The Koori Dementia Project:
Some observations around mobility

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Welcome to country

I would like to acknowledge the traditional custodians of this land on which we stand.

I would also like to pay respect to the elders past and present and extend that respect to other Aboriginal people present.

* Please note that there are people who are now deceased shown in this presentation
Aims

• To share a BRIEF overview of what is currently known about falls in Aboriginal People
• To share some preliminary results from the Koori Growing Old Well Study (KGOWS) and the relationship of falls to dementia
• To make some observations around what is currently known and available and to raise some questions for the future
What is the Koori Dementia Care Project (KDCP)?

- Builds on the current work of the Koori Growing Old Well Study (KGOWS)
- Commitment to build capacity around dementia in six urban/regional Aboriginal communities in NSW
- Funded for two years 2012-2013 by ADHC
- Auspiced by Neuroscience Research Australia and supported by the DCRC
KGOWS PARTICIPANTS – 60+

336 participants (a 61% sample)

- 328 Aboriginal people
- 2 Torres Strait Islander people
- 6 Both Aboriginal & TSI
- Aged 60-92 years (73% 60-69 yrs)
- 60% Female - 40% Male
- 2% ESL (60% in the Kimberley)
RESULTS: Dementia Prevalence at 60+

- **Dementia Prevalence (crude) = 13.4%** (95% CI 10.2%, 17.5%)
- **Dementia Prevalence (age adjusted) = 21%**
- **Dementia Rate = 3 x non-Indigenous rate of 6.8%**
- Types of dementia (n = 41):
  - Alzheimer’s 56% (n = 23)
  - Vascular 22% (n = 9)
  - Head trauma 12% (n = 5)
  - (12 cases mixed dementia)
- **MCI Prevalence = 17.5%**
RESULTS: Dementia Prevalence by Age Groups

(1)“Dementia in Australia”, AIHW (2012)
Who had a fall and how many in the last year

A fall is characterized as an unexpected loss of balance resulting in coming to rest on the floor, the ground, or an object below knee level. Dizziness, Blackouts, Falls; NOT spiritual visions.
## Falls and age breakdown

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Participants experiencing a fall</th>
<th>% Participants experiencing a fall</th>
</tr>
</thead>
<tbody>
<tr>
<td>60-64 (n=153)</td>
<td>30</td>
<td>8.9%</td>
</tr>
<tr>
<td>65-69 (n=92)</td>
<td>25</td>
<td>7.4%</td>
</tr>
<tr>
<td>70-74 (n=51)</td>
<td>11</td>
<td>3.3%</td>
</tr>
<tr>
<td>75-79 (n=26)</td>
<td>4</td>
<td>1.2%</td>
</tr>
<tr>
<td>80 + (n=14)</td>
<td>3</td>
<td>0.9%</td>
</tr>
<tr>
<td><strong>Total (n=336)</strong></td>
<td><strong>73/336</strong></td>
<td><strong>21.7%</strong></td>
</tr>
</tbody>
</table>
Age Breakdown of the Fall Cohort

- 60 - 64 years: 41%
- 65 - 69 years: 34%
- 70 - 74 years: 15%
- 75-79 years: 6%
- 80 + years: 4%

*Preliminary results*
## Number of falls

<table>
<thead>
<tr>
<th>Number of Falls</th>
<th>Participants experiencing a fall</th>
<th>% Participants experiencing a fall</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>42</td>
<td>12.5%</td>
</tr>
<tr>
<td>2</td>
<td>13</td>
<td>3.9%</td>
</tr>
<tr>
<td>3 (or More)</td>
<td>18</td>
<td>5.4%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>73/336</strong></td>
<td><strong>21.7</strong></td>
</tr>
</tbody>
</table>

13% of the fall cohort had a diagnosis of dementia

* Preliminary results
Gender difference in falls

Males
27.4% were men

Females
72.6% were women
Fractures

14% of fall cohort sustained a fracture
- wrist +++
- arm +
- back / spine +
- collar bone +
- knee and ankle +
- leg and hip +
- missing +
KGOWS information

Dementia:
- **22.22%** of participants with a diagnosis of dementia fell
- **22.65%** of participants with no dementia fell

Mobility:
- **35%** of participants with mobility issues (ADL) experienced a fall in the last year.
- **19.07%** of those participants who were fully mobile experienced a fall in the last year.
KICA Study (Kimberley)

113 /363 (31%) of the study cohort had a fall over the previous year

Of those 113 who fell

• 20 had dementia (44% of the dementia cohort)
• 16 had mild cog impairment (55% of the mild cohort)
• 77 had no cog impairment (27% of the no cog impairment cohort)
Hospitalisation rates for falls (2003-2009)

• Falls on the same level were the main cause of hospitalisations due to falls in Aboriginal people (37%) and predominately affected those aged 65 years or over.
• The highest rates of hospitalised falls were among those aged 65 and over in Aboriginal females and those aged 60-64 in Aboriginal males.
• There appeared to be a greater increase in rates of falls-related hospitalisations among Aboriginal people (52%) compared to non-Aboriginal people (19%) between 1 July 1999 and 30 June 2009.
• Rates of hospitalisation for falls were lower in Metropolitan areas for Aboriginal people compared to non-Aboriginal people; the opposite was true in other areas. Generally, the rate in Aboriginal people increased slightly with increasing remoteness.
There is evidence that fall rates in Aboriginal people are higher at a young age, so implementation of falls programs at younger ages is appropriate. Those living in residential aged care or nursing homes have substantially different health status and mobility issues and require different targeted interventions.

Falls Prevention for Aboriginal People A tool for Aboriginal Health Workers and Aboriginal Communities

Risk factors??

- Socioeconomic issues?
- Remoteness?
- Mobility Issues?
- Co morbid illness?
- Dementia?
- Cultural history?
- Cultural experience?
So some questions – still to be answered

• Are there across the life cycle issues in falls in Aboriginal people?
• Do risk factors for falls look the same in Older Aboriginal people?
• Does fall prevention look the same in Aboriginal communities?
• Do resources for Older Aboriginal people look the same as Non Aboriginal resources?
• Where to from here?
An important observation 😊

• **Anecdotally** Falls in Older Aboriginal People look different to non Aboriginal falls work

• **Research** indicates Falls in Older Aboriginal People are different to non Aboriginal falls work

• **Responses** need to be different to non Aboriginal falls work
References

• K. Smith, BSc L. Flicker, PhD N.T. Lautenschlager, MD O.P. Imeida, PhD D. Atkinson, MBBS, MPH A. Dwyer, Dip Arts D. LoGiudice, PhD. High prevalence of dementia and cognitive impairment in Indigenous Australians

• Boufous, Soufiane. Ivers, Rebecca. Senserrick, Teresa. Martiniuk, Alexandra. Underlying causes and effects of injury in Australian Aboriginal populations: a rapid review. The George Institute for Global Health, The University of Sydney, Kathleen Clapham Woolyungah Indigenous Centre, University of Wollongong An Evidence Check review brokered by the Sax Institute for the NSW Department of Health May 2010

• Falls Prevention for Aboriginal People: A tool for Aboriginal Health Workers and Aboriginal Communities

• The Koori Growing Old Well Study
  https://neura.edu.au/research/projects/koori-growing-old-well-study