, excerpts from *Country Guide* (Feb 17/15)

Horse farmer Bill Heibein was working as an accountant in the Thunder Bay area when he was first diagnosed 15 years ago with early onset Alzheimer's disease at the age of 59. He took early retirement from his accounting job right away but has remained active on the farm since his diagnosis. Now 74, he still keeps horses on the farm and only stopped training and showing his quarter horses a few years ago.

"Getting a diagnosis can feel like a kick in the teeth," says Heibein, "but putting off seeing a doctor is one of the worst things you can do." Getting educated can help you and your caregivers cope, he says. He recommends contacting the Alzheimer's Society, which has a wealth of useful information.

There are also medications that can help with symptoms ... but, again, these need to be started early, says **Dr. Debra Morgan**, professor at the Saskatoon-based Canadian Centre for Health and Safety in Agriculture.

Early diagnosis also makes it possible to make plans for the future while the person affected by dementia can still participate in the decision-making process. Some of the arrangements to be considered include transfer of farm management and assets, updating wills and powers of attorney for property and health care, and planning for medical care and living accommodations.

5 Recommendations for Action

- ✓ Establish a patient registry and decision support tools for health care professions (similar to other chronic conditions, like diabetes)
- ✓ Track quality indicators of dementia care, provincially and by health region
- ✓ Improve and encourage access to a timely and accurate diagnosis
- ✓ Ensure that individuals with dementia and their families are adequately supported
- ✓ Revisit the Provincial Strategy for Alzheimer Disease and Related Dementias in Saskatchewan (released in 2004)

SOURCE A Multi-Method Investigation of Dementia and Related Services in Saskatchewan: Final Report and Recommendations (2015).
Find the full report at cchsa-ccssma.usask.ca/ruraldementiacare/radar.html



This study was conducted, in part, with data provided by the Saskatchewan Ministry of Health to the Health Quality Council. The interpretations and conclusions herein do not necessarily represent those of the Saskatchewan Ministry of Health or Government of Saskatchewan.



The RaDAR newsletter is prepared by Julie Kosteniuk and Debra Morgan at the Canadian Centre for Health and Safety in Agriculture, University of Saskatchewan. Contact julie.kosteniuk@usask.ca (306-966-8773) or debra.morgan@usask.ca (306-966-7905) for more information.