

September Newsletter Australia and New Zealand Chapter IFNA



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Australian and New Zealand Chapter News

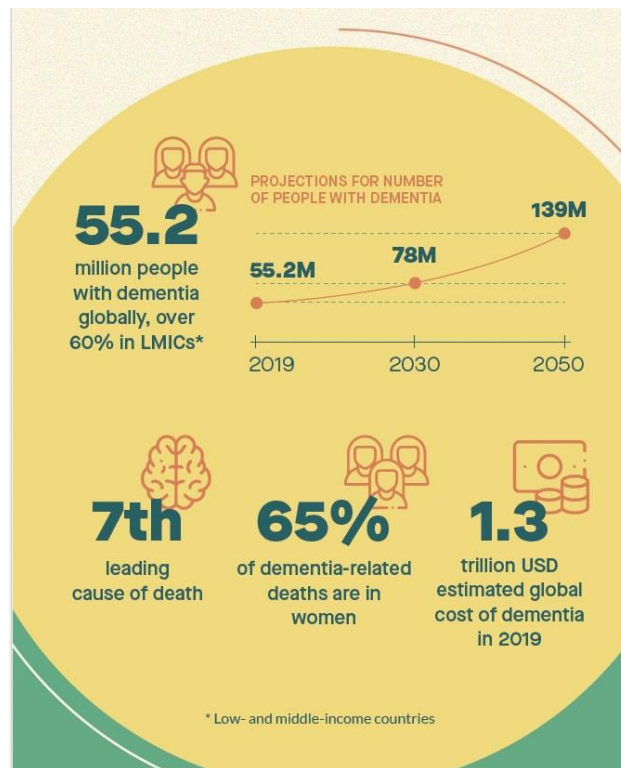
This month's newsletter has a focus on dementia and how nurses can support families and friends who are learning to live with the changes that a person living with dementia will experience. **Dementia is a clinical syndrome** characterised by memory loss and cognitive decline that is severe enough to cause a decline in social and/or occupational function (American Psychiatric Association, 2013). Over 70 diseases can cause dementia (LoGiudice & Flicker, 2014) with Alzheimer's disease the most common form of dementia (approximately 70%), followed by vascular dementia (10-15%), dementia with Lewy bodies (10%), and frontal lobe dementia (rare). Diagnosis of dementia requires differentiation from diseases that may mimic dementia, such as depression. It is difficult to make a diagnosis the first time when there is co-existing delirium (American Psychiatric Association, 2013).

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There is no pharmacological agent that alters progression dementia, with the disease becoming progressively worse over time. People living with dementia initially experience alterations in communication, due to the effects of dementia on the brain. Specifically, they may experience changes in

their perceptions of vision, hearing, feelings of pain or discomfort, smell and taste. The ability to form thoughts and speak also will be affected over time.

Most people who present to the doctor have been living with dementia for some time. In the early stages, people are able to manage these changes to their brain with simple work-arounds or coping strategies, continuing to manage their instrumental activities of daily living such as managing finances, shopping, preparing meals, and housekeeping. These workarounds become less effective as the changes in the brain advance and over time, the person becomes more dependent on others.



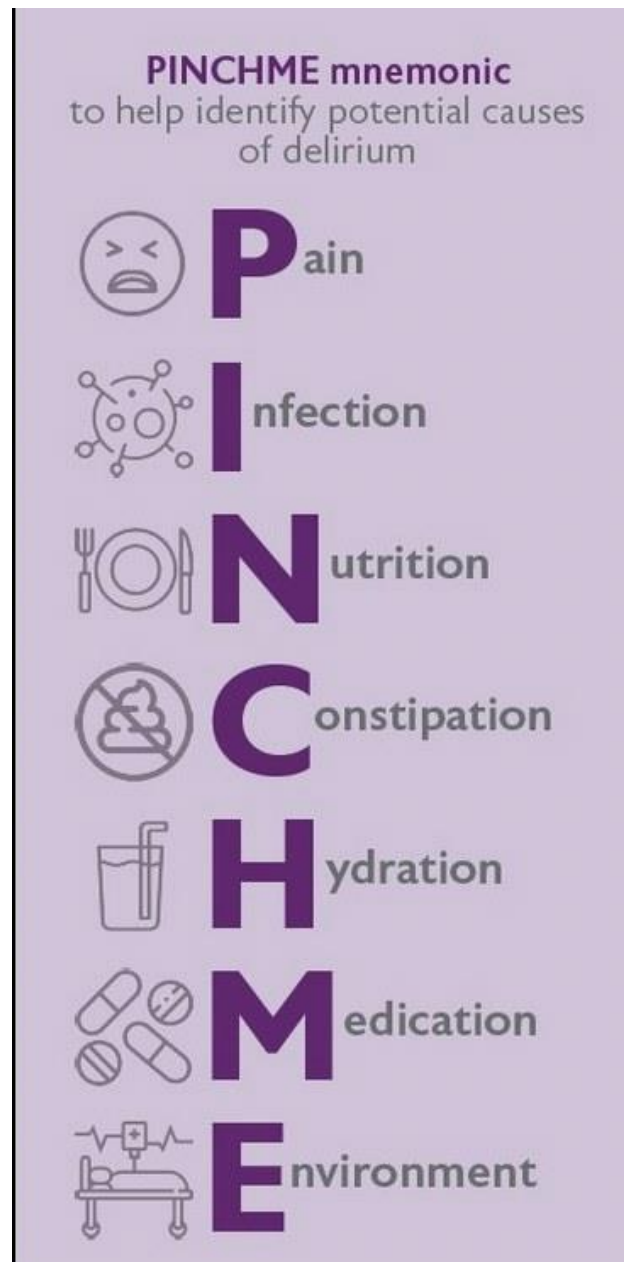
1 - [Dementia Australia](#)

The importance of family to support the person living with dementia

The family has an important role in the care of people living with dementia. **Understanding how dementia affects the brain**, with implications for **communication** and **independence** in instrumental activities of daily living, and later functional activities of daily living, can help them to support the person living with dementia. Later in the disease, people living with dementia may communicate and respond to situations through their behaviours, usually as a result of distress or a sign that their medical condition has changed. It is important for nurses to support families to **develop strategies to manage behaviours** as they arise, including how to look for signs of pain, acknowledge the person's feelings, offering a drink or snack.

New behaviours may be related to a medical condition, presenting as a delirium on dementia. Family members who notice these changes have important information to offer staff to help identify possible sources for the delirium.

Using the mnemonic, PINCH ME, can help work through possible causes of delirium, where P = Pain; I = infection; N = nutrition; C = constipation; H = hydration; M = (new) medication; and E = environment.



From the British Geriatrics Society Clinical Guidelines for End of Life Care in Frailty: Delirium 2020

Families and the care of the person with dementia in hospital

People living with dementia are **8x more likely to develop a hospital-acquired complication** in hospital compared to someone the same age and with the same condition but without dementia (Bail et al., 2013). To help maintain well-being, and prevent complications, fundamentals of care is required. Attention to comfort, nutrition and hydration, hygiene including mouthcare, mobilisation, elimination

including avoidance of constipation, and social and cognitive engagement can reduce the four most common complications of delirium, urinary tract infection, pneumonia and pressure injuries (Bail & Grealish, 2016).

Families have an important role to play in hospital care. Focusing care on function and including families has been found to achieve higher levels of activities of daily living and walking performance, reduce severity and duration of delirium and hospital readmissions (Boltz et al., 2015). Family caregivers showed increased preparedness for caregiving and less anxiety (Boltz et al., 2015), indicating that this approach to care provides a possible pathway for improving care for people living with dementia.

[International Family Nursing Dementia Resource](#)



Resources for your family research and clinical practice

Don't forget to access the **International Family Nursing website** for a range of family theory, scales and publications to help build your research.

<https://internationalfamilynursing.org/>



International Family Nursing Association

Position Statement on Pre-Licensure Family Nursing Education

Background

The promotion of family health and healing are values many nurses share globally. The International Family Nursing Association (IFNA) has developed a Position Statement on Pre-Licensure Family Nursing Education to encourage and assist all nurse educators to include family nursing education worldwide.

For the full Position Statement, visit internationalfamilynursing.org

The Position Statement is available in several languages.



Family Nursing

Many definitions of family nursing exist in nursing literature and practice. The common attribute is the integration of nursing care to both the family as a whole and the individual family members, with attention to relationships among members.

Family nursing education encompasses the teaching of practice based and evidence informed theoretical knowledge and skills that are clinically developed through supervised practice.



Theory-Driven
Family nursing theories support family nursing education.



Collaborative
Family nursing education includes collaborative relationships.



Evidence-Informed
Practice models that guide family nursing are informed by evidence.

Position Statement

A focus on family nursing should extend beyond a single course and be integrated throughout nursing curricula in ways to influence critical thinking and clinical judgment.

One of the primary mechanisms for developing the knowledge and skills necessary for family-focused care is the intentional inclusion of family during all aspects of pre-licensure nursing education.

Family-focused nursing care should be a standard of practice across the lifespan and should include family assessment, planning, nursing actions or interventions, and outcome evaluation.

Nursing curricula should include a systematic and progressive introduction to family-focused health care supported by evidence-informed family-derived theoretical frameworks.

Foundational Competencies

- Therapeutic communication skills
- Individual and family empowerment
- Appreciation of diversity
- Intentionally family-focused actions
- Critical reflection about nurse's beliefs about family
- Links between individual, family, community, and health systems
- Effective partnering or collaboration
- Coordinated care including experiences of individual and family
- Integration of family needs and desires
- Value of individual and family outcomes
- Collaborative goal setting and outcome measurement
- Policies that address individual and family care needs



2024 travel to Denmark in May for the Nordic Family Health Conference

Sharing interdisciplinary work to improve the health and well-being of families

The aim is to bring together researchers and health and social care professionals to learn, share, and inspire collaboration on current and emerging global health and care challenges.

Important dates

Preconference: Tuesday, May 21 2024

Conference Wednesday May 22 and Thursday, May 23 2024

Important dates

Call for Abstracts Opens: August 15 2023 close December 1st, 2023

Early Bird Fee: From August 15 2023 until March 20, 2024

Regular Fee: From March 21, 2024

Please note that the conference is for personal attendance only.

<https://www.conferencemanager.dk/nordicfamilyhealthandcareconference2024/social-program>

Contact Dr Elisabeth Coyne for more information. E.coyne@griffith.edu.au



Next meeting Wednesday • September 13th , 1400-1500 AEST

Microsoft Teams meeting

Join on your computer, mobile app or room device

[Click here to join the meeting](#)

Written by Associate Professor Laurie Grealish, edited by Dr Elisabeth Coyne.

References

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