

# Capacity

- Step 3: Gather information to describe the context, choices and their consequences
  - Gather all relevant background information
    - Sight the EPOA/legal document
  - Assess for any impaired capacity as a result of a treatable condition

# Capacity

- Step 4: Educate the person about the context, choices and their consequences



# Capacity

- Step 5: Assess capacity
  - Assess the patient's ability to make a decision, not the decision that they make.
  - A patient is unable to make a decision if they are unable to:
    - understand the information relevant to the decision.
    - retain that information.
    - use or weigh that information as part of the process of making the decision.
    - communicate their decision, i.e. by talking, using sign language, by any other means.

# Capacity

- Step 6: Take action based on results of the assessment
  - And document



# Chinese general practitioners' knowledge about dementia services - a mixed-method study

- Part of Caring for People with Dementia Together (CPT) project
  - Mixed methods quantitative/qualitative study
    - Survey / semi-structured in-depth interviews
  - 2023-2025
  - To understand Chinese GPs' utilisation pattern and insight regarding dementia services for the Chinese population
  - Published in Journal of Primary Health Care
- 



The Royal New Zealand  
College of General Practitioners  
Te Whare Tohu Rata o Aotearoa

QUALITATIVE AND MIXED METHODS RESEARCH  
<https://doi.org/10.1071/HC25137>



# Are dementia services meeting the needs of Chinese New Zealanders? A qualitative study of Chinese general practitioners

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## ABSTRACT

**Introduction.** There is limited literature on dementia care, support, or services within the New Zealand Chinese community, despite the Chinese community being one of the largest Asian ethnic groups in New Zealand. **Aim.** This study aimed to explore Chinese general practitioners' (GPs') perspectives on dementia services for the Chinese population in New Zealand; their perceived barriers and shortfalls, as well as improvement opportunities. **Methods.** A qualitative study investigating the perspectives of Chinese GPs across metropolitan Auckland, New Zealand was performed. Semi-structured in-depth interviews were conducted in 2024. The interviews were recorded, transcribed, and thematically analysed. **Results.** Ten participants were interviewed. Thematic analysis of the interviews generated four main themes: (i) under-recognition of dementia and lack of dementia information; (ii) stigma and seeking help for dementia; (iii) lack of Chinese friendly dementia services, and (iv) support for dementia, with the overarching theme of language and cultural barriers. **Discussion.** There are significant barriers to accessing dementia services for the Chinese population in New Zealand, rooted in language and cultural differences, low awareness, stigma, and systemic inefficiencies. Addressing these barriers requires a multi-faceted approach that includes culturally tailored services, public education, care coordination, and policy changes.

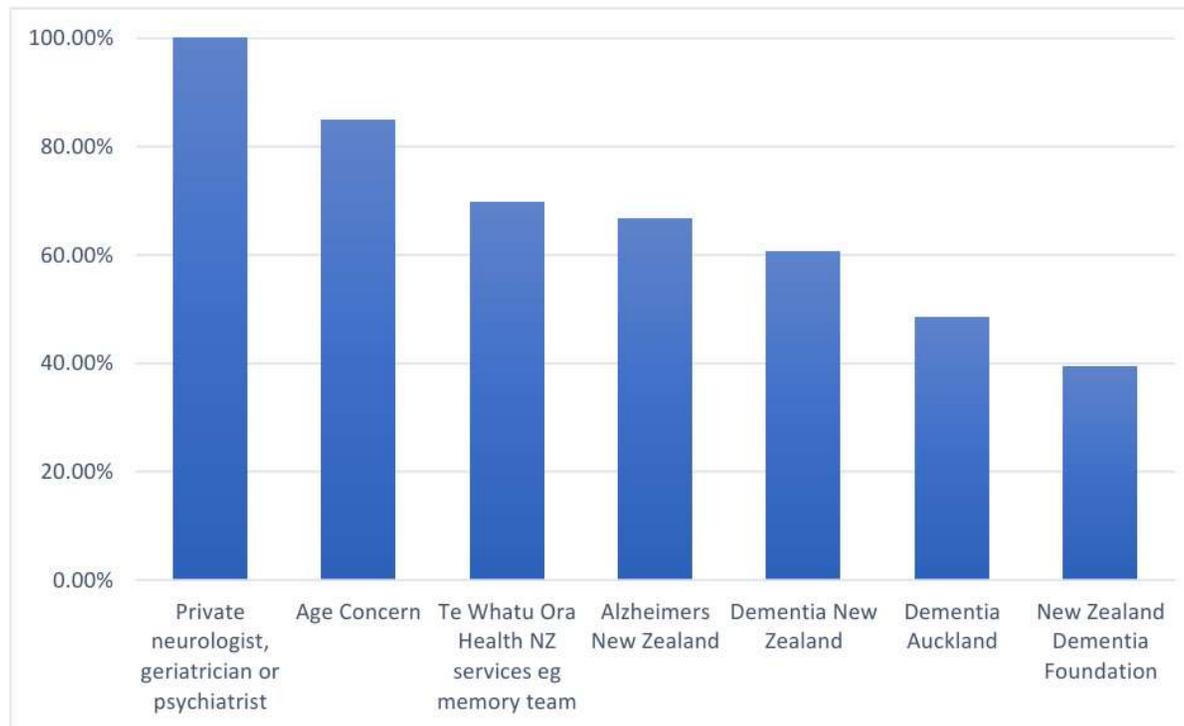
**Keywords:** barriers, Chinese, culture, dementia, dementia services, general practitioners, qualitative research, stigma.

# Chinese general practitioners' knowledge about dementia services - a mixed-method study

- Results
  - 33 participants completed the survey
  - 10 participants were interviewed

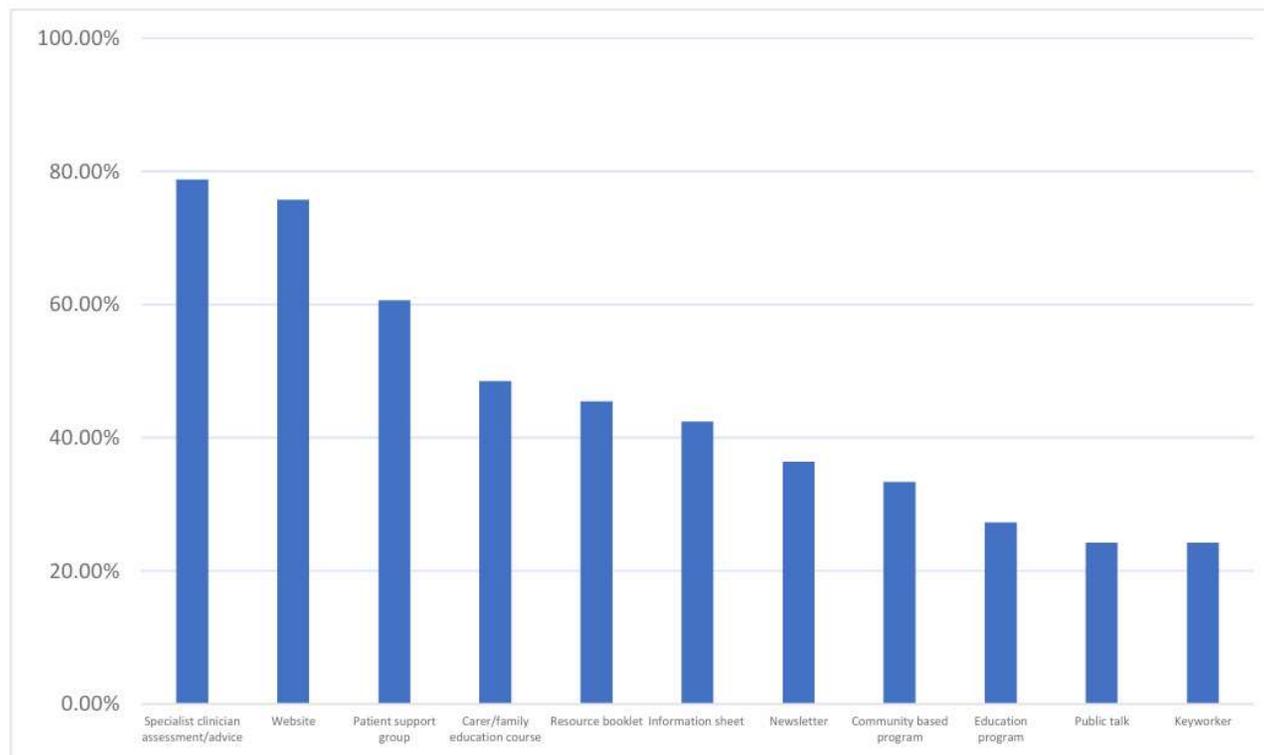
# Chinese general practitioners' knowledge about dementia services - a mixed-method study

Figure 1 – General practitioners' awareness of dementia agencies (N=33)



# Chinese general practitioners' knowledge about dementia services - a mixed-method study

Figure 3 – General practitioners' awareness of services provided (N=33)



# Chinese general practitioners' knowledge about dementia services - a mixed-method study

Diagram 1 – Word cloud of major themes



# Case Two

- 87F NZ European
  - Admitted with L knee pseudogout
  - Background:
    - L distal femoral fracture - IM nail Nov 25
      - Bilateral PEs on rivaroxaban
    - Lacunar infarcts on CT
    - IHD previous NSTEMI
    - COPD/asthma
    - L knee pseudogout
    - Hypothyroidism
- 

# Case Two

- Bone protection:
  - DEXA scan done showing osteopenia
  - CrCl just <30
  - Usually on colecalciferol

# Guidance on the Diagnosis and Management of Osteoporosis in New Zealand



## Presentation



Key note item

To preserve bone health throughout life, encourage all patients to:

- Perform regular weight-bearing exercise
- Eat a balanced diet
- Limit alcohol (≤2 drinks/day; ≥2 alcohol-free days/week)
- Stop smoking
- Maintain healthy weight (BMI 20–25 kg/m<sup>2</sup>)
- Have adequate sun exposure

## Lifestyle modifications

- Address modifiable risk factors
- Falls risk assessment and prevention programme if appropriate
- Vitamin D supplementation if appropriate<sup>c</sup>

## Clinical risk assessment

- BMD assessment if appropriate/available<sup>d</sup> (DXA)
  - Fracture risk assessment (FRAX<sup>®</sup>/Garvan ± DXA<sup>g</sup>)
  - Consider lateral DXA of the spine or spinal x-ray to identify vertebral fracture
- Exclude secondary osteoporosis in individuals with low BMD for age (i.e. Z-score <-2)<sup>f</sup>

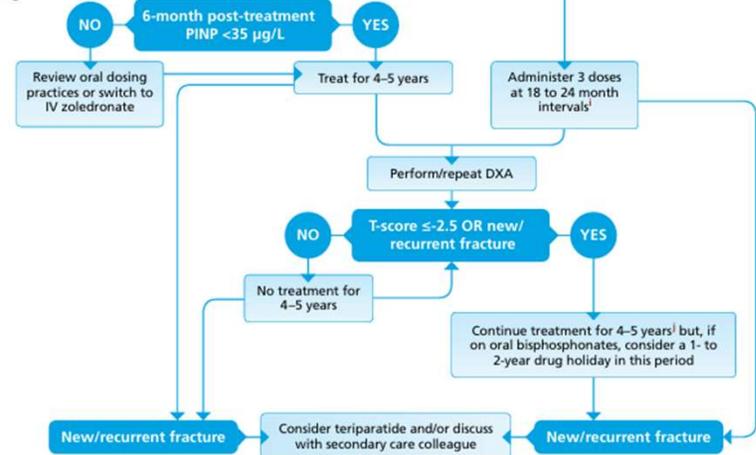
## Risk stratification



## First-line therapy



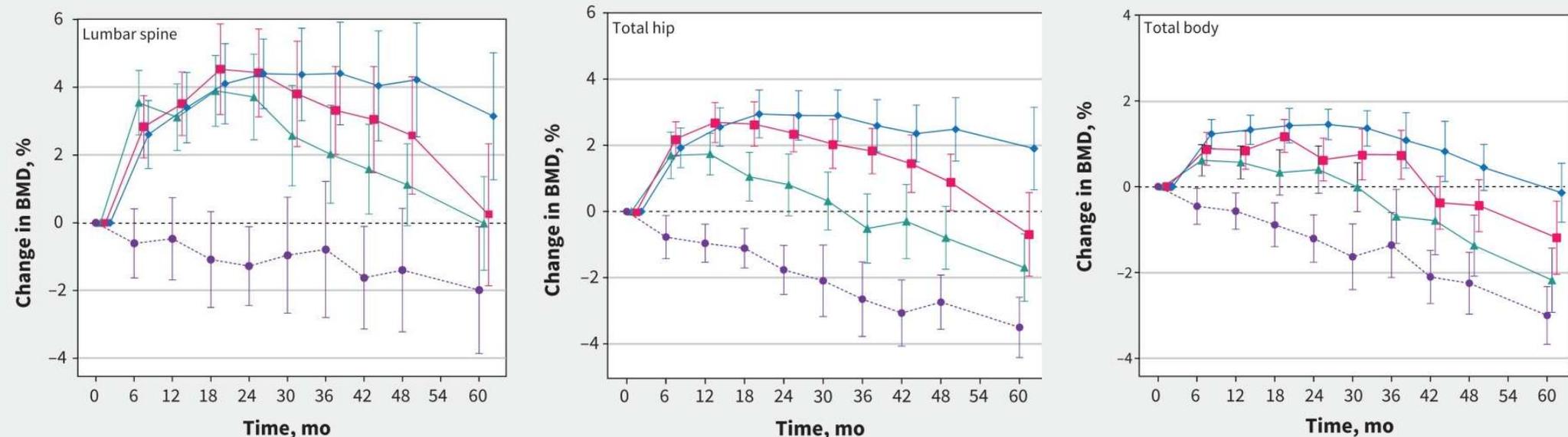
## Monitoring



# Bisphosphonates

- Oral
- IV Zoledronate – what to do after a few years?

# Duration of antiresorptive activity of zoledronate in postmenopausal women with osteopenia



Grey A, Bolland MJ, Horne A, Mihov B, Gamble G, Reid IR. Duration of antiresorptive activity of zoledronate in postmenopausal women with osteopenia: a randomized, controlled multidose trial. CMAJ. 2017 Sep 11;189(36):E1130-E1136. doi: 10.1503/cmaj.161207. PMID: 28893875; PMCID: PMC5595552.



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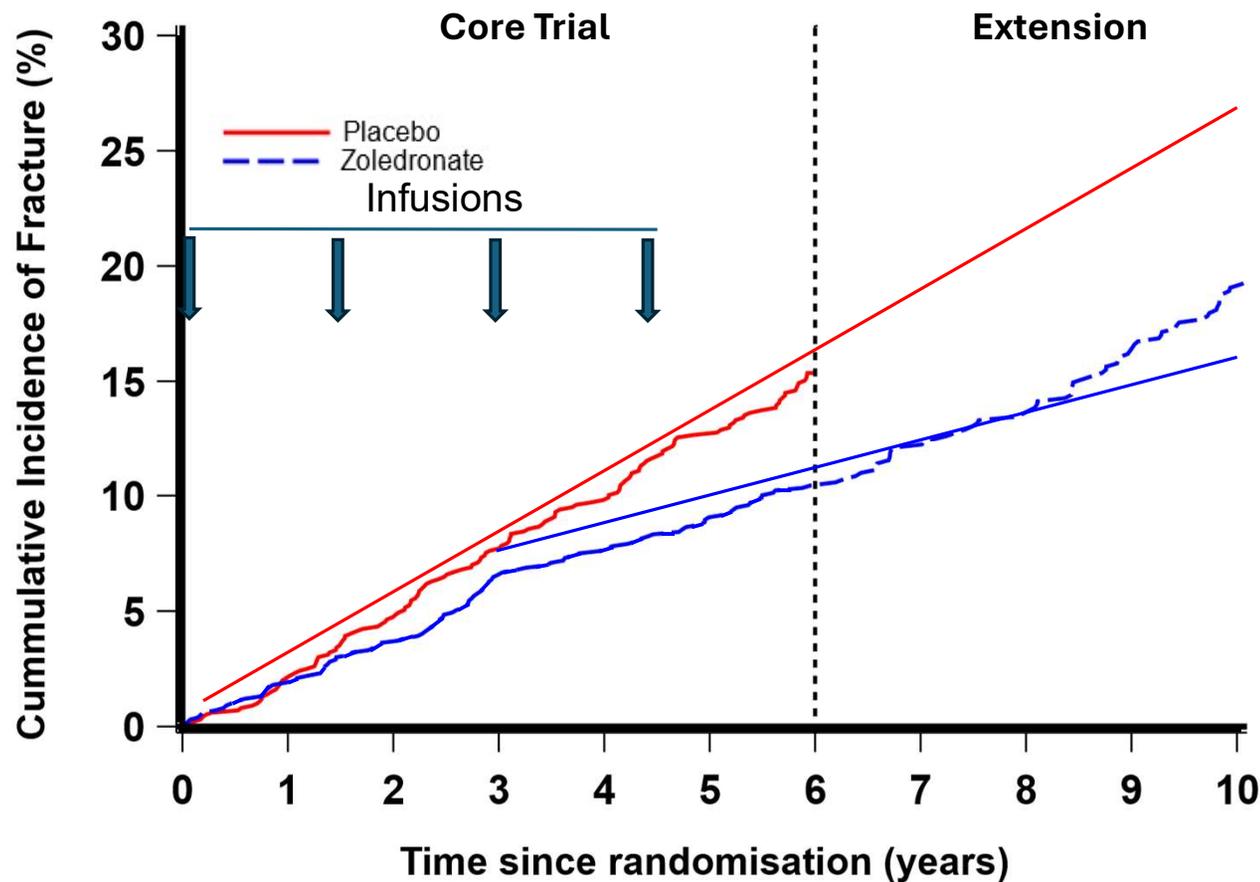
ORIGINAL ARTICLE

## Fracture Prevention with Zoledronate in Older Women with Osteopenia

Ian R. Reid, M.D., Anne M. Horne, M.B., Ch.B., Borislav Mihov, B.Phty., et al 2018

- RCT in 2000 women, age >65 years, femoral T-score -1.0 to -2.5
- 4 infusions of zol 5mg or saline at 18 month intervals
- Vitamin D supplements monthly, no calcium supplements
- Trial duration 6 years

# Duration of fracture prevention after zoledronate treatment in women with osteopenia



Duration of fracture prevention after zoledronate treatment in women with osteopenia: observational follow-up of a 6-year randomised controlled trial to 10 years  
Reid, Ian R et al.  
The Lancet Diabetes & Endocrinology, Volume 12, Issue 4, 247 - 256

# Denosumab

- Prolia
  - Funded since 1 March 2025 for osteoporosis
    - where bisphosphonates are ineffective, intolerable, or contraindicated
  - 60 mg SC every six months, usually in the abdomen, thigh, or upper arm.
  - Rapid bone loss and rebound increase in risk of vertebral fractures if non-compliant
  - Risk of significant hypocalcaemia
- 

## Denosumab

### Initial application — Osteoporosis

Applications from any relevant practitioner. Approvals valid without further renewal unless notified.

**Prerequisites**(tick boxes where appropriate)

The patient has established osteoporosis

and

History of one significant osteoporotic fracture demonstrated radiologically, with a documented T-Score less than or equal to -2.5, that incorporates BMD measured using dual-energy x-ray absorptiometry (DEXA)

or

History of one significant osteoporotic fracture, demonstrated radiologically, and either the patient is elderly, or densitometry scanning cannot be performed because of logistical, technical or pathophysiological reasons

or

History of two significant osteoporotic fractures demonstrated radiologically

or

Documented T-Score less than or equal to -3.0

or

A 10-year risk of hip fracture greater than or equal to 3%, calculated using a published risk assessment algorithm that incorporates BMD measured using DEXA

and

Bisphosphonates are contraindicated because the patient's creatinine clearance or eGFR is less than 35 mL/min

or

The patient has experienced at least two symptomatic new fractures or a BMD loss greater than 2% per year, after at least 12 months' continuous therapy with a funded antiresorptive agent

or

Bisphosphonates result in intolerable side effects

or

Intravenous bisphosphonates cannot be administered due to logistical or technical reasons

## Summary of ONZ & FLNNZ Denosumab Recommendations

Osteoporosis New Zealand (ONZ) and the Fracture Liaison Network New Zealand (FLNNZ) have jointly developed recommendations for the use of denosumab (Prolia®) following the expansion of Pharmac-funded access from March 2025.

Denosumab, a monoclonal antibody targeting RANKL, significantly reduces bone resorption, increases bone mineral density, and lowers fracture risk. It is recommended for high-risk osteoporosis patients who cannot take oral or IV bisphosphonates due to adverse effects, contraindications (e.g., renal impairment), or ongoing fractures despite prior bisphosphonate therapy.

### Key considerations for prescribing denosumab (Prolia®)

- **Lifelong treatment commitment:** Patients must understand and commit to ongoing injections every six months to avoid rapid bone loss and 'rebound' vertebral fractures.
- **Pre-treatment assessments:** Renal function and serum calcium levels must be evaluated to mitigate the risk of hypocalcaemia, particularly in CKD patients.
- **Vitamin D and calcium supplementation:** Patients should be vitamin D replete and take calcium supplements if at risk for deficiency.

### Use in Chronic Kidney Disease (CKD)

- **CKD 1-2:** Denosumab can be prescribed as in the general population.
- **CKD 3:** Can probably be used if CKD-mineral and bone disorder (CKD-MBD) is ruled out.
- **CKD 4-5:** Not recommended unless in consultation with an osteoporosis or renal specialist due to a high risk of severe hypocalcaemia.

### Post-prescription monitoring and potential side effects

- **Monitoring:** Patients at risk of hypocalcaemia should have serum calcium checked 7-14 days post-injection.
- **Side effects:** These include hypocalcaemia, atypical femoral fractures (AFF), osteonecrosis of the jaw (ONJ), and skin reactions.

### Discontinuation guidelines

- Denosumab should not be stopped abruptly due to the risk of rebound fractures. If discontinuation is necessary, a bisphosphonate (e.g., IV zoledronate) should be initiated six months after the last dose to prevent rapid bone loss.

# Denosumab

- Only use when high compliance likely
  - Counsel patient re offset effects before starting
  - Have a plan for post-Denosumab treatment before starting eg transition to bisphosphonates
  - Can be used in renal disease – risk of hypocalcaemia
  - Safe and effective to 10 years
- 



**THANK YOU!**