Seminar on **Dementia Intervention in a Low-resources Area**: The Example of Cognitive Stimulation Therapy in **Africa**

**October 9, 2018** (Tuesday) | **3:30pm – 5:00pm**
Social Sciences Chamber, 11/F, The Jockey Club Tower, Centennial Campus, HKU

**About the Speaker**
Professor Richard Walker is a Consultant at North Tyneside General Hospital, and Honorary Professor of Ageing and International Health at Newcastle University. He is the Clinical Lead for the Northumbria Parkinson’s disease (PD) service. His research interests in PD include epidemiology, psychiatric symptoms, palliative care, respiratory symptoms, exercise and sub-Saharan Africa (SSA). He was on the UK PD NICE Guidelines 2017 Development Group and the PD Quality Standard Advisory Committee for NICE. For the UK Parkinson’s Excellence Network he is consultant lead and also lead for “underserved groups”. He has a research interest in other non-communicable diseases in SSA including stroke, epilepsy, hypertension, dementia, fluorosis and frailty. He is Associate International Director for SSA for the Royal College of Physicians, London. He is the Clinical Lead for the Northumbria/Kilimanjaro Christian Medical Centre health link. He is immediate past Chair of the Movement Disorders Society African Task Force.

**ABSTRACT**
The prevalence of dementia is increasing worldwide but the biggest proportionate increase over the next 30 years will be in low and middle income countries (LMICs) such as those in sub-Saharan Africa (SSA).

However, the resources to combat this challenge in LMICs are very limited with few relevantly trained professionals and the WHO has suggested a “task-shifting” approach. There are challenges around measuring cognitive impairment, and diagnosing dementia, in these areas where many of the individuals may never have been to school and cognitive assessment tools developed in high income countries (HICs) are inappropriate. There is therefore a need for culturally sensitive local tools to be developed. In view of this we have developed the IDEA cognitive screen in Tanzania which we have validated in the community, outpatient and inpatient settings both in Tanzania and Nigeria using translated versions in Swahili and Yoruba respectively. Individuals identified with dementia then received cognitive stimulation therapy (CST) which had been adapted for the local situations and this had a significant impact on cognition over the trial period in both Tanzania and Nigeria. We now plan to role CST out elsewhere in Tanzania and Nigeria and also look into using it in other countries. In addition we have developed a carer education package for carers of people with dementia. Both of these interventions can be provided at relatively low cost. We have provided training to local occupational therapists and CST is now on the local undergraduate occupational therapy curriculum at Kilimanjaro Christian Medical Centre.

**Moderator:** Dr Gloria Wong, Assistant Professor, Department of Social Work and Social Administration, HKU


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