



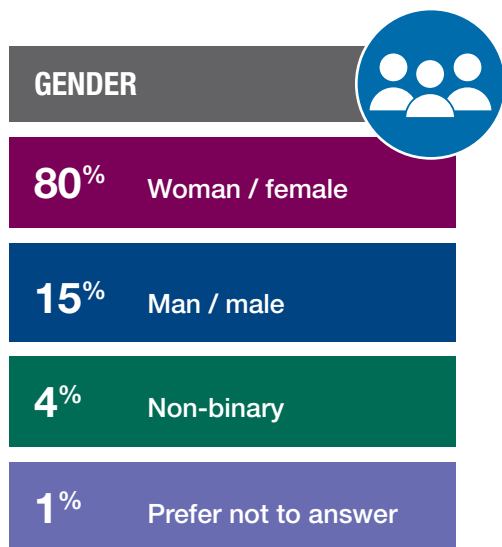
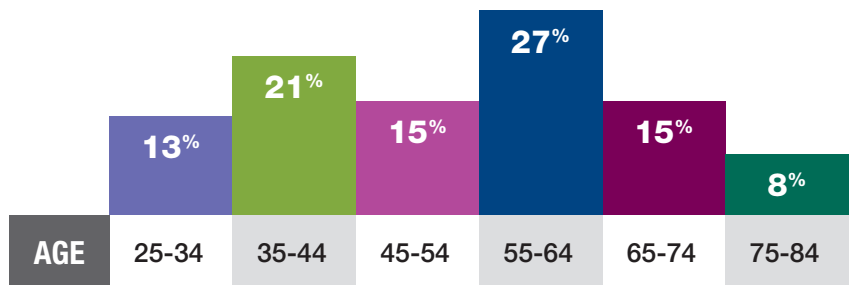
# UPDATE OF THE 2016 CLINICAL PRACTICE GUIDELINES AND PRINCIPLES OF CARE FOR PEOPLE WITH DEMENTIA: PUBLIC CONSULTATION SURVEY RESULTS

## Why does this survey matter?

The survey aimed to capture the insights and priorities of individuals living with dementia, as well as their formal and informal caregivers, regarding key areas such as dementia risk reduction, screening and diagnosis, and post-diagnosis care. The findings will guide the selection of topics for the upcoming update of the 2016 Clinical Practice Guidelines and Principles of Care for People with Dementia.

## Who Participated?

- We received 83 responses.
- 20% spoke a language other than English at home.
- 0% identified as Aboriginal or Torres Strait Islander



EXPERIENCE OF DEMENTIA*	Percentage
Someone who works with people living with dementia	61%
A current or former caregiver	33%
Someone involved in dementia policy or advocacy	31%
Other	12%
A dementia researcher	11%
A person living with dementia	5%

\*Participants could share multiple experiences with dementia and choose all that applied to them.

## Findings

Over 50% of participants listed the following topics as key factors to consider for reducing risk, screening and diagnosing, and post-diagnosis care. They were asked to select their top five choices for risk reduction and post-diagnosis care, and their top three choices for screening and diagnosis.

<p><b>RISK REDUCTION:</b> <i>Interventions that reduce the risk of dementia</i></p>	<p>‘Supportive environments - maintaining sense of belonging and connection and sense of agency.’</p> <p>- Carer, involved in dementia policy or advocacy</p>
<ol style="list-style-type: none"> <li>1. Increasing social interaction</li> <li>2. Maintain a healthy, balanced diet</li> <li>3. Increasing physical activity</li> </ol>	<p>‘Trained “specialist” Allied Health clinicians could also be part of the cognitive/physical/functional screening, and a multidisciplinary approach to differential diagnosis should be considered.’</p> <p>- Someone who works with people living with dementia</p>
<p><b>SCREENING AND DIAGNOSIS:</b> <i>Pathways to identify dementia</i></p>	<p>‘Having a nominated dementia care navigator assigned to the person with the diagnosis and their carer/family.’</p> <p>- Carer, involved in dementia policy or advocacy</p>
<ol style="list-style-type: none"> <li>1. Cognitive screening in primary care</li> <li>2. Cognitive assessment by a specialist</li> <li>3. Imaging (e.g. Brain MRI, CT scan, PET scan)</li> <li>4. Blood test for Alzheimer’s Disease biomarkers</li> </ol>	
<p><b>POST DIAGNOSTIC CARE:</b> <i>Interventions to support independence and quality of life</i></p>	
<ol style="list-style-type: none"> <li>1. Information/resources about the symptoms and progression of dementia</li> <li>2. Training for carers on how to support someone living with dementia</li> <li>3. Counselling</li> </ol>	

## What Happens Next?

The topics to be included in the Update of the 2016 Clinical Practice Guidelines will address all three topics of interest for risk reduction and three of the four topics for screening and diagnosis. The other topics (cognitive assessment by specialists and all post-diagnostic care topics) will not be updated due to high quality recommendations from other guidelines being available.

These topics will also be used to help guide consumer resources for the Guidelines.

**To receive updates and invitations to future opportunities related to the guidelines please register here:**  
[mailchi.mp/e14/dementia-guidelines-register-your-interest](mailto:mailchi.mp/e14/dementia-guidelines-register-your-interest)

**For more information please visit our website at:**  
[monash.edu/medicine/dementia-guidelines](http://monash.edu/medicine/dementia-guidelines)