

Dementia: role of general practice

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UK policy & practice...shift to GP

- **2006: NICE dementia guidance**
 - Specialist led diagnosis and care
- **2009: Dementia Strategy**
 - ‘Memory clinic in every town’
- **2011- PM’s dementia challenges**
 - GP co-ordinating care & risk reduction
- **2016 - World Alzheimer Report**
 - Current care model unsustainable..
 - Task shifted chronic illness model approach



Prime Minister's challenge on dementia

Delivering major improvements in dementia care and research by 2015

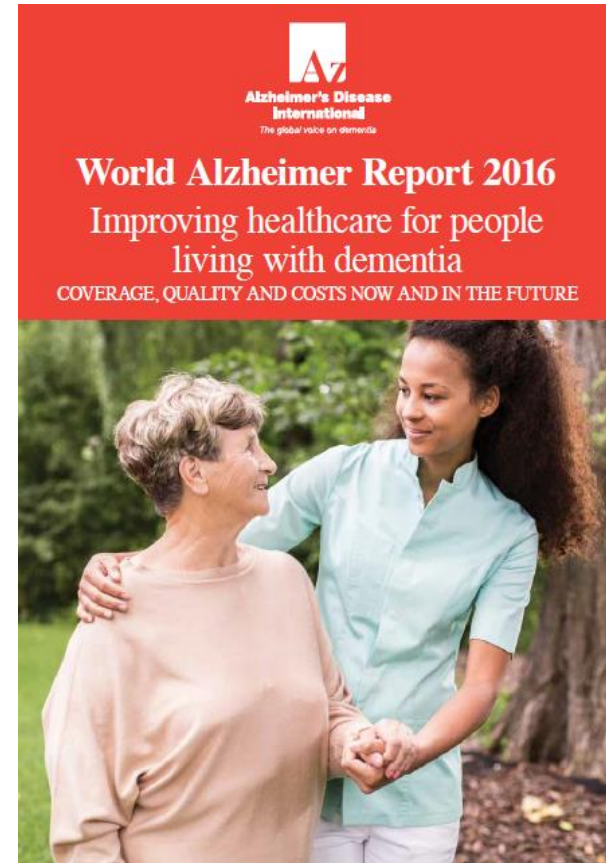


2018 - NICE updated dementia guidance

Role of GP/primary care in dementia

Reviews: *(Iliffe et al 2010; Robinson et al 2010)*

- Detection of dementia – case finding
- Pre diagnostic assessment
- Confirmation/communication of diagnosis
- Early intervention: drug/non-drug
- Support and information
- Family carer well being and support
- Future care planning
- Management of co-morbidities
- Co-ordinated & integrated care
- End of life care



Pre-diagnostic assessment: primary care

1st GP appointment

- History: patient and carer (*if absent – 2nd visit*)
- Brief cognitive assessment
 - **NICE 2018: no one test better than the other**
 - **10-CS; 6CIT; Mini-cog; GP-COG**
 - (Nurse appointment: urine/bloods)

2nd GP appointment

- Physical examination
- ***Exclude REVERSIBLE CAUSES***

Reversible causes of CI

Anti-cholinergic Cognitive Burden

- **No one scale better than another (NICE 2018)**
- **E.g. Anti-cholinergic Cognitive Burden Scale**
 - Score 1-3
 - **ANTI – DRUGS** (anti-allergy; anti-depressants (TCAs); anti-Parkinson; anti-psychotics)

Post diagnostic care

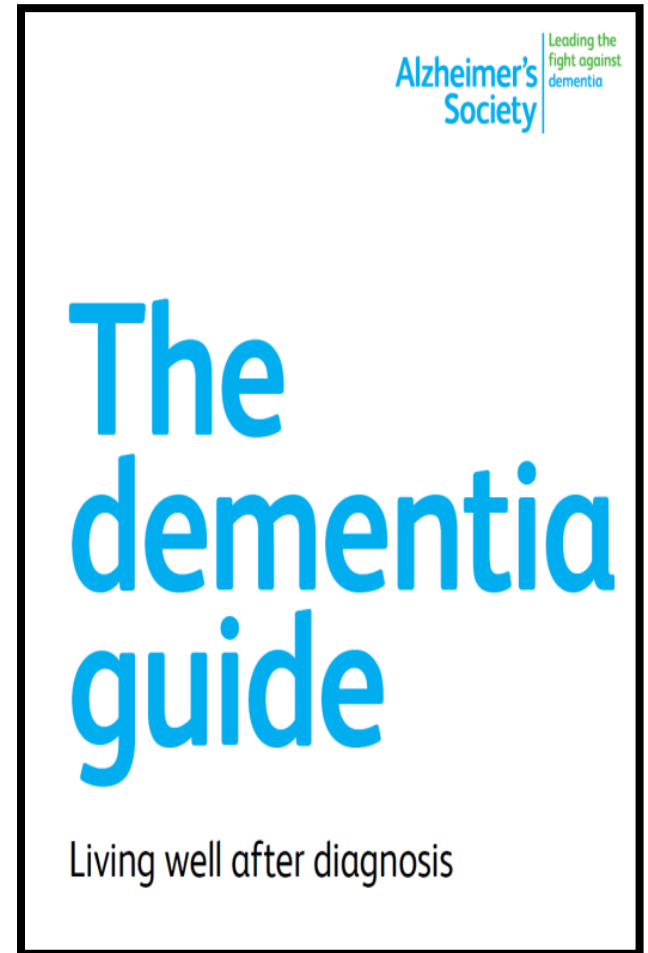
NICE 2018: *Person-centred care*

- **Information provision**
- **Involve people with dementia**
 - Communication
 - Future care discussions whilst have capacity
- **Involve family carers appropriately**
 - **Early appropriate consent from patient to share information**



Information provision

- **Effectiveness?**
 - Corbett 2011: quality of life
- **Voluntary organisations**
 - **Alzheimer's Society**
 - **Lewy Body Society**
- **Dementia advisors**
- **Dementia connect**
 - www.alzheimers.org.uk/find-support-near-you



Post diagnostic care and support

Care co-ordination (NICE 2018)

- **Named health/social care professional**
 - Initial needs assessment – PWD + carer
 - Information and support
 - Co-ordination + Care planning
 - Annual review or as needed
 - Family carer support
- e.g. **GP/CPN/Practice nurse/Admiral nurse/Social worker** -? Dementia advisor

Supporting families

- **NICE 2018 - OFFER**
 - **Psychoeducational interventions**
 - **Skills training**

Who, where, how, when?...



- **Role of GP: carer assessment** (*Cameron et al 2011*)
 - QOF: Record NOK/main carer on dementia register
 - Assess needs: practical, physical, emotional, legal/financial
 - Support: Alzheimer's Society; Dementia UK: Carers UK
 - Maintain physical and emotional wellbeing

Pharmacological management

Key changes - NICE 2018

- **Initiation decision**
 - clinician with *specialist expertise* **BUT 1st script can be issued in primary care**
- **Combination therapy: INCREASED USE**
 - **Cholinesterase inhibitor + memantine**
 - **Can be started in primary care**
- **Length of treatment: PROLONGED USE**
 - **DO NOT STOP** due to disease severity alone

Non-drug approaches

Cognitive Stimulation Therapy

- **Effectiveness** (*Knapp et al 2012*)
 - Strongest evidence base of all non-drug interventions
 - As cost effective as dementia drugs: **Usual care (NICE2006)**
- **Delivery**
 - Cognitive and social skills training
 - 14+ sessions over 7 weeks
- **Training** www.cstdementia.com

Who, where, how, when?...

Assistive technology

atdementia.org.uk

- [Communication](#)
- [Safety](#)
- [Leisure](#)
- [Prompts & reminders](#)



Control unit



Alarm button



Fall detector



Gas detector



Door exit sensor



Temperature sensor



Flood detector



Bed or chair
occupancy sensor



Smoke detector/alarm



Pressure mat



Alarm pill dispenser



Pull cord alarm

ATTILA trial (Forsyth et al 2019)

Assisted Technology and Telecare to maintain Independent Living At home

- **Intervention:** 2 stage (LA system)
 - assessment for AT + individualised AT provision
 - Control – pendant alarm + smoke detector
- **RCT n = 495**
 - >80 years; white; lived with carer; moderate dementia;
- **Results**
 - AT usually provided for ADL; memory support
 - 50% devices not installed; 52% fidelity with UK AT standard

Planning ahead

Early/moderate stages (with capacity)

- **Power of Attorney – 2 separate**
 - Health + welfare / finance + property
 - Solicitor; Alzheimer's Society; DIY
 - Only takes effect with loss of capacity



ADVANCE DECISIONS TO REFUSE TREATMENT
A Guide

Advanced dementia/ people in care homes

- **BEST INTERESTS DECISION MAKING** not ACP
- Communication with all key stakeholders important
- Inform other services e.g. Ambulance

Assessment of capacity

Mental Capacity Act (England & Wales)

2 stage test

- 1) Is there an impairment or disturbance of function of the brain?
- 2) Capacity relevant to a specific decision. Patient should:
 - Understand
 - Retain and
 - Use the information and
 - Communicate their decision in *some way*.

May need to assess on several occasions

Record above accurately in patient notes.

Refer to expert (old age psychiatry) if in doubt for a second opinion.



Driving and dementia

- UK guidance <https://research.ncl.ac.uk/driving-and-dementia>
- Ultimate decision on fitness to drive by DVLA.
- In early dementia, licence issued with annual review.
- Formal assessment - **Local Driving Assessment Centre**

Other resources

www.gov.uk/government/organisations/driver-and-vehicle-licensing-agency

www.alzheimers.org.uk/factsheet/439

Co-morbidity management (NICE 2018)

- **Physical illness**
- **Pain (agitation/distress)**
 - **Consider use of structured pain tool**
 - **Usual pain drug pathway**
- **Sensory loss**
 - Hearing impairment
- **Sleep disturbance**
- **Depression**
 - **Do not routinely use anti-depressants**

Dementia annual review

- **Cognitive/mental health:** memory (any significant change in the last 12 months), mood and any signs of challenging behaviour.
- **Physical health:** co-morbidities; visual and sensory impairment.
- **Risk management:** smoking; alcohol; BP; diet
- **Medication review**
 - Drugs affect cognition: '**ANTI-s**' (1st generation anti-histamines; TCAs; benzodiazepines; urinary antispasmodics)
 - **Dementia drug review**
 - Anti-psychotics: benefit vs risk discussion
- **Information: Alzheimer Society;** legal and financial
- **Driving safety review**
- **Assistive technology**
- **Future care planning: LPA is key**
- **Carer support and assessment**

Behavioural issues

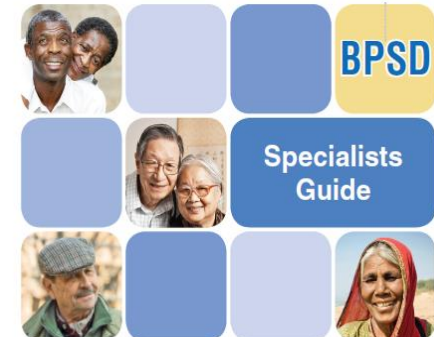
- **Non-drug options first**
 - **ABC approach**
 - Physical environment
 - Sensory interventions
 - Exercise/activity
- **Drug management**
 - **Severe distress/risk of harm**
 - Analgesia
 - Antidepressants
 - Cholinesterase inhibitors
 - Anti-psychotics

Optimising treatment and care for people with behavioural and psychological symptoms of dementia

A best practice guide for health and social care professionals



The IPA Complete Guides to
Behavioral and Psychological Symptoms of Dementia



DAA Dementia Action Alliance



Towards and at end of life

Challenges:

- **Communication**
 - Assess distress/symptoms/needs
 - **NICE 2018: use of structured pain tool**
- **Capacity vs proxy decision making**
 - Best interests decision making...Difficult decisions
- ***Managing UNCERTAINTY***
 - **Prognostication**
 - » When is care palliative in dementia?
 - » When ARE the last hours, days, weeks...?



Raphael Told - "Last Portrait of Mother" - Oil on Canvas - 1884 - Sold to the BP Portrait Award at the National Portrait Gallery

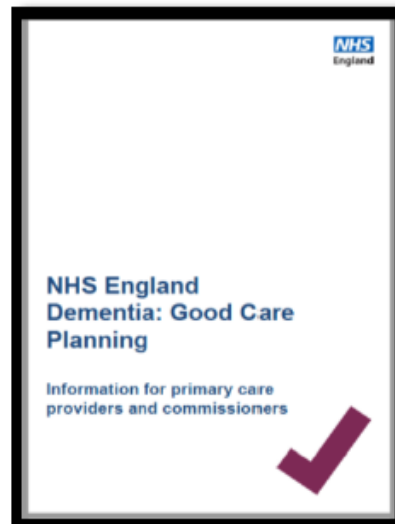
NHS England: Well pathway for Dementia

Preventing well	Diagnosing well	Post Diagnostic Support		
		Supporting Well	Living well	Dying well
Risk of people developing dementia is minimised	Timely and accurate diagnosis, care plan and a review in the first year	Access to safe, high quality health and social care for people with dementia and carers	People with dementia can live normally within safe and accepting communities	People with dementia die with dignity in the place of their choosing

NHS England: Well pathway for Dementia



- The [Implementation guide and resource pack for dementia care](#) provides local services with evidence and good practice for each of the 5 elements of the Well Pathway (preventing, diagnosing, supporting, living and dying well).





Tuesday 20 June 2017

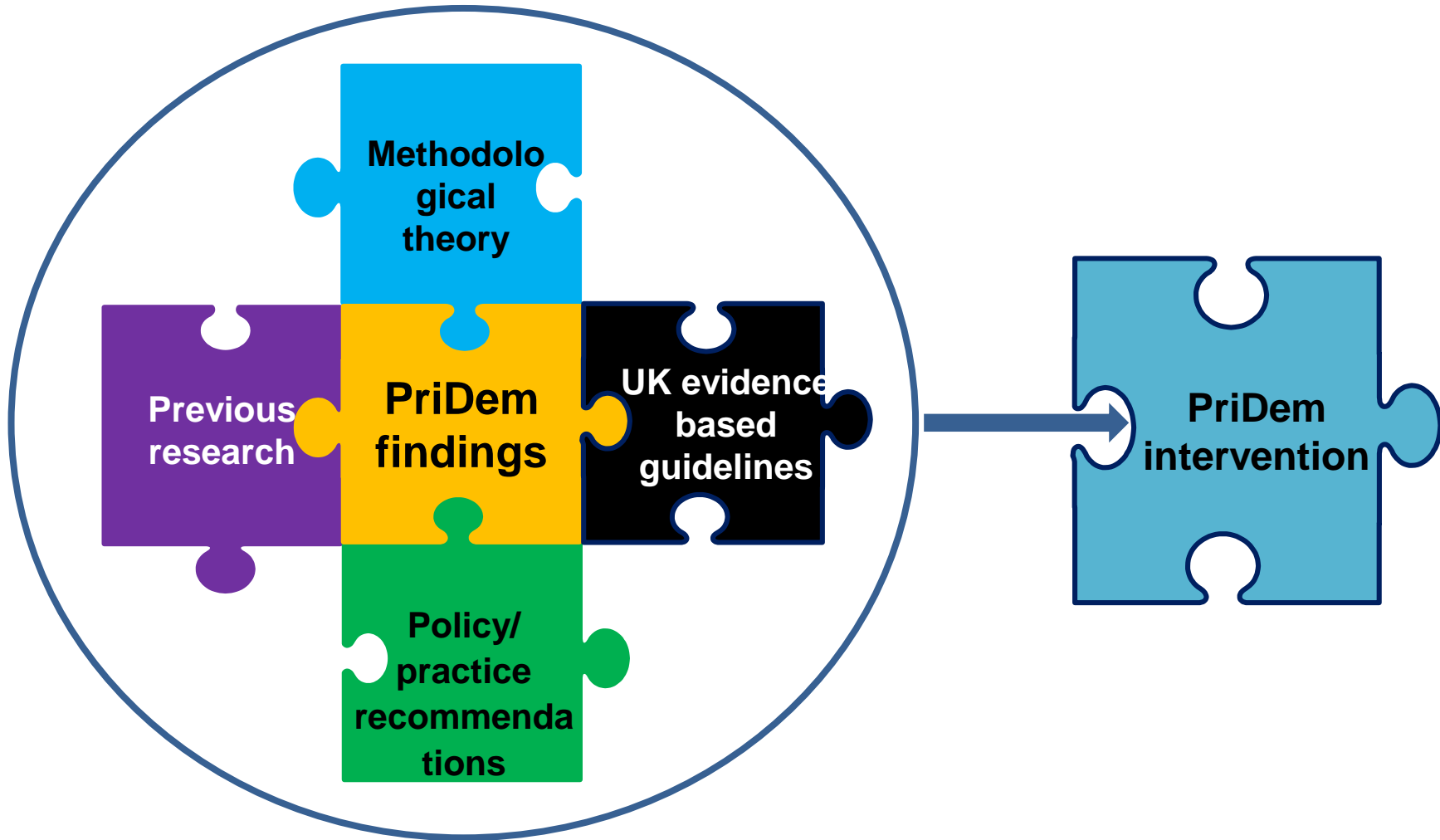
Alzheimer's Society 'Centres of Excellence' could make a life-changing difference for people affected by dementia

Alzheimer's Society has today announced its biggest-ever single investment in dementia care research. £6 million has been awarded to three 'Centres of Excellence'.

The 'Centres of Excellence' will focus on key priority areas within dementia care research over the next five years.

Dr Louise Robinson, Lead Researcher at the Newcastle Centre of Excellence, said: "We want to address what resources are needed to provide a better quality of care, and how these can be successfully delivered; understanding the costs of this care against the long-term benefits. This will significantly support research in this area here in Newcastle and we're positive that it will make significant improvements for patients and their families."

PRIDEM ...



CO-designing dementia diagnosis AND post-diagnostic Care

COGNISANCE



#bmjmcwebinars



NICE 2018.....

Pre diagnostic care: reversible causes

Post diagnostic care

- **Named care co-ordinator + ongoing care planning**
- **Information provision**
- **Future care planning**
- **Access to group non-drug interventions**
- **Dementia drug prescribing**
- **Family carers – assessment and support**
- **Physical health**
- **Supportive care towards and at end of life**