

Thank you for the invitation to present before the Committee

I have read most of the submissions and will discuss some of the clinical issues I see in my practice.

The prevalence and incidence of dementia and its impact on the health care system had been discussed in the previous submissions.

Timely diagnosis is vital in managing dementia. The first signs of dementia is often seen in hospitalised patients as delirium (acute confusion). Up to 30 % of patients in our medical wards have delirium and it is reported to be higher in surgical wards and intensive care units. However it is under diagnosed and undertreated. Any medical condition can trigger this in a patient who has mild memory loss to begin with. The patients with delirium will have some background memory problems and on follow up will already have or will develop dementia. Mortality in delirium is over 30% in 30 days, if not treated properly. Delirium is a reason for increase in length of stay, pressure sores; by loss of function and residential care admissions. It causes lots of distress and anxiety for the family. Unfortunately this common condition is poorly managed in our hospitals. We need to have interdisciplinary teams with proactive approach to treat delirium in every hospital. This is an opportunity for case finding of dementia.

Dementia is under-diagnosed in the community. The average time lag between the onset and diagnosis is 3 years. This will lose valuable time to intervene and to implement a proactive approach to management. The reasons for this are multiple. Families often do not want to think about dementia, patients are afraid of the diagnosis and doctors do not wish to be the messengers of bad news. Patients, if diagnosed early, can make up the living wills and advance care planning when their mental faculties are intact. If the diagnosis is delayed this valuable time window is lost. The solution will be doctors in the community to take a proactive approach in case finding with the support of specialised inter-professional teams.

Once diagnosed, patients and the families will need support. It is a disease, which affects the whole family. Patients and carers will need counselling and education.

Caring for a patient with dementia is very stressful. Carers need support and timely respite services. Often urgent respite is difficult to access. All this may lead to carer stress and elder abuse, which may be under reported.

Patients, if diagnosed early will respond to treatment and the response rate is better than the reports in clinical trials. There are problems with getting the medications, since these are authority prescriptions. Often patients, if they are living alone will misplace the mailed out prescriptions. There could be better ways of doing this.

Driving is a major issue in dementia. Patients once diagnosed should stop driving but most people are reluctant to give up driving since it will lead to "loss of independence ". Older people cannot afford to pay for specialised driving tests.

Advance care planning is important in dementia; often without this patients are subjected to invasive and futile medical interventions. There should be clear-cut instructions regarding this in patients who are admitted to nursing homes.

As a nation we have moral obligation to look after the elderly. They paid the taxes to pay for the health care system. They fought for the country to keep us safe. They sent us to medical schools to look after them in their old age. We are indebted to them and we need to provide them with evidence base proactive care. A health care system should be judged by the way we treat our elderly.

Thank you for your attention