Dementia Introduction and why diagnose?

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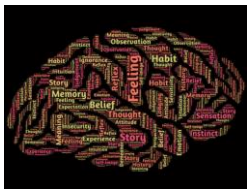
Cornwall and the Isles of Scilly Health and Care Partnership



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What is Dementia?

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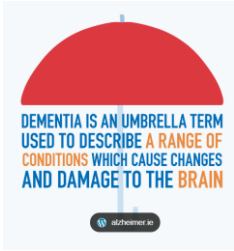

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Definitions

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- Subjective memory problems – person thinks they have a problem – but normal on testing – 'worried well' (not dementia!)
- Mild cognitive impairment cognitive impairment not affecting ADL's
- Delirium 'acute brain failure' - acute confusion - reversible
- Acquired Brain Injury (TBI, stroke,haemorrhage, encephalitis, hypoxia)
- ARBD – doesn't get worse over time, might improve
- Wenicke's-Korsakoff syndrome – alcohol affects thiamine B1 levels. (All of above not dementia!)
- Dementia – clinical syndrome of progressive chronic cognitive decline - 6/12affecting activities of daily living
- Young Onset Dementia – dementia under age 65 years

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What is Dementia?

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- **What is dementia?**
- Progressive long-term chronic condition – brain disease – a clinical syndrome –of 'chronic brain failure', 'an umbrella term'
- Symptoms depend on part of brain affected
- Affects memory, thinking, planning function, mood, behaviour, judging, speech & language, understanding, personality, emotional control.
- Being forgetful, wandering/getting lost, repeated questions, problems with money and handling bills, losing interest in previous liked social activities or events, forgetting appointments, neglectful of hygiene or eating. Easily angry or frustrated.
- Neuropsychiatric symptoms –BPSD: psychosis –(hallucinations/experiencing delusions or paranoia), agitation/aggression, apathy, depression, sleep problems.
- Later on increased frailty and dependence – incontinence, reduced appetite or ability to feed oneself, swallow problems, mobility problems + falls, loss of recognition of friends or family, fail to recognise every day objects, bed bound. A major underlying cause of death.

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Case

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- Sharon 87 seen with daughter Kelly at GP surgery.
- 4 year history of memory problems, but these have rapidly got worse since a stroke 18 months ago and daughter has noticed them more since husband Oswald died a year ago. Struggling to manage at home ringing the Kelly all times day or night, getting anxious, needing help to manage finances, planning meals. Has left cooker on a few times. Has been mixing up medications.
- Daughter is feeling quite stressed as she is working full-time, she wanders what the cause is and is there anything that can help?

Sharon:

PMH: CVE, PUD, DM type 2, Hayfever, OA. Fall 3 months ago – tripped over curb – Head CT (old infarct right parietal lobe, moderate small vessel disease, global cerebral atrophy most marked in temporal lobes)

DH: Clopidogrel, Amlodipine, Metformin, Cetirizine, Omeprazole, Codiene. Amitriptyline

What do you do?

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What to think about to help Sharon and Kelly

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- No single test for dementia currently..
- Greater than 6 months chronic cognitive decline affecting ADLs
- Cognitive test
- Supportive collateral history
- Clinical Assessment
- Blood tests to rule out other causes 'dementia bloods'
- Think delirium/depression/drugs -alcohol.
- Medication review- cholinergic burden
- Adult Social care referral
- Carers service referral
- Sign post to Alzheimer's Society/Dementia UK

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Outcome

- 6 CIT 20/28
- Collateral history support dementia
- Mood is ok.
- Bloods ok apart from borderline folate
- History suggests vascular risk factors – scan also shows temporal lobe atrophy – likely mixed picture (vascular/Alzheimer's)
- As moderate could be GP diagnosis
- Seek advice medications – offer cognitive enhancer. Refer PCDP/Dementia Together for ongoing follow up. Social prescriber.
- Advise LPA. TEP/Advanced care.

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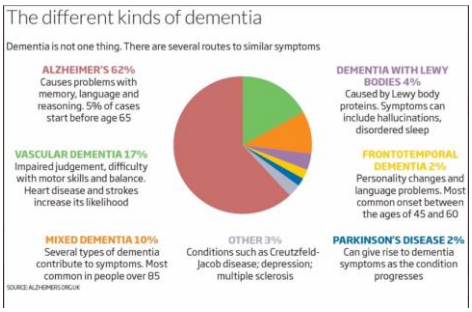
What is Dementia?



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Mechanisms

- Alzheimer's Disease – build up proteins – amyloid plaques and tangles
- Lewy Body Dementia – deposits of alpha-synuclein ' lewy bodies'
- Frontotemporal dementia abnormal tau & TDP-43 proteins
- Vascular Dementia – damaged blood vessels – interrupt blood flow and oxygen to brain

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Rarer types of Dementia

- Normal pressure Hydrocephalus
- Progressive Supranuclear Palsy
- CADASIL
- Corticobasal syndrome
- Alzheimer's – atypical variants e.g. posterior cortical atrophy.
- HIV, HD, CJD, MS

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Name these 3 celebrities Which type of dementia did/do they live with?



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Name the celebrity What type of dementia did they have?

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Name the celebrity
What type of dementia did they have?

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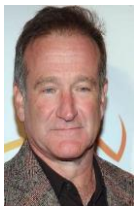

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Name the celebrity
What type of dementia did they have?

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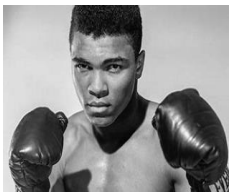

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Name the celebrity
What type of dementia do they have?

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Diagnosis

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Why is dementia important?

A leading underlying cause of death
Huge economic and personal costs
Most feared health condition in adults
Awareness is still very low
People living with the condition face huge stigma which often prevents them coming forward for help
Currently no cure – but factors to help prevention and support
High admission rates to hospital
Delayed transfer out of hospital and poorer outcomes
One of most common co-morbidities in those who died of covid
Many carers feel condition is under-recognised and they feel under supported – many suffering carer burn-out and own health needs
1/3 Missing persons for search and rescue
Fire service response calls

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Benefits of Diagnosis

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- Parity of esteem with physical health conditions – cancer & heart failure
- **Diagnosis is key to unlock support**
- **Understanding for family and carers and those supporting**
- **Appropriate sign-posting**
- Early identification means early support and care planning with the persons – 'what matters to them' (before loss of capacity)
- Advanced care planning
- Protecting and reducing harm – 'deprescribing' – flagging as vulnerable
- 'Good practice'
- Benefits – council tax, carer's allowance
- Priority customer for services
- Social care assessments
- Extra support in hospital
- At risk of delirium
- Research shows diagnosis means less likely to hit crises
- Care homes – care planning, reducing harm, MCA assessment and planning support for care homes
- By screening we also pick up depression
- Carers support
- Access to research
- Commissioning – funding and planning services
- Accurate Death certification and epidemiology

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Screening – look out for dementia in those at risk

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- Recommended only for those who are in high risk category
- 60-70% of those living with in care homes have dementia
- High percentage of those needing home care
- Consider at medication reviews, annual chronic disease review, those presenting with frailty syndromes.
- Advancing age – 1/6 over age 80
- Repeat episodes delirium
- Previously diagnosed with mild cognitive disorder
- Diabetes & vascular risk factors – screen at review
- Those on frailty registers
- Neurological conditions PD/MS, stroke
- SMI
- Head injuries
- LD

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Referral Tips – Memory Assessment

- Refer diagnostic uncertainty, complex case, suspected YOD, BPSD, risk (to self or others) Think ASC/safeguarding, carers service.
- Can always ask patch consultant or duty worker for advice
- Include in referral as much info as possible (at least 6 CIT, bloods – why you/patient/family/carer) think they may have dementia). Any risk/complexity.
- RMS – psychiatry – memory assessment service MAS. Less than 55 go to neurology

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Who Can Diagnose Dementia?

Diagnoses – advanced moderate- severe cases & frailty, 'barn-door' – can be diagnosed in primary care/community teams.

May be diagnose in hospital or in Healthcare of Elderly clinic, Neurology, PD clinic.

Specialist Memory Assessment Clinics

LD Specialist service

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How to Diagnose Dementia?

- No single test for dementia
- Rule out reversible causes
- History from the person
- Examination
- 6 months progressive chronic cognitive decline affecting ADL's
- Collateral History supportive of diagnosis

(could use a collateral history tool)

- Cognitive testing – affecting more than 2 domains

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IQCODE

Short Form of the Informant Questionnaire on Cognitive Decline In Elderly (Short IQCODE)

Try to remember what _____ (patient's name) was like 10 years ago and compare it with what he/she is like now. 10 years ago was in _____(year). Below are situations requiring use of memory or intelligence and we want you to indicate whether this has improved, stayed the same, or got worse, over the past 10 years.

Note you are comparing the present performance with 10 years ago. So if 10 years ago he/she always forgot where he/she had left things, and he/she still does, then this would be answered "Not much change".

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Please indicate the changes you have observed by circling the appropriate answer.

IQCODE

	1	2	3	4	5	Score
1. Remembering things about family and friends e.g. occupations, birthdays, addresses	Much Improved	A bit improved	Not much change	A bit worse	Much worse	
2. Remembering things that have happened recently	Much Improved	A bit improved	Not much change	A bit worse	Much worse	
3. Recalling conversations a few days later	Much Improved	A bit improved	Not much change	A bit worse	Much worse	
4. Remembering his/her address and telephone number	Much Improved	A bit improved	Not much change	A bit worse	Much worse	
5. Remembering what day and month it is	Much Improved	A bit improved	Not much change	A bit worse	Much worse	
6. Remembering where things are usually kept	Much Improved	A bit improved	Not much change	A bit worse	Much worse	
7. Remembering where to find things which have been put in a different place from usual	Much Improved	A bit improved	Not much change	A bit worse	Much worse	
8. Knowing how to	Much	A bit	Not much	A bit	Much	

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Cognitive Tests

- Put in context of someone's educational background
- Remember –glasses and hearing aids etc

- GP-Cog –. Less 5/9 significant (pt exam & informant)
- Mini ACE/ACE -21/30 below significant
- 6 CIT – 8/30 or more significant

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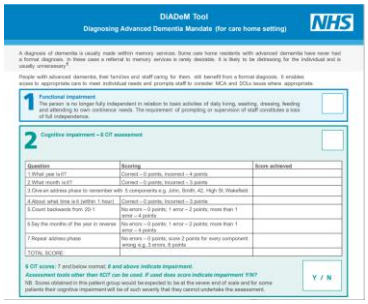
DiaDem – for care homes


DIADEM Tool
Diagnosing Advanced Dementia Mandate (for care home setting)
NHS
1 Functional impairment
2 Cognitive impairment – 6 CIT assessment
Question | Scoring | Score achieved
1 What year is it? | Correct – 0 points, incorrect – 4 points
2 What month is it? | Correct – 0 points; Incorrect – 3 points
3 Give an address phase to remember with 5 components e.g. John, Smith, 42, High St, Wakefield
4 About what time is it (within 1 hour) | Correct – 0 points; Incorrect – 3 points
5 Count backwards from 20-1 | No errors – 0 points; 1 error – 2 points; more than 1 error – 4 points
6 Say the months of the year in reverse | No errors – 0 points; 1 error – 2 points; more than 1 error – 4 points
7 Repeat address phase | No errors – 0 points; score 2 points for every component wrong e.g. 3 errors, 6 points
TOTAL SCORE
6 CIT scores: 7 and below normal; 8 and above indicate impairment.
Assessment tools other than 6CIT can be used. If used does score indicate impairment Y/N?
Y / N

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DiaDem – for care homes


3 Corroborating History
History of gradual cognitive decline (typically for the last few years) is confirmed by care staff, relatives and medical records. Staff/relatives confirm that in their opinion the patient consistently demonstrates both functional and cognitive impairment.
4 Investigations
Dementia screening bloods are normal (where clinically appropriate and patient consents to bloods). If patient lacks capacity to consent to bloods, a best interest decision must be made and documented accordingly. NB. If intracranial pathology (e.g. subdural haematoma, cerebral tumour) is suspected, referral for a brain scan may be appropriate. Otherwise where dementia is advanced, differential diagnosis is unlikely to affect patient management & a brain scan is unnecessary.
5 Exclusion Criteria
There is no acute underlying cause to explain confusion i.e. delirium (acute confusional state) has been excluded. Mood disorder or psychosis is also excluded.
A diagnosis of dementia can be made with a high degree of certainty if all five criteria listed above are met. If dementia is confirmed, please add this patient to your GP practice dementia register using the recommended codes. Consent should be sought or this from the person themselves or a family carer where the individual lacks capacity.
NB. Where a diagnosis of dementia is confirmed, a copy of the completed 3/4/5diDeM tool should be saved into the patient's notes as it forms part of their clinical record.
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Disclaimer: Healthcare professionals must make their own decisions about assessment and care on a case-by-case basis, using their clinical judgement, knowledge and expertise and in consultation with other key staff and carers. This tool is not intended to replace physician judgement in assessing individual patients. Ratification of this tool for local use should follow the usual process within all affected organisation(s). Departure from local prescriptive protocols or guidelines should be fully documented in the patient's case notes at the time the relevant decision is taken. The authors of this tool accept no responsibility for any inaccuracies or information pertaining is misleading. The authors assume no legal liability or responsibility for the accuracy, completeness or clinical efficacy of this guidance.

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Dementia Diagnosis

- Rule out differential diagnoses and reversible causes
- Blood tests – Fbc, UEs, folate, B12, TFT, LFT, bone, CRP. + vitamin D
- Think 3 D's – depression, delirium, drugs and alcohol (YOD – menopause, brain tumours, other neurological conditions)
- Scans (CT/MRI) for some cases – to rule other caused and help sub-typing. Give info to radiologist on request. (severe frailty/care home – scan may not be appropriate)

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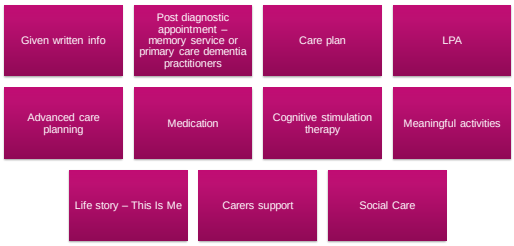
Post diagnosis



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Summary

- Most important is to think 'could this be dementia'?
- Look out for dementia and screen especially in those at risk
- Inform patient and carer of new diagnosis – clearly document in notes – make sure added to GP record by coding and add to handovers/discharge summaries/care plans
- Offer/sign post to support
- Dementia is everyone's business
- 2 great website
- www.alzheimers.co.uk
- www.dementiauk.org

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Quality improvement in your area

- Do you have a dementia lead/champion in your service?
- Are you recognising dementia in your patients? Screening for those at risk? Including at annual reviews.
- Are you adding people with dementia to palliative care registers
- Keeping dementia/suspected dementia/MCI as an active problem
- Is your dementia register up to date at GP surgery.
- Are you Supporting carers? Coded on carers register.
- Do you know your local services?
- Diagnosis rates for your area
- Are you reviewing prescribing – deprescribing
- Audits – antipsychotic prescribing
- Is your environment 'dementia friendly'? Is there info on your website
- Tier 1 Training for all staff recommended – Tier 2 – look at kernow CIC website. Further training needs for staff – e.g. cognitive testing.
- Thank you for joining our training day and being our dementia champions to help make dementia 'everyone's business'

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