

Management of Dementia in Primary Care

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Dementia in Primary Care

- ◆ Plan for the talk/learning points
- ◆ General facts about dementia
- ◆ Dementia in primary care
- ◆ Care pathway for dementia

General facts about Dementia

- ◆ Most age-related
- ◆ Clinical diagnosis
- ◆ Not all are untreatable
- ◆ Not protective against anything
- ◆ Make many things more likely
- ◆ A perpetually changing and fascinating process

“Geography” of Dementia

- ◆ Moderate/severe dementia
 - ❖ ~ 5% of over 65s
 - ❖ ~20% of over 80s
- ◆ 33% of patients in residential care
- ◆ 90% of mild dementia live in community
- ◆ Over 70% of severe dementia

Dementia in the Community

- ◆ Local figures
 - 10% in NHS beds
 - 20% in residential care
 - 20% living alone
 - 50% living with family (mostly spouses)
- ◆ Dementia is a primary care issue
 - as you know

GPs and Dementia

- ◆ Little undergraduate teaching
- ◆ Not much postgraduate teaching
- ◆ It's a big scary world out there
- ◆ GPs often first line of call
 - ❖ limited range of responses
 - ❖ inconsistent liaison with staff
 - ❖ limitations of time
- ◆ Multidisciplinary working

A Care Pathway for Dementia

- ◆ Identifying dementia
- ◆ Initial assessment
- ◆ Pre referral workup
- ◆ Referral
- ◆ What to expect from your memory service
- ◆ Subsequent involvement

Identifying Dementia

- ◆ Index of suspicion
- ◆ Family concerns
- ◆ Others services
 - Social services
 - Police
 - Pharmacy etc etc etc
- ◆ Screening

Initial Assessment

- ◆ Establishing a problem
 - Clinical history
 - Cognitive assessment
- ◆ Acute vs chronic
- ◆ Organic vs functional
- ◆ Baseline screening

Baseline Screening

- ◆ Bloods
 - FBC, U&E, LFT, TFT, Bone, B₁₂ & Folate
 - Possibly ESR and others as relevant
- ◆ ECG
- ◆ Other tests
 - CXR etc
 - Probably not

Other Pre-Referral Things

- ◆ Social Services
- ◆ Carer support
- ◆ Voluntary services
- ◆ Other medical opinions
- ◆ Others
- ◆ I don't necessarily mind if these aren't done

Who to Refer

- ◆ Everybody?
- ◆ Certainly
 - The young
 - The undiagnosed
 - The complex
 - The carer in need
 - The high risk
- ◆ Maybe this is, in fact, everybody

The Minimal Acceptable Referral

- ◆ Patients name and address
- ◆ Contact for informant
- ◆ A clue...

- ◆ ... that's it really (!)

- ◆ *NB There is not necessarily consensus on this view*

The Memory Clinic

- ◆ The function of a memory clinic
- ◆ Memory clinic controversy
- ◆ Who to provide the service
- ◆ What you should expect
- ◆ What your patients should expect
- ◆ What the carers should expect

A Good Memory Clinic

- ◆ Easy access
- ◆ Diagnosis
- ◆ Drug prescription
- ◆ Follow up
- ◆ Community assessments
- ◆ Specialist professionals in specialist teams
- ◆ Carer support
- ◆ Post diagnostic counselling
- ◆ Continuity of care
- ◆ Liaison with others
- ◆ Team working
- ◆ Carers groups/cognitive help groups

Memory Clinic Accreditation

- ◆ Royal College of Psychiatrists
- ◆ Independent and external
- ◆ Three year cycle
 - Annual assessment
- ◆ High standards
- ◆ Accreditation
- ◆ Clinics should be accredited as a minimum

On-going Input

- ◆ When to discharge back to secondary care?
- ◆ Access to re-referral
- ◆ Open referral
- ◆ Care navigators
- ◆ Monitoring change
- ◆ End of life care

Any Questions?
