



Australia-ASEAN Academics Forum

Online education during Covid-19 and beyond.



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WICKING

Dementia Research
and Education Centre



An online learning strategy to scale
up dementia educational nationally
and globally



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Dementia

- Umbrella term/syndrome
- Not 'normal ageing'
- Change in brain function, including thinking, behaviour and personality
- Linked to pathological changes in the brain ie **they are diseases!**



Four major diseases that cause dementia:

- Alzheimer's disease
- Frontotemporal dementia
- Lewy body dementia
- Vascular dementia

- + dozens more...



Dementia is a major Public Health issue of the 21st Century

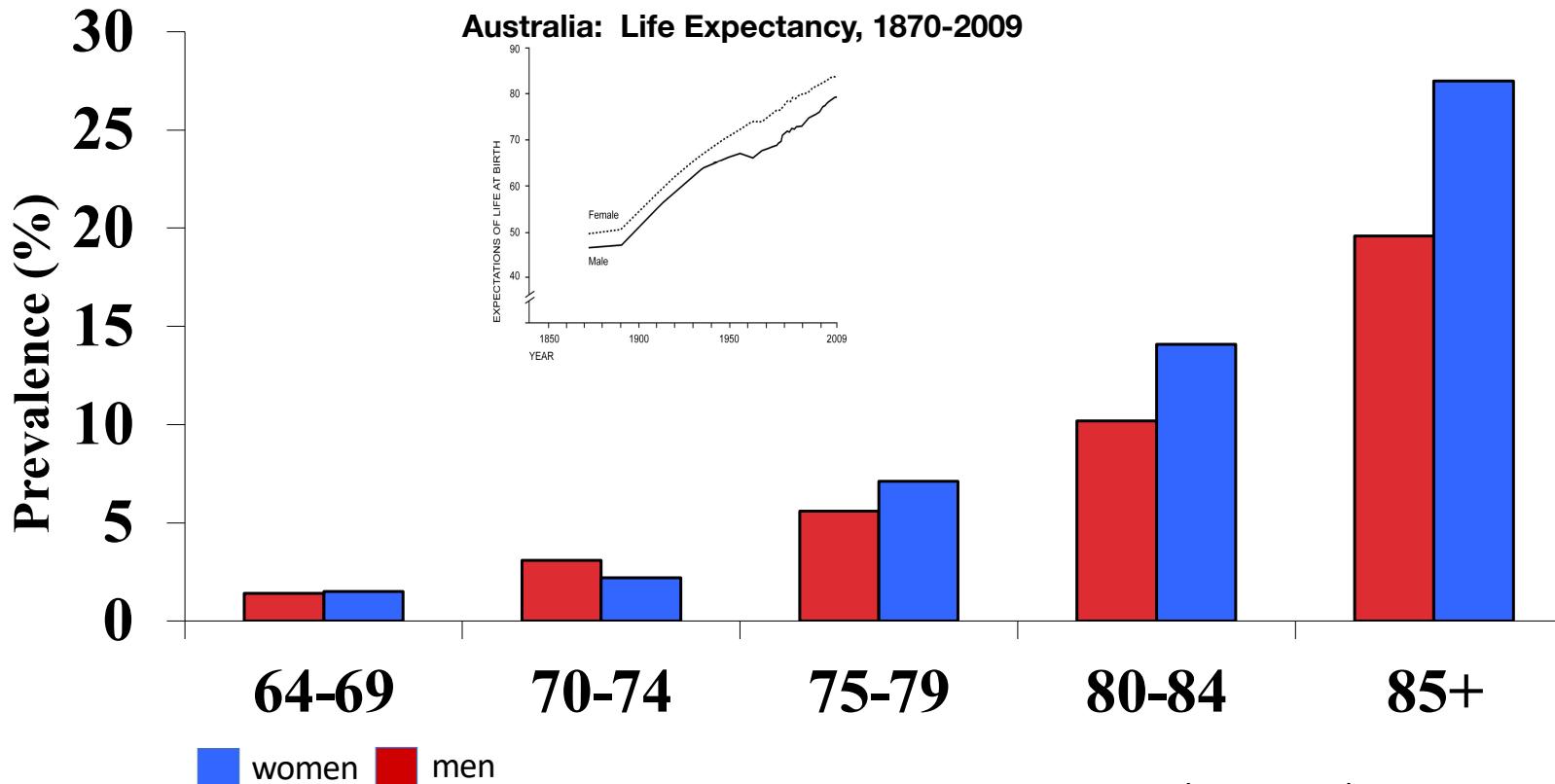
2015 World Alzheimer Report (Alzheimer's Disease International)

- World population rapidly ageing
- Estimated 46.8 million living with dementia worldwide currently.
- 74 million by 2030.
- 131 million by 2050
- Fastest growth of dementia cases in low-middle income countries

| Cause | 2009 | Rank | 2019 | Rank |
|------------------------------------|-------------|----------|--------------|----------|
| Ischemic heart disease | 22587 | 1 | 18244 | 1 |
| Dementia | 8280 | 3 | 15016 | 2 |
| Stroke | 11216 | 2 | 9891 | 3 |
| Trachea/lung cancer | 7786 | 4 | 8821 | 4 |
| Chronic lower respiratory diseases | 5984 | 5 | 8372 | 5 |
| Colorectal cancer | 5244 | 6 | 5410 | 6 |
| Diabetes | 4176 | 7 | 4967 | 7 |
| Blood/lymph cancer | 3811 | 8 | 4793 | 8 |
| Influenza/pneumonia | 1796 | 17 | 4124 | 9 |
| Urinary system disease | 3315 | 11 | 3903 | 10 |



Prevalence of Dementia by Age



Source – MRC-Cognitive Function and Aging Study
Overall risk approx 6.6% over age 65 (95% CI 5.9-7.3)

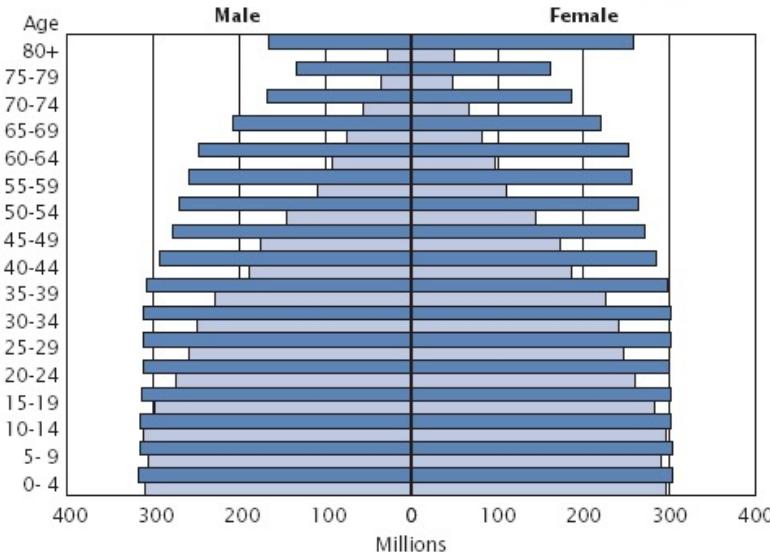
Age-Gender Structure of World Population

Figure 3.

Age-Sex Structure of World Population: 2002 and 2050

**Global population will change markedly
over the next 50 years.**

2050
2002



Source: U.S. Census Bureau, International Programs Center, International Data Base.

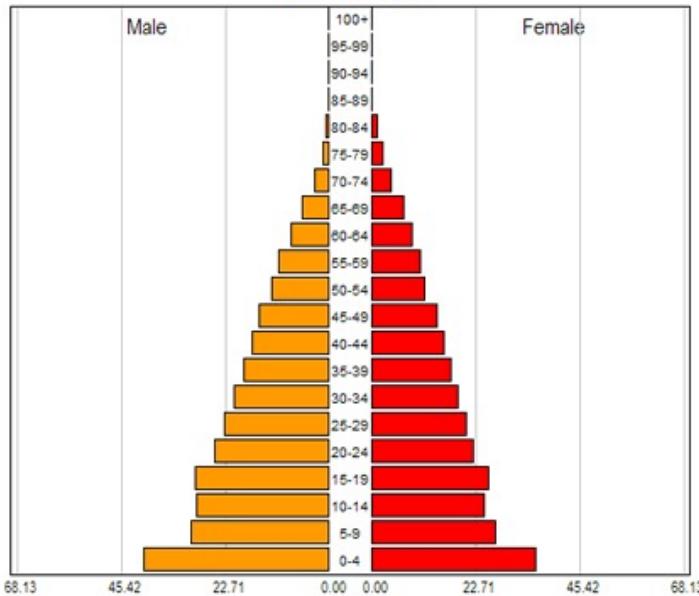


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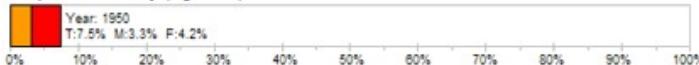


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China: 1950



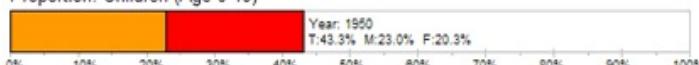
Proportion: Elderly (Age 60+)



Proportion: Working-age Population (Age 20-59)



Proportion: Children (Age 0-19)



Wicking Dementia Research and Education Centre

- Established in 2008
- Core funding from the JO and JR Wicking Trust (Equity Trustees)
- Multidisciplinary: Social scientists, neuroscientists, psychologists, geriatricians, neurologists, nurses, family doctors, speech pathologists, physiotherapists, occupational therapists, educational technologists, statisticians, data managers
- Educational programs: Massive Open Online Courses (MOOCs); Diploma, Associate Degree and Bachelor of Dementia Care; Diploma of Ageing Studies and Services; Graduate Certificate, Graduate Diploma and Master of Dementia
- Three major Research Themes
 - Care
 - Cause
 - Prevention



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Why we do educational initiatives

- Health systems are not well oriented towards quality dementia care.
- Very little dementia content in health professional courses, and workforce training can be limited.
- Wicking Centre research showed dementia knowledge deficiencies in aged care workers, nurses, doctors and family carers.
- Limited educational resources that provide information in a systematic, evidence-based fashion.
- Some dementia risk is theoretically modifiable – how do we convince people to change behaviours?



Building Dementia Literacy

How can we reach people with dementia, family carers and health professionals, and the wider public, to provide them with education they can usefully apply?

Can an educational initiative decrease stigma of the condition, augment awareness in the community, and build dementia literacy and self-efficacy?



Addressing the knowledge gap at a 'mass' level
Developed the world's first MOOC on Dementia
('Understanding Dementia') in 2013



Understanding Dementia MOOC – building dementia literacy - 7 week course

Module 1 – The Brain

- Normal Brain Anatomy
- Normal Brain Function
- Pathology of Dementia
- Future Directions of Research

Module 2 – The Diseases

- How is dementia different to normal ageing?
- Risk Factors
- Early Warning Signs
- Diagnosis
- Dementia Symptoms
- Medical Management

Module 3 – The Person

- Dementia Progression and Staging
- Living with Dementia
- Dementia Palliation
- Behaviours in Dementia
- Dementia Design
- Dementia-Friendly Communities
- Strategies and Therapies

UNDERSTANDING
DEMENTIA



Understanding Dementia MOOC

- Core content: interviews/video clips with people with dementia, carers, health care professionals and research experts.
- Activities: reflective notes, quizzes, case studies, scenarios, surveys, gameified learning, external links.
- Engagement/interaction: Discussions, application of learning relative to personal experience.
- Certificate of learning
- Opportunity to engage in research



What is a Palliative Approach?

Palliative care involves care that is targeted toward people who have been diagnosed with a life-limiting condition. Palliative care is often misunderstood as being of relevance to people with cancer only. People with dementia are also considered to be living with a life-limiting condition. However, palliative care is not at all confined only to end of life; rather, it is appropriate at any age and at any stage in a serious illness such as dementia, and can be provided along with curative treatments for certain conditions.

Palliative care is an active and dynamic approach aimed at relieving symptoms and maximizing people's quality of life. It is a multi-disciplinary approach that can include input from physicians, pharmacists, nurses, chaplains, diversional therapists, volunteers, social workers, psychologists, and other health professionals - along with the person receiving care and their family - in developing a plan of care designed to relieve suffering. In this case for those living with dementia and their loved ones.

Fran and Andrew now discuss why a palliative approach is relevant for people with dementia and their loved ones.



Trouble viewing this video? Read the text version.



Your Notes: Brain Pathology

After listening to the clip, write your own answer to the following question:

In what ways are changes seen inside neurons different when you compare Lewy Body Disease to Alzheimer's Disease?

Write your note here...

Save

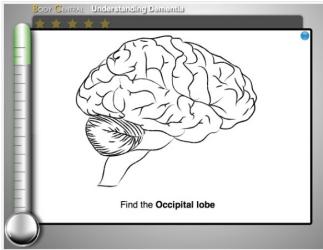
Click to show feedback

A screenshot of a quiz interface titled 'Unit 1 - The Brain - End of Unit Quiz'. It features a large question mark icon with a colorful, segmented pattern. Below the icon is a box containing the text 'End of Unit Quiz: The Brain' and 'This quiz covers all of the material in Unit 1 - The Brain'. It includes a 'Go to quiz' button and logos for WICKING EDUCATION and UNIVERSITY OF TASMANIA.

Challenges

When you've finished exploring the model, you can click the large Next button in the bottom-right corner to continue. We'll then challenge you with a game. Select Accept Challenge to play it.

There are many types of games in Body Central. One is a challenge to identify the various parts of the model. Simply select the parts of the model as each is named. If you're successful, you'll notice the mercury rise in the thermometer.



Thought Tree: Cognition in Dementia

Help us to grow a thought tree about cognition in dementia:

After doing the above activity, you may have some insight into how people with dementia feel when undertaking certain tasks. Now imagine that, due to the disease process, you have lost insight into your condition, judgement, your ability to reason and empathy (the ability to understand and share the feelings of others). How might you behave?

Enter the Understanding Dementia Community Garden where we have planted the following thought:

"If I had dementia, I might show my frustration by..."

[Go to Cognition in dementia thought tree](#)

(this button will open the discussion area in a new window or tab)



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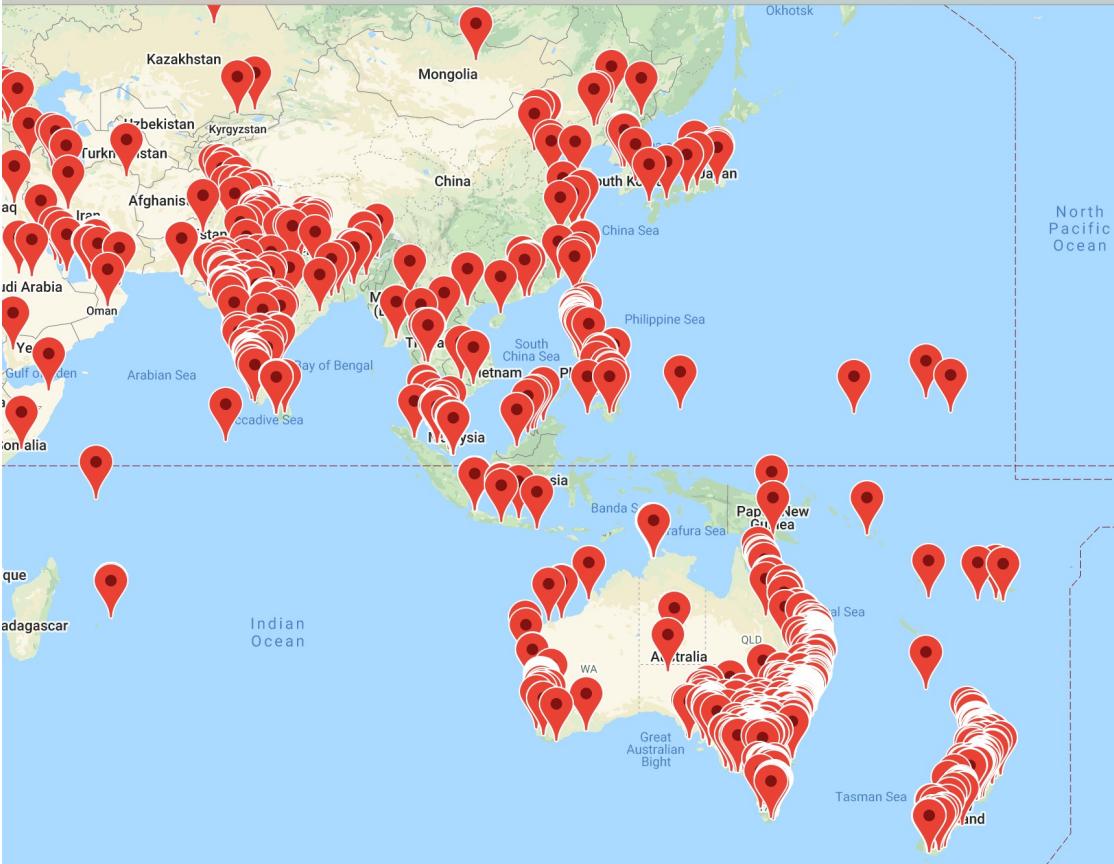
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| Offering | Enrollees | Completion | Int'l |
|---------------|-----------|--------------|-------|
| July 2013 | 9,486 | 3,612 (38%) | 25% |
| March 2014 | 15,138 | 5,520 (32%) | 32% |
| October 2014 | 23,615 | 7,875 (33%) | 49% |
| August 2015 | 23,624 | 10,370 (44%) | 37% |
| August 2016 | 20,321 | 8,552 (42%) | 32% |
| July 2017 | 29,471 | 12,110 (41%) | 34% |
| February 2018 | 22,529 | 8,731 (39%) | 40% |
| July 2018 | 22,169 | 8,177 (37%) | 33% |
| February 2019 | 25,403 | 9,738 (38%) | 35% |
| July 2019 | 20,731 | 8,279 (40%) | 32% |
| February 2020 | 27,639 | 12,227 (44%) | 34% |
| July 2020 | 26,302 | 10,747 (40%) | 36% |
| February 2021 | 27,981 | ND | 38% |

293,303 enrollees (average ~ 39% completion)

Top international countries
 United Kingdom
 New Zealand
 Canada
 United States
 Philippines
 Singapore

2020- 2021 UD MOOC



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Understanding Dementia MOOC

“Working in aged care I needed a better understanding of what the residents in my care were going through so that I could best deliver the care they required to live a fulfilled life. It also helps to educate families as to what their parents are going through, and I can only educate the family if I have an understanding of the disease (sic) we are dealing with.”

“I am a paramedic and encounter people with all forms of dementia in my daily life. This has given me a great deal of food for thought in how I deal with and manage these patients. It has also given me the confidence to maybe impart some advice on patient's families in how they might provide a holistic approach to care.”



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Understanding Dementia MOOC

Feedback surveys from Australian participants were evaluated from the UD MOOC 2020 S1 and S2.

Participants were invited to complete a feedback survey at the conclusion of the UDMOOC. Approximately half of those completing the UDMOOC also completed the Feedback survey.

When asked if they had already applied what they had learned the vast majority of respondents (98%) agreed or strongly agreed that they had already implemented change.

“Caring for my mum with first stage dementia symptoms and being able to help educate my family on how best to care for her in the future.”

“Opening a discussion regarding dementia with a client regarding their cognitive changes, being more open, less guarded, because I feel more comfortable when discussing it.”

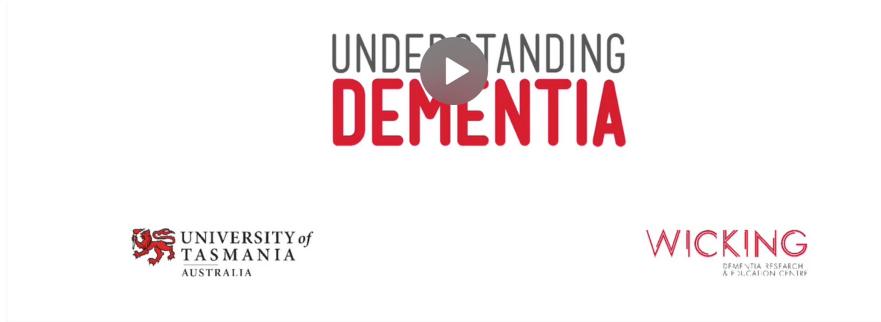


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Understanding Dementia MOOC – Translations



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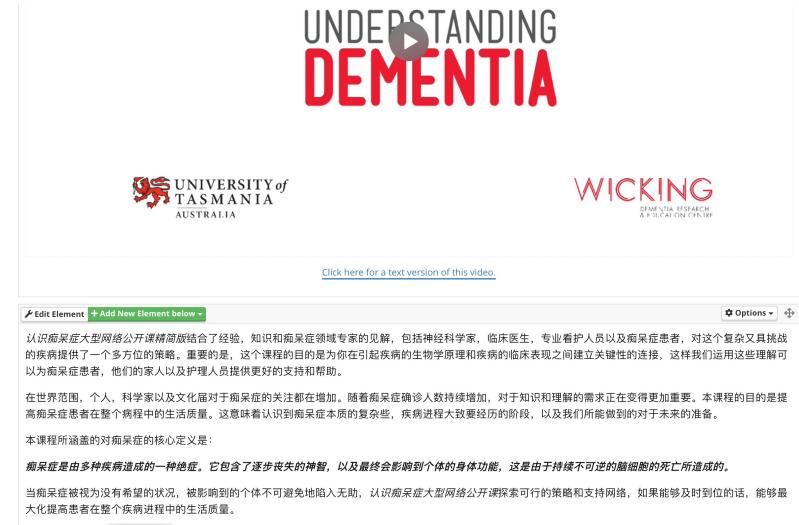
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[Click here for a text version of this video.](#)

Normal HD

Kurz *Dementia a jak jí porozumět* spojuje zkušenosti, znalosti a porozumění odborníků v problematice demence včetně neurovědců, lékařů a dalších klinických pracovníků, pečujících i osob trpících demencí, a nabízí mnohostranný přístup k této složité a náročné problematice. Důležité je, že Vás tento kurz seznámí se základy biologie onemocnění, která způsobují demenci, symptomy (příznaky) téhoto onemocnění, a propojí je se způsoby, jakými lze tyto vědomosti využít k lepší podpoře a péči o osoby s demencí, jejich rodiny a pečující.

With Masaryk University



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[Click here for a text version of this video.](#)

Edit Element Add New Element below

认识痴呆症大型网络公开课精简版结合了经验、知识和痴呆症领域专家的见解，包括神经科学家、临床医生、专业看护人员以及痴呆症患者，对这个复杂又具挑战的疾病提供了一个多方位的策略。重要的是，这个课程的目的是为你在引起疾病的生物学原理和疾病的临床表现之间建立关键性的连接。这样我们运用这些理解可以为痴呆症患者、他们的家人以及护理人员提供更好的支持和帮助。

在世界范围，个人、科学家以及文化届对于痴呆症的关注都在增加。随着痴呆症确诊人数持续增加，对于知识和理解的需求正在变得更加重要。本课程的目的是提高痴呆症患者在整个病程中的生活质量。这意味着认识到痴呆症本质的复杂性，疾病进程大致要经历的阶段，以及我们所能做到的对于未来的准备。

本课程所涵盖的对痴呆症的核心定义是：

痴呆症是由多种疾病造成的一种绝症。它包含了逐步丧失的智，以及最终会影响到个体的身体功能，这是由于持续不可逆的脑细胞的死亡所造成。

当痴呆症被视为没有希望的状况，被影响到的个体不可避免地陷入无助，认识痴呆症大型网络公开课探索可行的策略和支持网络，如果能够及时到位的话，能够最大化提高患者在整个疾病进程中的生活质量。

Options



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Understanding Dementia MOOC

npj Science of Learning

www.nature.com/npjscilearn

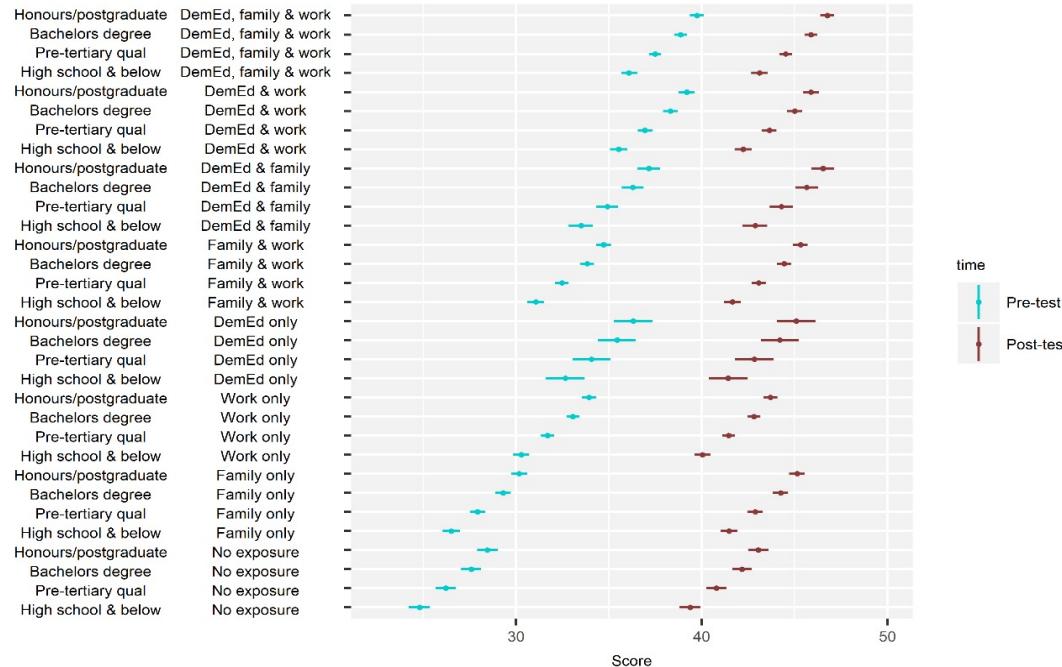
ARTICLE

Building dementia knowledge globally through the Understanding Dementia Massive Open Online Course (MOOC)

Claire Eccleston^②, Kathleen Doherty¹, Aidan Bindoff^②, Andrew Robinson¹, James Vickers¹ and Fran McInerney¹

N=4894

Dementia Knowledge Assessment Survey (DKAS)



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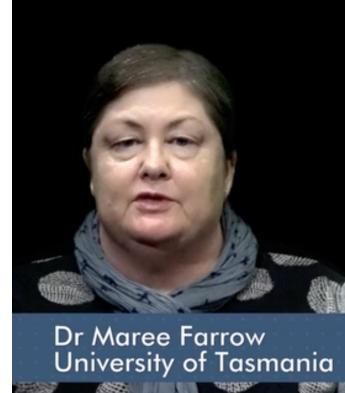


Preventing DEMENTIA



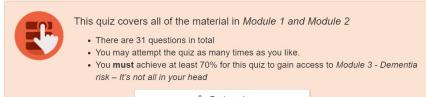
2016+ - 4 week MOOC

1. Can dementia be prevented?
2. It's not all in your head
3. A healthy and active mind
4. Interventions for prevention



Activity: Quiz 1

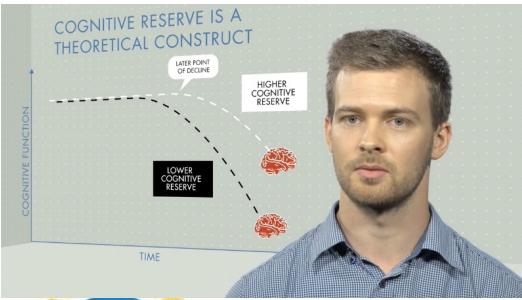
This is the first of three quizzes to test your understanding of the material from the Preventing Dementia MOOC.



This quiz covers all of the material in *Module 1* and *Module 2*

- There are 31 questions in total!
- You may attempt the quiz as many times as you like.
- You must achieve at least 70% for this quiz to gain access to *Module 3 - Dementia risk – it's not all in your head!*

[Go to quiz](#)



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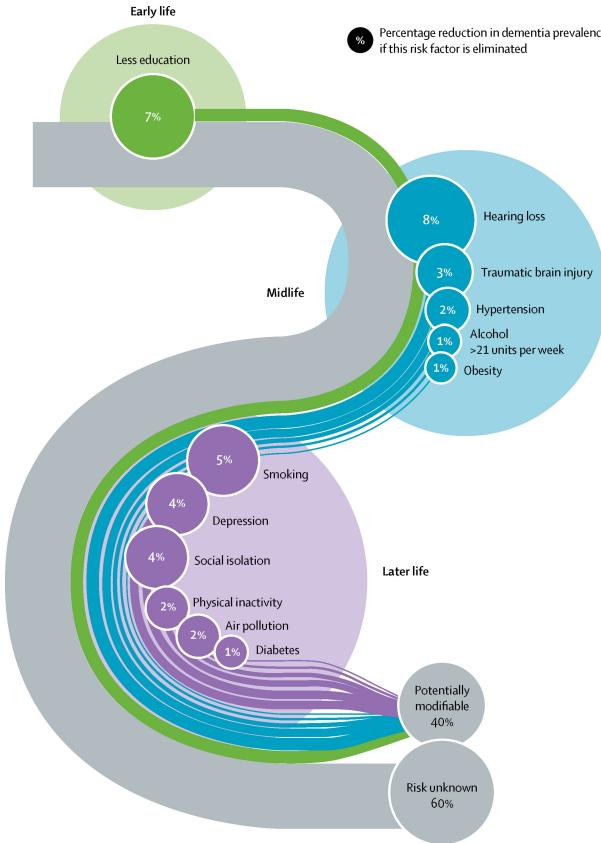
Dementia Risk

Most dementia risk associated with ageing – the older you are, the higher the risk.

Approximately 40% of dementia cases worldwide can be attributed to 12 potentially **modifiable** risk factors:

- Low educational attainment
- Smoking
- Physical inactivity
- Depression
- Social isolation
- Midlife hypertension
- Diabetes
- Midlife obesity
- Hearing impairment
- Alcohol consumption
- Air pollution
- Traumatic brain injury

Other factors: sleep disturbance, diet, lifelong cognitive stimulation...



Academic team:

Dr Maree Farrow

Dr Shannon Klekociuk

Professor James Vickers

Guest experts:

Dr David Ward, Australian Institute for Health and Welfare
Professor Kaarin Anstey, University of New South Wales
Professor Carol Brayne, University of Cambridge
Professor Nicola Lautenschlager, University of Melbourne
Professor Andrew Robinson, University of Tasmania
Dr Ben Schüz, University of Bremen
Professor Velandai Srikanth, Monash University
Associate Professor Mathew Summers, University of the Sunshine Coast
Associate Professor Michael Valenzuela, University of New South Wales
Professor Perminder Sachdev, University of New South Wales
Professor Karen Ritchie, French National Institute of Medical Research
Professor Rachel Whitmer, University of California - Davis

Preventing DEMENTIA



| Preventing Dementia MOOC | Number registrants | Overall Completion |
|--------------------------|--------------------|---------------------|
| August 2016 | 11,393 | 5,508 (49%) |
| April 2017 | 15,641 | 8,291 (53%) |
| May 2018 | 18,699 | 8,760 (47%) |
| October 2018 | 16,286 | 6,792 (42%) |
| May 2019 | 17,313 | 7,086 (41%) |
| October 2019 | 21,445 | 8,355 (39%) |
| April 2020 | 25,840 | 11,413 (44%) |
| October 2020 | 21,336 | 8,500 (40%) |
| Overall total | 147,593 | 64,705 (44%) |



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Preventing DEMENTIA



2017 PD MOOC Feedback

| | % Agreed |
|--|-------------|
| My understanding of dementia prevention has improved | 98.3 |
| The information from this course can help individuals reduce their dementia risk | 97.7 |
| I would recommend the MOOC to others | 99.0 |
| The MOOC has increased my motivation to do something to reduce my dementia risk | 95.4 |
| The MOOC has given me the information I need to reduce my dementia risk | 96.7 |
| The MOOC has had an impact on my behaviour and lifestyle choices | 86.7 |
| I have already applied the knowledge I have gained from the MOOC | 75.3 |

Natural-language processing algorithm (topic analysis) of 1353 responses to the question,

“If you have already applied your MOOC learning, please tell us how”

Most prevalent themes related to:

- Sharing information with family, friends, and colleagues
- Increasing physical exercise and brain training activities
- Making lifestyle changes and healthier choices
- Having greater understanding of people with dementia
- Undertaking further learning and study

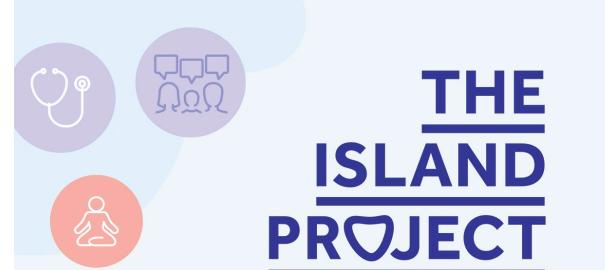




2017 PD-MOOC (n=1140, 6 month follow-up). Data from ANU-Alzheimer's Disease Risk Index.

- 57.6% of participants in the high-risk **depression** state moved to lower risk state.
- 44.2% of heavy drinkers moved to a lower risk category for **alcohol consumption**.
- 36.7% moved from the highest-risk to a lower risk state for **social interaction**.
- 18.9% moved to a lower risk state for **dietary factors**.
- 14.6% of current **smokers** transitioned to a lower risk state.

Preventing DEMENTIA



THE ISLAND PROJECT

Island Study Linking Ageing and
Neurodegenerative Disease

MODIFY RISKS OF DEMENTIA
TRANSFORM YOUR LIFESTYLE
RESHAPE TASMANIA

You can be part of the largest dementia
research study in the world.

EXPRESS YOUR INTEREST NOW
theislandproject.com.au



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Dementia MOOCs

- Effective way of reaching and networking a broad community interested in dementia.
- >460K enrollees, > 80% female, in a caring or health professional role.
- Highest sustained rates of completion (40-50%). Two of the top 20 MOOCs in the world (#4 and #18, Class Central).
- Accessible - participants without a university education were as likely to complete as those with a university-level qualification (Goldberg et al. 2015).
- Application of knowledge is critical – Tools being developed to measure dementia literacy.



Understanding Traumatic Brain Injury MOOC

- Launched in June 2021
- Range of national and international experts
- 15,781 enrollees

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Biomechanics of TBI

A traumatic brain injury occurs following a mechanical injury to the head. Head injuries can be classified as either **open head** or **closed head injury**, and both types of head injury can lead to brain damage. In the following video Dr. Nicole Bye discusses the differences between these types of injury and uses animation to illustrate the how the forces generated during a head injury can cause damage to the brain.

Biomechanics of Traumatic Brain Injury



Understanding Traumatic Brain Injury

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Normal HD



Formal degrees – all 100% online

- Diploma, Associate and Bachelor of Dementia Care
- Diploma of Aging Studies and Services
- Certificate in Aged Care Services
- Graduate Certificate, Graduate Diploma and Master of Dementia



Dementia Undergraduate Degree Program

- Offered since 2012, first graduates in 2016
- Fully online
- Majority undertaking course on a part-time basis
- Includes foundational support for online learning
- 1287 graduates, most at the Diploma level



Students' primary reasons for study

- To learn more about dementia and effective care (88%)
- To obtain a qualification for career advancement (54%)
- To achieve more workplace recognition (28%)



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Postgraduate study in Dementia

**Half year
(GradCert)
M5X**

| <i>complete all 4 core units</i> | | | |
|---|---|---|---|
| CAD501 Health and Social Care in Dementia 1 | CAD502 Neurobiology of Dementia 1 | CAD503 Policies and Systems in Dementia 1 | CAD504 Public Health and Dementia 1 |

**+ Half year
(GradDip)
M6X**

| <i>core unit</i> | <i>plus 3 of these 4</i> | | | |
|--|---|---|---|---|
| CAD600 Methods for Dementia Research | CAD601 Health and Social Care in Dementia 2 | CAD602 Neurobiology of Dementia 2 | CAD603 Policies and Systems in Dementia 2 | CAD604 Public Health and Dementia 2 |

**+ Half year
(Master's)
M7X**

| <i>core unit</i> | <i>plus 2 of these 4</i> | | | |
|--|--|--|--|--|
| CAD700 Major Project in Dementia Studies | CAD701 Advanced Topics in Health and Social Care in Dementia | CAD702 Advanced Topics in the Neurobiology of Dementia | CAD703 Advanced Topics in Policies and Systems in Dementia | CAD704 Advanced Topics in Public Health and Dementia |

Each unit is comprised of 4-5 modules developed on the Wicking LMS



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Postgraduate study in Dementia

Assessment

- Content modules are assessed within-module – a mix of multichoice and written answers for more complex topics
- Major assessment is called “MyContext” – throughout the course, your assessments require you to make links between your learning and your professional and/or personal context
- e.g. develop material for your workplace, pursue a related issue which you need information about, up-skill your coworkers using evidence based training



Postgraduate modules – to be offered for CPD

Background thoughts:

Awareness of mortality and associated needs and options is a key consideration in the health and social care of people living with dementia and those who care for them.

Palliative care is a relatively new component of health care. It emerged in the 1960s in the UK and has since spread around the world. In the following clip we consider the recent history of the movement. Its relative recency and development alongside the dominant approach of curative medicine carry particular challenges and opportunities that we are about to explore.

Principles of Palliative Care

Overview and history



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Dementia Research
and Education Centre

13:48



CC

Reading:

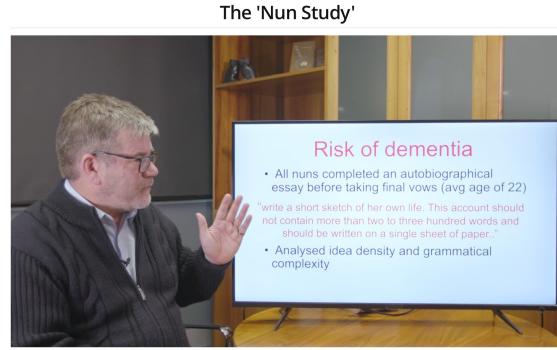
Dying in Acute Healthcare in the 1960s

The introductory video above refers to the work of the researcher David Sudnow, in particular his text 'Passing On: The social organization of dying' (1967). The reading (Sudnow, D., 1967, 'Dead on arrival', *Trans-action*, 5(1): 36-43) contains much of a summary of that work.

This reading is quite confronting and reflects many of the values and practices that were rejected by those such as Cicely Saunders and others within the death awareness movement and which lead to the development of palliative care.

For those interested, in your Discussion Forum below there is the opportunity to explore what sorts of values and priorities allowed such clinical and impersonal responses to death in healthcare to take place. What do you think allowed for this to develop? Would such responses be acceptable today?

The 'Nun Study'



Risk of dementia

- All nuns completed an autobiographical essay before taking final vows (avg age of 22)
- "write a short sketch of her own life. This account should not contain more than two to three hundred words and should be written on a single sheet of paper."
- Analysed idea density and grammatical complexity

There were a number of major insights into Alzheimer's disease that came from this study, as well as other similar studies on religious orders. The clinico-pathological studies clearly showed that the amount, or burden, of pathology in the brain was not always directly related to presence of symptoms. Individuals appear to show differences in their susceptibility to accumulating Alzheimer's disease pathology.

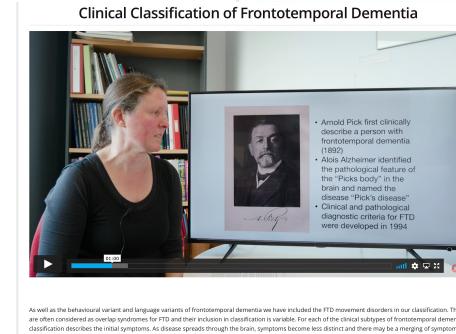
Clinical Perspective of FTD

An Interview with Dr Fiona Kumfor (University of Sydney)



Dr Kumfor is a clinical neuropsychologist who investigates social cognition in dementia. In this interview Fiona discusses the key clinical symptoms of FTD and how neuropsychological testing can be used to distinguish it from other forms of dementia.

Clinical Classification of Frontotemporal Dementia



Arnold Pick first clinically described a person with frontotemporal dementia in 1893.

Alzheimer identified the pathological feature of the disease - Pick's disease - in the brain and named the disease "Pick's disease". Certain neurological diagnostic criteria for FTD were developed in 1994.

As you can see, the initial clinical and pathological features of frontotemporal dementia have included the FTD acronym as part of its classification. These are often referred to as core symptoms for the FTD and then become less distinct as the disease progresses. For each of the clinical subtypes of frontotemporal dementia, classification describes the initial symptoms. As disease spreads through the brain, symptoms become less distinct and there may be a merging of symptoms.



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What have we learnt from online degrees in dementia?

- Address a broad need for increased knowledge of dementia
- Typical student is female, aged 40's-50's, in a formal or informal caring role
- Online learning is accessible



Acknowledgements

- Staff and students of the Wicking Centre
- Collaborators and guest experts, family carers and people with dementia on the MOOCs
- Research study participants

Funding:

J.O. and J.R. Wicking Trust (Equity Trustees)

St.Lukes Health

National Health and Medical Research Council

Medical Research Future Fund

Commonwealth Department of Health

Masonic Medical Research Foundation



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