

The ISLAND Clinic

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- Tasmanian Dementia and Cognitive Assessment clinic
- Wicking Dementia Research and Education Centre
- Australian Dementia Network, University of Tasmania



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Introducing our presenters:

Dr Jane Alty

Dr Alison Cleary

Dr Scott McDonald

Dr Katharine Salmon

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Dr Jane Alty

Neurologist

Dr Alty qualified in Medicine from the University of Cambridge. She completed her General Medicine and specialist Neurology training in London, Manchester and Leeds (UK) and a 6-month Fellowship at Monash Medical Centre. In 2013, she was appointed a Consultant Neurologist at the Leeds Neurosciences Centre UK and, in 2019, joined the Wicking Dementia and Education Centre, and School of Medicine, University of Tasmania as an academic neurologist. She holds Neurologist positions at the Royal Hobart Hospital and has active research projects in dementia, Parkinson's disease and movement disorders.

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Dr Alison Cleary

Geriatrician

My name is Dr Alison Cleary, I am a Geriatrician working at the Island Clinic. I completed my MBBS (Hons) at University of Tasmania in 1999 with my clinical years at RHH, LGH and Mersey Hospital at Latrobe. I undertook training in Qld, with diverse interests including paediatrics, palliative care in remote indigenous communities, specialist renal transplant and haematology services. I completed my physician training at Princess Alexandra Hospital and Prince Charles Hospital Qld. I completed advanced training in Hobart with fellowship clinical work at Older Persons Mental Health Services (OPMH). I received my FRACP in 2010. I have subsequently worked across rehabilitation and acute inpatient services in both public and private hospitals. I currently work in private practice on Mondays at The Hobart Clinic (Rokeby) and am employed as a Staff Specialist in Geriatric Medicine at RHH for the remainder of the week. I have a special interest in cognitive assessment and the management of complex psychiatric and behavioural care needs. I am the consultant of a 10 bed rehabilitation unit at the Roy Fagan Centre and continue to collaborate to provide combined care together with OPMH Services.



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Scott McDonald, PhD

Neuropsychologist

Scott McDonald worked as a researcher in perception, neuroscience, and behaviour for over a decade in the UK, Germany, and Australia. He completed his Masters in Neuropsychology at the University of Melbourne. He is currently a registered psychologist, employed as a Neuropsychology Registrar at the Royal Hobart Hospital in addition to his role at The ISLAND Clinic. He has a wide range of clinical experience in the neuropsychological sequelae of Traumatic Brain Injury, psychopathology, encephalitis, neurosurgery, cancer, and epilepsy, as well as dementia.



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Dr Katharine Salmon

General Practitioner

Katharine Salmon completed her MBBS in Tasmania and works as a General Practitioner in Hobart. She has also worked in a variety of positions in the UK before returning to Sydney and completing her FRACGP. Katharine has an interest in geriatrics and palliative care and has recently joined the Wicking Centre for Research and Education to work with The ISLAND Clinic and pursue her interest in dementia prevention, diagnosis and care.



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Some further thought provoking statistics.

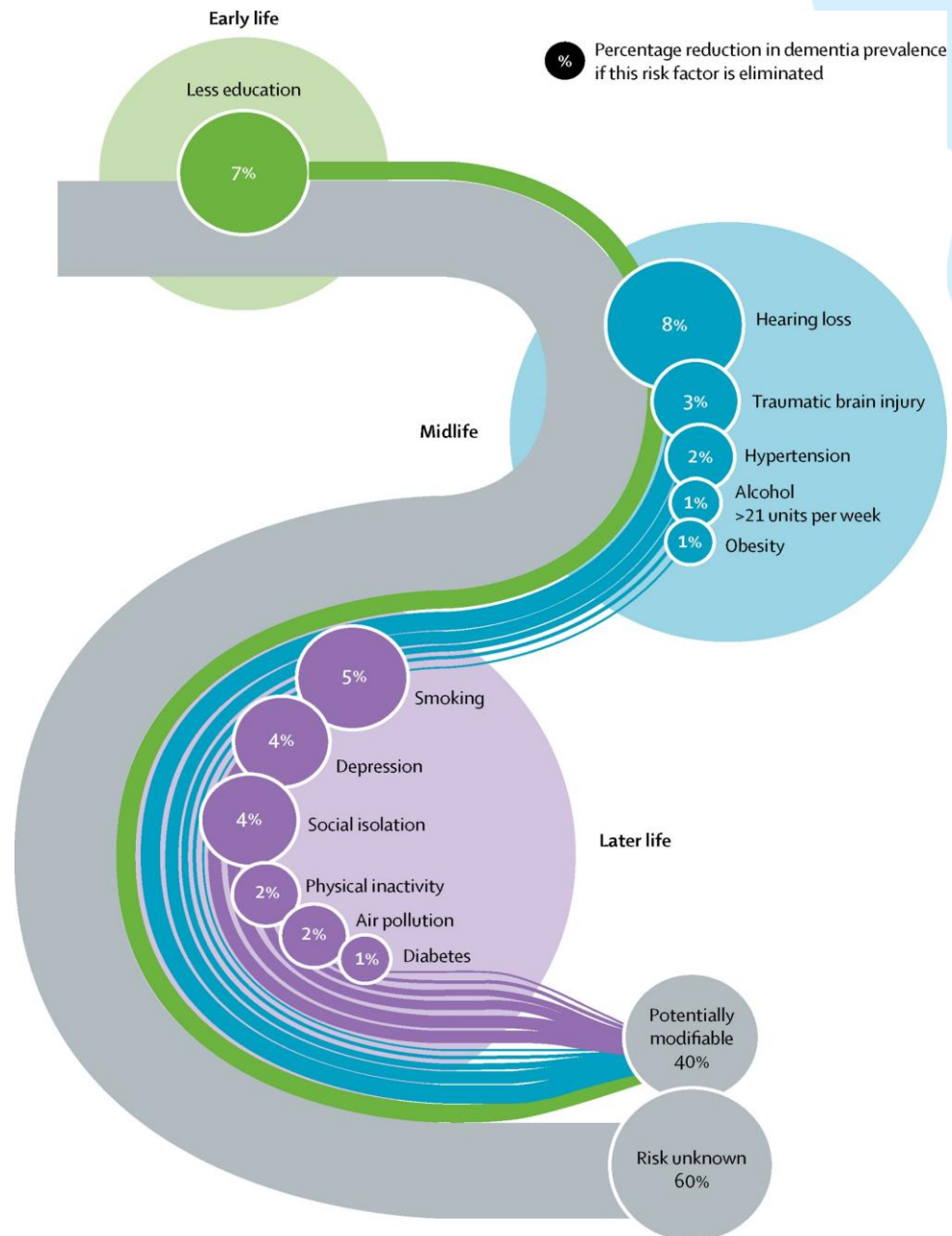
- Dementia is the single greatest cause of disability in older Australians (>65yo) and the third leading cause overall.
- Dementia accounts for 52% of all residents in RACFs .
- Symptoms of cognitive decline are usually noted by families about 2 years prior to the first health practitioner consultation.
- The average time from symptom awareness to diagnosis is 3 years and can be longer in those with younger onset dementia.
- GPs are the first port of call for presentation but if concerns are not acted on then it can take several years before it is mentioned again – missing a valuable opportunity.



Population attributable fraction of potentially modifiable risk factors for dementia

THE LANCET COMMISSIONS
[VOLUME 396, ISSUE 10248](#),
P413-446
AUGUST 08, 2020

Dementia prevention,
intervention, and care: 2020
report of the *Lancet* Commission



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Definition of dementia

World Health Organisation

Dementia is a syndrome – usually of a chronic or progressive nature – in which there is deterioration in cognitive function (i.e. the ability to process thought) beyond what might be expected from normal ageing. It affects memory, thinking, orientation, comprehension, calculation, learning capacity, language, and judgement.



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What is the ISLAND Clinic?

- The ISLAND Clinic is an interdisciplinary cognitive assessment clinic.
- The goal of the clinic is to provide early assessment and consensus diagnosis of cognitive changes and to develop a management plan for the client/ carer and General Practitioner.
- The Interdisciplinary team (IDT) consists of Geriatricians, Neurologist ,General Practitioner, Nurse Practitioners, Neuropsychologist, Psychologist, Dementia Australia support and volunteers.



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Our Team

- Administration: Kim Kennedy
- Neurology : Dr Jane Alty
- Geriatricians : Dr Alison Cleary, Dr Madeleine Beaumont
- GP : Dr Katharine Salmon
- Nurse Practitioner : Helga Merl
- Neuropsychologist : Scott McDonald
- Psychologist : Kimberley Stuart
- Physiotherapist : Katherine Lawler
- Volunteer : Leigh Kline
- Dementia Australia

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Links with research

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- The ISLAND Clinic has been developed by the Wicking Dementia Research and Education Centre and is situated at the clinic rooms in the Medical Sciences Building, 17 Liverpool Street, Hobart, Tasmania.
- The Australian Dementia Network (ADNeT) has developed a national clinical quality registry, cognitive clinics and clinical trials network. The ISLAND clinic will form part of this nationwide memory clinic group.
- The clinic will function as a diagnostic clinic linked with research. Clients will have the opportunity to participate in research, both current and future and will have the right to decline/withdraw research participation at any stage of the process with no compromise to their clinical care.



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Wicking Dementia Research and Education Centre

The Wicking Dementia Centre is a global leader in dementia research and education.

Our mission is to transform the understanding of dementia worldwide, and positively influence aged and health care policies, creating dementia-friendly communities.

We conduct innovative, multidisciplinary research with a focus in 3 key areas of care, prevention and cause. This informs our education programs including the Understanding Dementia and Preventing Dementia MOOCs (Massive Open Online Courses), the Bachelor of Dementia Care Degree Program and starting in mid-2019 the Bachelor of Ageing and Dementia Studies and Masters in Dementia.



What can the ISLAND Clinic provide?

- Expert clinical assessment and consensus diagnosis in an interdisciplinary clinic.
- Up to date information and education to the client, carers, family and community.
- Linkage to support groups and service providers, education and information.
- Linkage to research participation possibilities.
- Assistance with future planning.
- Advice regarding driving.
- Help to exclude / treat reversible causes.
- Manage co morbid conditions.
- Advice regarding instigating disease modifying activities.
- Information about access to disease modifying medications.

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Who to refer?

- Adults with persistent cognitive symptoms for more than 3 months.
- Previous ISLAND Clinic clients who may have received a diagnosis of Mild Cognitive Impairment or when the diagnosis was unclear.



Who not to refer :

- Clients who already have a diagnosis of dementia and/or have accessed treatment.
- Acute behavioral disturbances.
- Significant substance abuse.
- Crisis from the carer's perspective.



How to refer?

- Health Link
- email ISLAND.clinic@utas.edu.au
- Fax 0362264385
- Links to the templates are available through Primary Health Tasmania and under the templates button. They are available for both Medical Director and Best Practice.



The referral

- The referral is comprehensive and requires the GP to complete information on relevant history, examination, pathology testing within the last 6 months, imaging, an up to date medication profile and relevant communications (e.g. ACAT assessment/ relevant specialists letters).
- **It may require more than one appointment in general practice to complete the referral.**



Pathology and imaging

- A radiology referral will be sent to the client for an MRI brain scan appointment or CTB (prior to the clinic appointment) if it has not been done in the 6/12 prior to review.
- Notification of the clinic and imaging appointments will be sent to both the client and referrer upon triaging of the referral.
- Relevant pathology will be requested as per the referral form and includes : FBE, UEC, LFT, Calcium, MSU or UA , TFT's, B12, Folic acid, CRP, BSL (HBA1C if indicated) , HIV.



The “Welcome Pack”

- The client will be sent a “Welcome Pack”.
- This pack will include information about the clinic, appointment date, time and address and also how the day will evolve for the client.
- The pack also includes several screening tests such as the GDS and consent forms, one for attending the clinic and the other for participation in research.
- On arrival at the clinic these will be reviewed together with capacity to consent. We will allow provision of time to assist clients with these forms if necessary.



What can the client expect?

- A clinic appointment at the Medical Science Precinct 1, 17 Liverpool Street, Hobart. This is expected to take nearly a full day. We can stagger the appointments if that will be a more acceptable format for the client.
- Appointments can also be arranged using Telehealth and via community medical centres such as The Queenstown Hospital / Midlands multipurpose Health Centre.
- Clients are strongly encouraged to bring along a carer/support person. The appointments will be at no out of pocket cost to the client.
- The client will have a 2 tiered comprehensive assessment with both neuropsychological cognitive testing and then a medical history and examination.



What can the client expect?

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- An interdisciplinary meeting at which the client's assessment and MRI scan/pathology results will be discussed by the team and a diagnosis agreed upon on the day, if possible.
- A second meeting that day with the client and carer/responsible person to advise of and discuss the diagnosis.
- Information and linkage with support services can be commenced on this day as needed.



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Communications

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- A comprehensive letter detailing diagnosis / supports and management will be sent to the client/ carer and the GP within 2-4 weeks of the initial clinic appointment in most cases.
- Throughout the process the referring General Practitioner will remain informed.



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Follow up?

- If the diagnosis is not able to be made on the day of the clinic visit then the client and carer/responsible person will be advised re further appointments.
- Further follow up appointments as necessary.



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