

**SingHealth Duke-NUS
Memory & Cognitive
Disorder Centre**

**NURSING
SCIENTIFIC
MEETING 2022**



Meeting The Needs of a Patient Living with Dementia

20 & 21 January 2022

PROGRAMME AND ABSTRACTS

Organised By



**Memory & Cognitive
Disorder Centre**

Sponsored By



SingHealth Duke-NUS Memory & Cognitive Disorder Centre NURSING SCIENTIFIC MEETING 2022



ABOUT SINGHEALTH DUKE-NUS MEMORY AND COGNITIVE DISORDER CENTRE

Dementia can affect anyone, from working adults to the very elderly. The disruption it causes is unique to each patient depending on their circumstances, for example a father in his 40s with a young family to support faces different physical, emotional and social challenges to an 80-year old widow who lives alone and also suffers from other health problems.

That is why there is no 'one-size-fits-all' treatment for dementia. Every patient requires care tailored to their specific needs and this often changes over time as their dementia gets worse.

The SingHealth Duke-NUS Memory and Cognitive Disorder Centre (SDDC) was established in March 2020 to meet this need. The virtual Centre is a network that brings together the strengths and expertise of healthcare professionals from different specialties across SingHealth institutions to help patients access multi-disciplinary treatment and support at all stages of their dementia journey.



Our SDDC members are also looking beyond today's dementia care needs to plan for the future. The Centre will collaborate with researchers and educators from SingHealth institutions and Duke-NUS to deepen knowledge in the causes of dementia and cognitive impairment, drive innovation to find better ways to prevent, diagnose and treat conditions and ensure healthcare professionals have the skills they need to provide the best care for patients.

The Centre will also serve as a hub to promote closer collaboration with various community partners to provide holistic and financially viable dementia services..

SingHealth Duke-NUS Memory & Cognitive Disorder Centre NURSING SCIENTIFIC MEETING 2022



20 JANUARY 2022 - TOPIC & ABSTRACT

WELCOME ADDRESS

0800 - 0810

Dr Simon Ting

Head, SingHealth Duke-NUS Memory and Cognitive Disorder Centre (SDDC)
Senior Consultant, Department of Neurology, National Neuroscience Institute

SYMPOSIUM INTRODUCTION

0810 - 0820

Adj Assoc Prof Lim Si Ching

Director, Education, SingHealth Duke-NUS Memory and Cognitive Disorder Centre (SDDC)
Senior Consultant, Department of Geriatric Medicine, Changi General Hospital

SESSION 1: DEMENTIA CARE IN THE HOSPITAL SETTING

SESSION CHAIR - MR SAHNAN BIN RAHIM, NURSE CLINICIAN, CHANGI GENERAL HOSPITAL

OVERVIEW OF THE CLINICAL SIGNS AND SYMPTOMS OF DEMENTIA

0825 - 0845



Adj Assoc Prof Lim Si Ching

Senior Consultant, Department of Geriatric Medicine
Changi General Hospital

Dementia is often a difficult diagnosis to make with confidence among the healthcare team members, partly due to unavailability of diagnostic tests. Taking a history is also a challenge due to the complexity of the disease process. The presentation summarises the common symptoms of dementia which may be helpful in the evaluation process for a patient with cognitive issues.

THE "CHALLENGING" BEHAVIOUR - WHO IS BEING CHALLENGED?

0850 - 0910



Ms Siti Khadijah Binte Yahya

Assistant Nurse Clinician
Changi General Hospital

Dementia is the disease of the brain. When different parts of the brain are affected, a person with dementia may present with different kinds of behaviours. In this lecture, we will identify the different types of behaviours of concern, how our actions impact the person with dementia and how we can effectively manage these behaviours so as to ensure their quality of life.

SingHealth Duke-NUS Memory & Cognitive Disorder Centre NURSING SCIENTIFIC MEETING 2022



20 JANUARY 2022 - TOPIC & ABSTRACT

PLAN ACTIVITIES FOR OUR PATIENTS LIVING WITH DEMENTIA 0915 - 0935



Ms Tan Ding Qin Esther
Occupational Therapist
Singapore General Hospital

Dementia is the fifth leading cause of disability in Singapore. Currently, 1 in every 10 Singaporeans above the age of 60 has dementia. Persons with dementia faces limitation in their functional abilities due to existing cognitive and functional deficits. They often present with multiple health concerns requiring medical care, such as recurrent falls, inadequate nutrition, aspiration pneumonia due to inappropriate food consistency, increased caregiver stress etc. This leads to multiple hospital admissions. Thus, improving quality of care in acute hospital for persons with dementia is of growing importance.

Many older adults with dementia often present with behaviours of concerns precipitated by their unmet needs in the unfamiliar environment (ie. the acute setting). This often impedes their functional performance in everyday activities and further contribute to functional decline during their hospitalization. Behaviours of concerns often warrants urgent attention from nursing staff and much time and resources are needed to care for this group of patients. It occasionally also leads to staff being injured while managing such behaviors.

These behaviors of concern can be managed by addressing unmet needs of persons with dementia and engaging them with activities that are of the “just right challenge”, while optimizing functional performance. When these behaviors are minimized, it reduces the amount of time and resources needed from nursing staff to care for them safely while ensuring their own safety.

One of the roles of an Occupational Therapist (OT) is to help identify unmet needs of the persons with Dementia, understand their abilities and personal interests and routines before coming up with appropriate activities of the “just right challenge”. The Pool Activity Level (PAL) instrument are often used by OTs to guide this process and it will be introduced in this sharing. This instrument can be easily understood and utilized by any healthcare professionals within the ward. It empowers one to care for persons with dementia by identifying activities of “just right challenge” to manage behaviors of concern, optimizing functional performance and enhancing safety of both person and staff.

During this talk, participants will be able to:

1. Understand the importance of identifying the unmet needs, abilities, personal interests and routines of a person with Dementia
2. Understand the 4 different levels within the PAL and be able to identify the corresponding activity level that matches the cognitive and functional abilities of a person with Dementia
3. Identify 1-2 meaningful activity within the corresponding activity level that could potentially be used for activity engagement to meet the unmet needs and address behaviors of concern of a person with Dementia

SingHealth Duke-NUS Memory & Cognitive Disorder Centre NURSING SCIENTIFIC MEETING 2022



20 JANUARY 2022 - TOPIC & ABSTRACT

SESSION 2: NEW MODEL OF CARE FOR OUR DEMENTIA PATIENTS?
**SESSION CHAIR - MS TEE YONG MIN, NURSE EDUCATOR, SINGHEALTH
COMMUNITY HOSPITALS**

ROLE OF PERSON CENTRED CARE (PCC) IN A HOSPITAL SETTING
1005 - 1025



Mrs Anna Liza Pada Bantilan

Nurse Clinician
Changi General Hospital

People with dementia are more likely to be hospitalized compared to their peers without dementia as it has increased fall risk, injuries, infections and complications due to chronic diseases. They are also more likely to develop delirium, functional decline during their hospital stay. There is a role for a dementia ward in a busy general hospital to care for this special group of vulnerable elderly who might otherwise be physically restrained in the ward with undesired consequences.

Person Centred Care is the original work from Tom Kitwood. It is an Individualized care plan that is tailored to meet the individual's needs based on their interests, remaining cognitive abilities, personal routines and preference. The focus is not on what we need to "do FOR the person" but rather, assist and facilitate the person to maintain dignity, promote autonomy and maintain a state of well-being. The goal of care is to maintain the personhood which is essential for PWD because it maintains their state of well-being.

The Dementia ward in CGH focuses on Person centred of care (PCC). It offers a home like environment where patients are free to move around the ward with close supervision to reduce functional decline while receiving medical treatment. The ward walls are adorned with old photos to stimulate long term memories which are still intact in PWD. Physical restraint is used only as the last resort when patients and staff are at risk of harm.

We apply PCC model of care by:

1. Value the person with dementia and their caregivers
2. Treat the person with dementia as an individual
3. Seeing the perspective of each person - putting ourselves in their shoes
4. Provide a social environment that supports psychological needs. Meaningful activities are offered such as pet and music therapy to manage social isolation and physical inactivity.

The use of Knowing a Person Questionnaire tool that gathers patient's personal history, personal preference and personal perception will provide information about the patient which can help the healthcare professionals to build a better understanding the patient's background and to practice person centred care. PCC approach requires commitment and effort from staff to attend to patient's need and provide a safe environment to recuperate.

SingHealth Duke-NUS Memory & Cognitive Disorder Centre NURSING SCIENTIFIC MEETING 2022



20 JANUARY 2022 - TOPIC & ABSTRACT

**COMMUNICATING WITH THE PATIENT LIVING WITH DEMENTIA
1030 - 1050**



Ms Eveline Silva
Principal Psychologist
National Neuroscience Institute

Language disorders feature quite prominently in the dementia trajectory. The decline in effectiveness of conversation impacts communication. Communication is essential not only for social interaction but also for safety and well-being. However, it can be quite challenging in communicating with Persons living with dementia. Understanding how to communicate, can help make the experience as bearable as possible both for the person living with dementia as well as within his/her circle of care as the disease takes its course.

SESSION 3: HOSPITAL STAY AND THE PATIENTS LIVING WITH DEMENTIA - CAN WE DO BETTER?

SESSION CHAIR - MS WANG HWEI YI STELLA, NURSE CLINICIAN (NEUROLOGY ADVANCED PRACTICE NURSE), SINGAPORE GENERAL HOSPITAL

CAN WE PREVENT HOSPITAL ASSOCIATED COMPLICATIONS FOR OUR PATIENTS LIVING WITH DEMENTIA?

1115 - 1135



Ms Usanee Chotphoksap
Nurse Clinician (Advanced Practice Nurse)
Singapore General Hospital

Patients with dementia are at risk of getting hospital associated complications. Nurses have great involvement in providing a holistic multi-disciplinary care for patients with dementia. These includes providing a comprehensive assessment for early recognition and prevention of potential hospital associated complications.

By recognising and meeting the needs of these patients in an acute hospital setting, we can improve patients' outcome, reduce length of stay, mortality and healthcare cost.

SingHealth Duke-NUS Memory & Cognitive Disorder Centre NURSING SCIENTIFIC MEETING 2022



20 JANUARY 2022 - TOPIC & ABSTRACT

OPTIMISING NUTRITION FOR GERIATRIC PATIENTS WITH DEMENTIA 1140 - 1200



Ms Er Pei Ling Joycelyn
Principal Dietitian (Clinical)
Singapore General Hospital

Managing nutritional intake in geriatric patients with dementia can be challenging as their nutritional need changes with disease progression. Coupled with physiological changes of ageing, sarcopenia, frailty and other complex underlying comorbidities further compromise the nutrition status of these elderly. Major nutritional issues seen include loss of body weight with a low body mass index, poor oral intake leading to macro and micronutrient deficiencies, malnutrition and dehydration.

A multifaceted approach in nutrition management is crucial to ensure optimal nutrition is achieved for these patients. This starts with identifying those who are at risk of malnutrition by conducting a nutrition screen and early nutrition intervention is warranted for positive cases. Nutrition intervention strategies comprise of food fortification, nutrition support, liberalise unnecessary dietary restrictions, incorporating food preferences into meals, provision of support during meal times and creating a positive feeding environment. There is no 'one size fit all' nutrition intervention, every patient is unique and individualization is the key.

OPTIMISE OUR PATIENTS' FUNCTION TO PREVENT FUNCTIONAL DECLINE 1205 - 1225



Ms Charmaine Lim
Physiotherapist
Singapore General Hospital

Hospitalised geriatric patients with dementia often face greater risks of deconditioning in comparison to cognitively well, age matched counterparts, increasing their risk of falls and further functional decline. This affects their ability returning to home and also makes it more challenging for caregivers to provide support.

Persons with dementia present with varied impairments which can affect their ability to perform daily tasks and move about safely. With the help of the healthcare workers, there are strategies that we can adopt to help patients with dementia participate more and mobilize safely to prevent hospitalisation induced functional decline.

SingHealth Duke-NUS Memory & Cognitive Disorder Centre NURSING SCIENTIFIC MEETING 2022



21 JANUARY 2022 - TOPIC & ABSTRACT

WELCOME ADDRESS

0830 - 0840

Ms Esther Vanessa Chua

Nurse Clinician (Advanced Practice Nurse)
National Neuroscience Institute

SESSION 1: FALL AND DEMENTIA - COMMON ASSOCIATION

SESSION CHAIR - MS CHUA CHIOU HANN, NURSE CLINICIAN, SINGHEALTH COMMUNITY HOSPITALS

RISK FACTORS FOR FALLS AMONG THE PATIENTS LIVING WITH DEMENTIA

0845 - 0905



Ms Lee Hui Min Julian

Nurse Clinician (Speciality Nursing)
Singapore General Hospital

Falls are a leading cause of injury, loss of independence, and mortality in older adults with dementia. Older adults with dementia are at increased risk for falls, compared to those without dementia. As the number of patients suffering from dementia increases, there is a need for nurses to understand and identify older adults with dementia at risk of fall. In this lecture, we will be looking at the risk factors of falls in older adults with dementia.

MEASURES TO REDUCE FALLS IN THE HOSPITAL SETTING

0910 - 0930



Ms Foo Wee Ching

Nurse Clinician (Speciality Nursing)
Singapore General Hospital

More older adults are diagnosed with dementia and age associated diseases. Persons with dementia are at risks of falls and higher risk of sustaining a fracture, soft tissue or head injuries relative to those without cognitive impairment.

SingHealth Duke-NUS Memory & Cognitive Disorder Centre NURSING SCIENTIFIC MEETING 2022



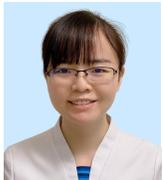
21 JANUARY 2022 - TOPIC & ABSTRACT

Falls are common, fallers often end up with recurrent falls. These often lead to the development of a fear of falling with loss of confidence in mobilization, hence leading to a decline in activity, functional decline and the loss of independence. With increase in fall risk, the older adult tends to have higher frequency of Emergency department visits, hospital admissions and the need for institutionalization in nursing homes.

Falls among hospital inpatients are frequently reported safety incidence. It has become one of the safety key performance indicators in the hospital. Not all falls are preventable but neither are they inevitable. Preventing falls in hospital is a challenge faced by all healthcare workers. In addition, inpatient falls will lead to longer lengths of stay in the hospital, increase healthcare cost and/ or need for discharge to long term care institutions. Therefore, it is important to implement measures to reduce falls in the hospital by creating a safe environment for older adult, especially persons with dementia.

OSTEOPOROSIS CARE FOR PATIENTS WITH DEMENTIA

0935 - 0955



Ms Huang Xiaofeng

Senior Staff Nurse (Speciality Nursing)
Singapore General Hospital

Osteoporosis is a major bone disease that affects one in three women and one in five men over the age of 50 worldwide. Osteoporosis is a systemic skeletal disease characterized by low mineral bone mass and microarchitectural deterioration of bone tissue. This consequently increases bone fragility and susceptibility to fracture. Dual-energy X-ray absorptiometry is the standard test to diagnose osteoporosis. There are modifiable and non-modifiable risk factors for osteoporosis.

Secondary osteoporosis includes medicine induced osteoporosis and osteoporosis secondary to certain medical conditions which includes dementia. Osteoporosis management includes non-pharmacological therapy and pharmacological therapy.

Calcium/Vitamin D, exercise and fall prevention play important part in non-pharmacological aspects. Anti-osteoporosis medications include mainly anti-resorptive and anabolic agents. Patients with dementia has a higher risk of developing osteoporosis and fragility fractures.

Prevention is the key. Public education, early screening and early lifestyle education/ modification are important strategies in prevention. Early diagnosis, risk stratification and targeted treatment yield better treatment outcome. Medication non-compliance is an issue in patients with dementia. Selection of appropriate medication and streamlining appointments may help to reduce rate of medication non-compliance and "no-shows" for follow up appointments.

SingHealth Duke-NUS Memory & Cognitive Disorder Centre NURSING SCIENTIFIC MEETING 2022



21 JANUARY 2022 - TOPIC & ABSTRACT

SESSION 2: DIAPERS FOR ALL?

SESSION CHAIR - MS DAANAA RAFIQA BINTE MOHAMED ISA, STAFF NURSE,
CHANGI GENERAL HOSPITAL

DEMENTIA AND URINARY INCONTINENCE

1035 - 1055



Adj A/Prof Lim Si Ching

Senior Consultant, Department of Geriatric Medicine
Changi General Hospital

Urinary incontinence is often a challenging topic for the healthcare team to understand, evaluate and manage, especially for the older persons living with dementia. Urinary incontinence is also associated with caregiver stress, cost, social isolation, fall risks etc and is not a symptom most of our patients will volunteer unless asked.

MANAGEMENT OF CONTINENCE ISSUES IN THE HOSPITAL SETTING - DIAPERS AND CATHETERS FOR ALL?

1100 - 1120



Ms Zhou Lin Fang

Senior Nurse Manager
Changi General Hospital

Survey findings on nursing perspectives of continence care: there are some common myths and misconceptions among the nurses: about 68% staff believe that incontinence is inevitable in older people, 69% participants agree that incontinence is inevitable in person with dementia. There is huge impact of incontinence on elder person, yet incontinence is under recognised. The culture of "overuse diapers & catheter" is commonly noticed. Over 80% of staff had initiated diapers for newly admitted patients upon arrival to ward.

However, we are good at some points, such as staff are actively trial off diaper and doing toilet rounds for patient as well as remind doctors to review the need of keeping the urine catheter. Barriers for nurses to promote continence include: patient's condition is contraindicated to ambulate/sit; patient refuse to walk or sit on the commode chair, lack of manpower to do toilet round and incontinence is often overlooked, etc. Incontinence in people with dementia may happen.

SingHealth Duke-NUS Memory & Cognitive Disorder Centre NURSING SCIENTIFIC MEETING 2022



21 JANUARY 2022 - TOPIC & ABSTRACT

As dementia progresses, person with dementia is affected in various ways, such as difficulty in communicating the need to go to the toilet or unable to react quickly enough to the sensation of needing to go to the toilet; unable to manage or remember the personal activities of toileting, such as undoing the clothing and personal hygiene. The holistic approach to address patient's continence care are through routine assessment and monitoring; forward planning; person-centred care and encourage independence.

CGH improvement project: "Not a baby! Have you off those diaper, with the success of weaning off diapers, nurses help patient to ambulate which reduce functional decline in hospital; increase healthcare workers and caregiver awareness, that being old does not equal to having diaper, incontinent absorbent product are to be used with valid reasons. We should aim to promote continence rather than manage incontinence and look for every opportunity to promote continence.

MANAGING MEDICATION COMPLIANCE AMONG OUR PATIENTS LIVING WITH DEMENTIA

1125 - 1145



Ms Nyu Mei Mei

Senior Staff Nurse

National Neuroscience Institute

Dementia is a syndrome described by a group of symptoms that affects memory, thinking, judgement and social abilities severely enough to cause a person to be unable to function independently in their activities of daily living. There is no cure for dementia. Medication(s) are used for symptoms management. Treatment plays a pivotal role in the lives of person with dementia and their caregiver especially with regard to their quality of life and functional ability.

As the disease progresses, the person with dementia may find medication regimen difficult to manage due to various confounding factors. Caregivers and healthcare professionals play vital role as well on managing medication compliance among our patients. This presentation will highlight various confounding factors and give strategies to improve medication compliance among our patients.

SingHealth Duke-NUS Memory & Cognitive Disorder Centre NURSING SCIENTIFIC MEETING 2022



21 JANUARY 2022 - TOPIC & ABSTRACT

SESSION 3: TAKING CARE OF OUR CAREGIVERS

SESSION CHAIR - MS GAN PEIYING, NURSE CLINICIAN (ADVANCED PRACTICE NURSE), SENGKANG GENERAL HOSPITAL

SUPPORTING CAREGIVERS OF PATIENTS LIVING WITH DEMENTIA

1210 - 1230



Ms Li Fuyin

Senior Nurse Clinician (Advanced Practice Nurse)
Changi General Hospital

Caregiver plays a pivotal role in meeting the multiple and complex needs of the patient living with dementia, providing instrumental and practical care, and supporting the patient with dementia emotionally. The ability of caregivers to provide such care and support is reduced if they are distressed emotionally or overwhelmed by the competing demands from the patients with dementia.

Supporting the caregiver of patient living with dementia is critical now and into the future, which includes providing education and individualised counselling, equipping the caregivers with non-pharmacological management of behavioural and psychological symptoms of dementia and daily care challenges that commonly occur across the disease trajectory, considering caregiver support programs and connecting the patients with dementia and caregivers to the appropriate community resources and so on.

This presentation will provide an overview to the effect of being a caregiver to someone living with dementia and the predictive factors for caregiver stress. It will also elaborate how to support the caregiver of patient with dementia with the appropriate interventions in the different stages of dementia.

SingHealth Duke-NUS Memory & Cognitive Disorder Centre NURSING SCIENTIFIC MEETING 2022



21 JANUARY 2022 - TOPIC & ABSTRACT

CARING FOR OUR PATIENTS LIVING WITH ADVANCED DEMENTIA 1235 - 1255



Ms Esther Vanessa Chua

Nurse Clinician (Advanced Practice Nurse)
National Neuroscience Institute

Much emphasis has been placed on diagnostic, pharmacological and non-pharmacological management of the dementia condition. However, we tend to overlook the care needs of the person with dementia (PWD) and their caregivers that arise as the disease progresses to its advanced stage rendering it too late for setting up a seamless support system and transit into the next phase and stage of the disease and care journey.

Caring for persons with advance stage dementia goes beyond providing good physical and functional care. A lot of time the emotional support and the end of life aspect of care has been grossly neglected.

In this session we would like to explore some of the salient issues that clinicians should be paying attention to during the journey of care to better help PWD and their caregivers transit successfully to the advance phase of the disease and their care journey without compromising on both the PWD and caregivers' quality of life, physical and mental state.

SingHealth Duke-NUS Memory & Cognitive Disorder Centre NURSING SCIENTIFIC MEETING 2022



SDDC SCIENTIFIC MEETING 2022 ORGANISING COMMITTEE



CHAIRPERSON

Adj Assoc Prof Lim Si Ching

Director of Education, SDDC and Senior Consultant, Department of Geriatric Medicine
Changi General Hospital



MEMBER

Dr Simon Ting

Head, SDDC and Senior Consultant, Department of Neurology
National Neuroscience Institute

MEETING SECRETARIAT

SingHealth Duke-NUS Memory and Cognitive Disorder Centre

Ms Esther Teo Wai Yee

Website: <https://www.singhealth.com.sg/patient-care/specialties-services/centre-memory-cognitive-disorders>

Email: sd.memory.cognitive.disorder.centre@singhealth.com.sg

National Neuroscience Institute

Corporate Communications Department

Website: www.nni.com.sg

Email: eventsecretariat@nni.com.sg