Dementia in Australia

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Australia 2012

23m population

14% 65+

43.1% have at least one parent born O/S

25% born O/S
Ageing in Australia

- 2012: 3.2 million people 65+ (14% total pop)
- 2012: 423,700 people 85+ (1.9%)
- 2031: ≈20% of population will be 65+
- More women: 54% of 65+ and 65% of 85+

Indigenous Australians

- Indigenous Australians ≈ 670,000
- Indigenous 55+ Younger vs non-Indigenous pop
  - Shorter life span
  - 3-5x increased prevalence of dementia
  - Access aged care services at 55 (vs 65 for non-indigenous)
    - 2006: 7.7% of indigenous pop were 55+
    - 2021: ~12% of indigenous pop will be 55+
- Challenge of location: <1/3 aged 50+ lived in major cities compared to 2/3 of non-indigenous

ABS Experimental estimates & projections indigenous Australians 3238.0 1991-2021
Overseas-born Australians

- >1/3 of 65+ were born overseas
- 22% in non-English speaking countries
- Older than the Australian born population
  - 65+ = 18% (cf 12% Austn born; 2011 figures)
- Ageing in waves
  - Older from European countries (post WW II)
  - In 2011: 22% of popu born O/S aged 55-64 were from Asia, cf 13% of 65+

Dementia in Australia

- 2014 > 330,000
- 2050 ≈ > 900,000
- Higher rates in Aboriginal people

Access Economics (2009) Front of Mind
www.alzheimers.org.au

* Dementia in Australia, AIHW, 2012
Costs

• Cost of health in Australia is \(\approx 10\%\) of GDP or about $130b and rising above inflation

• Drivers – costs, demand, > expensive investigations, medicines and procedures

• Dementia costs 0.8\% GDP or \(\approx\)AU$6b pa.

• By 2050, dementia costs 1.8 – 3\%\% GDP

• AUD1 = USD 0.90
Care of people with dementia

- 180,000 people in Residential Aged Care Facilities (RACFs) i.e. nursing homes
- Triple by 2050 = 360,000 new beds in 40yrs; 9000 new beds per year for 40 years → 750 new beds per month for 40 years?
Tax, health & payment for services

- Australian government pensions
  - In 2012, 76% of 65+ received the Age or Veterans Pension
- Superannuation (compulsory 1992)
  - Many older people have never contributed
  - Historically low level of women in workforce
  - 65-69yrs: 64% women, 43% men no coverage
  - 70+: 87% women, 69% men no coverage

Costs of care

• Public funding AND private health insurance
• Incentives to insure privately; penalties for well off who don’t insure
• GPs, specialists – if Drs bulk bill = free;
  – if not, pay gap
• ≈ 1/3 medications are on Pharmaceutical Benefits Scheme:
  – $5.30 for pensioners, $32.90 for others
  – Full price if not subsidised

Tax, health & payment for services

- Tax system – top marginal rate is 45% +1.5% levy
- Public Hospital care free
- 65+ yr olds accounted for ≈ 13% pop; 39% of hospitalisations; 48% of public hospital pt. days
- Nursing home care – free is if few assets, otherwise pay accommodation bond
- Entry is based on level of disability
- Exempt (or private) Nursing Homes - expensive

Accessing aged care

• Aged Care Assessment Team/Service (ACAT/S)
• ACAT assessment used to determine eligibility for subsidised care
  – Physical, psychological, medical, cultural, social needs are assessed
  – Gatekeepers for subsidised services
Assessment for diagnosis

- **Primary care**
  - GP assesses
  - Confirmation with specialist - needs referral

- **Specialist care**
  - Neurologist – Diagnosis mainly
  - Geriatrician – Dx, continuing care
  - Psychogeriatrician – Dx, Care, BPSD
Policy Context

- Commonwealth responsible for ageing, community care, office medicine, medication, residential care
- States responsible for hospitals, disability <65 yrs
- National Dementia Plan, in development
- Some States have own plans
- Dementia = Australia’s 9th National Health Priority
- National Disability Insurance Scheme (≤ 65 yr olds)
- Sept 2013 new conservative government
‘Tackling dementia’ part of **LLLB reforms**

$268.4 million over five years

- New Dementia Supplement
- Improved hospital and primary care
- Increased focus on younger onset dementia
- Reducing time between symptoms and diagnosis
My aged care website

www.myagedcare.gov.au
Levels of community services

- Home Care Level 1 – to support people with basic care needs
- Home Care Level 2 – to support people with low level care needs (≤ 6 hours per week)
- Home Care Level 3 – to support people with intermediate care needs
- Home Care Level 4 – to support people with high care needs (≤ 21 hours per week)
- All packages now Consumer Directed Care

http://www.livinglongerlivingbetter.gov.au
Special groups - strategies

Culturally and linguistically diverse

Lesbian, Gay, Bisexual, Transgender, Intersexual
System of Residential Care

• Daily fees – calculated according to income
  – **Basic**: paid by everyone
    o Max is 85% of pension
    o Currently AU$45.63/day
  – **Income-tested fee**: paid if income is greater than the pension
    o Current max AU$72.48/day
    o Cannot exceed what government would pay for your care

• Exempt (luxury) RACFs charge ++, eg $130/day
System of Residential Care

- Accommodation payments – calculated according to assets, pay one of:
  - Bond if low level or extra service
    - No fixed amount to pay
    - Government will contribute if assets <AU$113,784 and pay if assets <AU$44,000
  - Accommodation charge if high level
    - Max AU$33.55/day (assets >AU$113,784)
    - Government will contribute if assets <AU$113,784 and pay if assets <AU$44,000
DBMAS

- Dementia Behaviour Management Advisory Services
- Clinical support for people caring for PWD – Community and RACFs
- Australia-wide
DTSCs

- Dementia training study centres
- Aims to improve quality of care & support
- Provides development opportunities for health professionals providing dementia care
  - Courses
  - Workshops
  - Seminars
  - Knowledge translation
DCRCs

- Dementia Collaborative Research Centres
  - Assessment & Better Care – UNSW
  - Carers & Consumers - QuT
  - Early Diagnosis & Prevention - ANU
Alzheimer’s Australia
Selected research

Epidemiological cohorts
- Sydney Memory and Ageing Study
- Older Australian Twin Study (OATS)
- Sydney Centenarian Study

www.cheba.unsw.edu.au
Selected research

- Residential care
- Person centred care
- Creative interventions
- General practice
- Deprescribing anti-psychotics in nursing homes
- Younger Onset Dementia
- Assessment tools ....

www.dementiaresearch.org.au
www.dementia-assessment.com.au
Improving quality of life in nursing homes

SMILE Study
- Cluster RCT
- 35 Nursing homes in Sydney
- ≈ 400 residents

2. Brodaty H et al *Am J Geriatric Psychiatry* (8 October 2013) doi: [10.1016/j.jagp.2013.08.005](https://doi.org/10.1016/j.jagp.2013.08.005)
SMILE Study

• 20% reduction in agitation symptoms in SMILE \(^1\)
• Effect size same as for antipsychotic Rx used to treat agitation without side effects
• Benefits on depression and QoL after adjustment for dose of SMILE \(^2\)

\(^1\) Low LF et al, BMJ Open, 2013
\(^2\) Brodaty H et al, Am J Ger Psychiatry, 2014
Improving diagnosis and management of dementia in GP

• GPCOG www.gpcog.com.au
  – 4 minutes, 13 languages
• GP training program
  – Continuing education points
  – e-learning modules
  – Desk top computer prompts

• Brodaty H et al:
  - 14 essentials of management *Medicine Today* 2013;14(9):29-41
Challenges

- Reducing stigma
- Delays in diagnosis
- Lack of referral services
- Management of BPSD
- Meeting demand for community packages
- Workforce shortages
- Insufficient funding for research
Questions

- www.cheba.unsw.edu.au
- www.dementiaresearch.org.au
- www.aihw.gov.au
- www.fightalzheimers.org.au

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