



**Dementia: From first
concern to lasting support
– The difference
community nursing can
make**

Paul Cadger – Dementia Education Lead

Intro

Sensitive subjects – Violence, Sexually inappropriate behaviour

6CIT - Six item Cognitive Impairment Test

BPSD – Behavioural and Psychological Symptoms of Dementia

CloS – Cornwall and Isles of Scilly

DOPMH – Dementia and Older Persons Mental Health

MMSE – Mini Mental State Exam

PLwD – Person living with dementia

TBI – Traumatic Brain Injury



Can we prevent dementia?

If so by how much?

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Dementia prevention, intervention, and care: 2024 report of the *Lancet* standing Commission

[Prof Gill Livingston, MD](#)   • [Jonathan Huntley, PhD](#) • [Kathy Y Liu, MRCPsych](#) • [Prof Sergi G Costafreda, PhD](#) •

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 [Check for updates](#)

Identified 14 modifiable risk factors and their PAF (Population Attributable Fraction) - the global percentage reduction in dementia prevalence if this risk factor is eliminated

TOTAL 45%

Early Life
<19

Mid life
>18 <66

Later life
>65

Hearing Loss
7%

High LDL
cholesterol 7%

Less education
5%

Social isolation
5%

Depression 3%

TBI 3%

Air pollution
3%

Physical
Inactivity 2%

Diabetes 2%

Smoking 2%

Hypertension
2%

Visual loss 2%

Obesity 1%

Excessive
Alcohol 1%

June 2026 stats and diagnosis

6,164 diagnosed with dementia in CloS

Estimated prevalence **10,229**

4,065 people could be better supported by a diagnosis

Stigma to seeking diagnosis (**less likely to seek diagnosis if person lives alone**) --- how can you support people to come forward

Reversible causes resolved before dementia

1/3rd of people legally drive with dementia

Referral to assessment 7-33 weeks (? New target RTT 18 weeks)

My checklist for possible dementia symptoms



This checklist will help you have a conversation with a doctor or other health professional. Use it to note any difficulties you've had.

It is not intended to diagnose dementia or any other health condition. Everyone experiences dementia in their own way. This checklist includes common signs of dementia. But there can be other reasons for any changes you've noticed.

Talk to your doctor about any concerns that you've indicated on the checklist.

 Memory and mental ability problems	Tick if affected by	Tick if impacting daily life	How long it's been happening
Memory loss – difficulty learning new information or forgetting recent events or people's names	☐	☐	
Struggling to find the right word	☐	☐	
Difficulty judging distances or mistaking reflections or patterns for other objects	☐	☐	
Struggling to make decisions, or making careless or risky decisions	☐	☐	
Losing track of time and dates	☐	☐	
Asking the same question over again, or repeating phrases	☐	☐	
Putting objects in unusual places	☐	☐	

 Problems with daily living activities	Tick if affected by	Tick if impacting daily life	How long it's been happening
Struggling with tasks like paying bills, planning ahead, shopping	☐	☐	
Difficulty getting enough sleep	☐	☐	
Getting lost in familiar places	☐	☐	

Memory Assessment Service

Gannel 33wks 01872 246800
cft.adminganneldopmh@nhs.net

Veor Surgery - Camborne
*Trevithick Surgery (Carn to Coast)
St Agnes Surgery
Perranporth Surgery
Three Spires Surgery - Truro
Narrowcliff Surgery - Newquay
Newquay Health Centre

Camel 7wks 01208 834300
cft.camelandvalencydopmh@nhs.net

The Clays Practice - St Austell
Stillmoor House Medical Practice - Bodmin
Carnewater Practice - Bodmin
Port Isaac Practice
Wadebridge & Camel Estuary
Petroc Group Practice - Bodmin
Lostwithiel Medical Practice

Valency 7wks 01208 834300
cft.camelandvalencydopmh@nhs.net

Launceston Medical Centre
Callington Health Centre
Gunnislake Health Centre
Bottreaux Surgery
Neetside Surgery
Stratton Medical Centre
Camelford Medical Centre
Pensilva Health Centre

Coombe 22wks 01736 571000
Cft.coombedopmh@nhs.net

Bohaggy Health Centre - Hayle
Marazion Surgery
Stennack Surgery - St Ives
Alverton Practice (Atlantic Medical Practice) - Penzance
Sunnyside Surgery - Penzance
Morrah Surgery - Penzance
Rosmellyn Surgery - Penzance
Cape Cornwall (Atlantic Medical Practice) - St Just
St Mary's Health Centre (Isles of Scilly)

Tamar 8wks 01579 373737
cft.tamarDOPMH@nhs.net

Rame Group Practice
Saltash Health Centre
Portview Surgery
Quay Lane Surgery
Old Bridge
Rosedean House Surgery
Oak Tree Surgery

Cober 20wks 01209 318960
cft.coberdopmh@nhs.net

*Homesoft (Carn to Coast) - Illogan
*Pool Surgery (Carn to Coast) - Redruth
Clinton Road Surgery - Redruth
Manor Surgery - Redruth
Harris Memorial - Illogan
Lanner Surgery - Redruth
Mullion & Constantine Group
Bake Surgery
Manage Street - Helston
Helston Medical Centre

Fal 14 wks 01872 246800
cft.adminfaldopmh@nhs.net

Lander Medical Practice - Truro
Carnon Downs Surgery
Chacewater & Devoran Surgeries
Falmouth Health Centre
Trescobee Surgery - Falmouth
Westover Surgery - Falmouth
Penryn Surgery
Roceland Surgeries

Fowey 19wks 01726 873377
cft.foweydopmhadmin@nhs.net

Probus Surgery
Mevagissey Surgery
St Austell Healthcare
Brannel Surgery - St Austell
Middleway Surgery - Par
Fowey River Practice



Referral criteria

<55 Neurology, >54 with cognitive decline/memory issue –
Memory Assessment Service

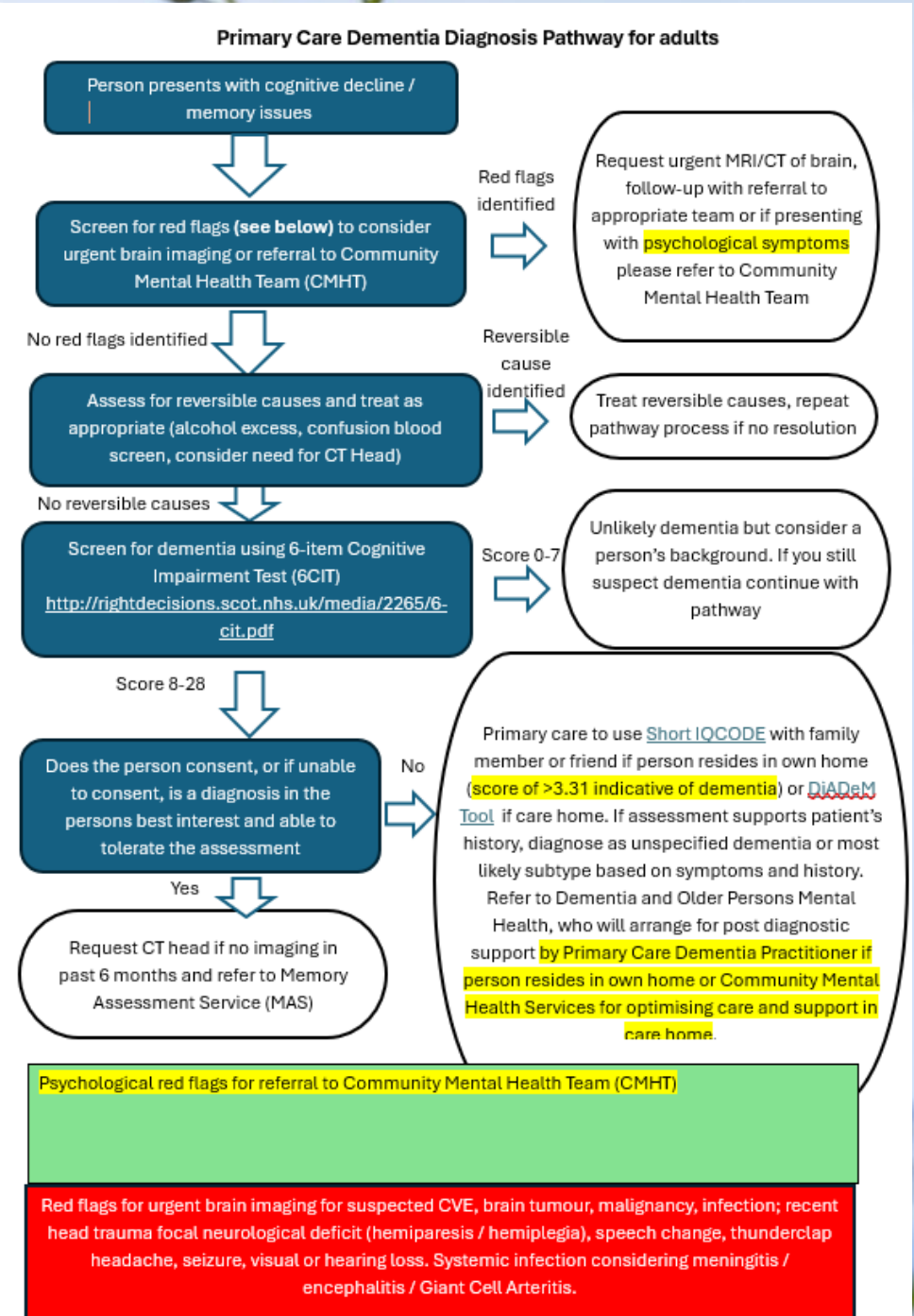
Complete a primary care cognitive test such as 6CIT,
GP cog, MMSE

Routine cognitive blood screen (FBC, U+Es, LFT, TFT, B12,
Folate, Lipids, CRP, Calcium and HBa1C).

Request MRI Head if not completed within 6 months

Alcohol – no more than 14 units a week.

If previously dependent needs to be 6 months at 14 units or
less per week before memory assessment



6CIT – Six item Cognitive Impairment Test

- What year is it? Correct 0 Incorrect 4
- What month is it? Correct 0 Incorrect 3

Give person a 5 component address to remember

- About what time is it (within 1 hour)? Correct 0 Incorrect 3
- Count backwards 20 to 1? Correct 0, 1 error 2, more than 1 error 4
- Say months of the year in reverse? Correct 0, 1 error 2, more than 1 4
- Repeat address back? Correct 0, 1 error 2, 2 errors 4, 3 errors 6, 4 errors 8 all incorrect 10

Scoring

0-7 – Unlikely dementia but consider background i.e. academic or CEO if concerned refer

8 or more refer to Memory Assessment Service

Diagnostic process – **ID a subtype***

Collateral history if possible from family/friend
Informant Questionnaire on COgnitive Decline in
the Elderly (IQ CODE)

Assess cognitive function – such as Addenbrooke's
Cognitive Examination – (ACE-III)

May need further brain imaging likely MRI
DAT Dopamine Active Transport (DAT) scan for
Lewy Body or Parkinsons disease dementia

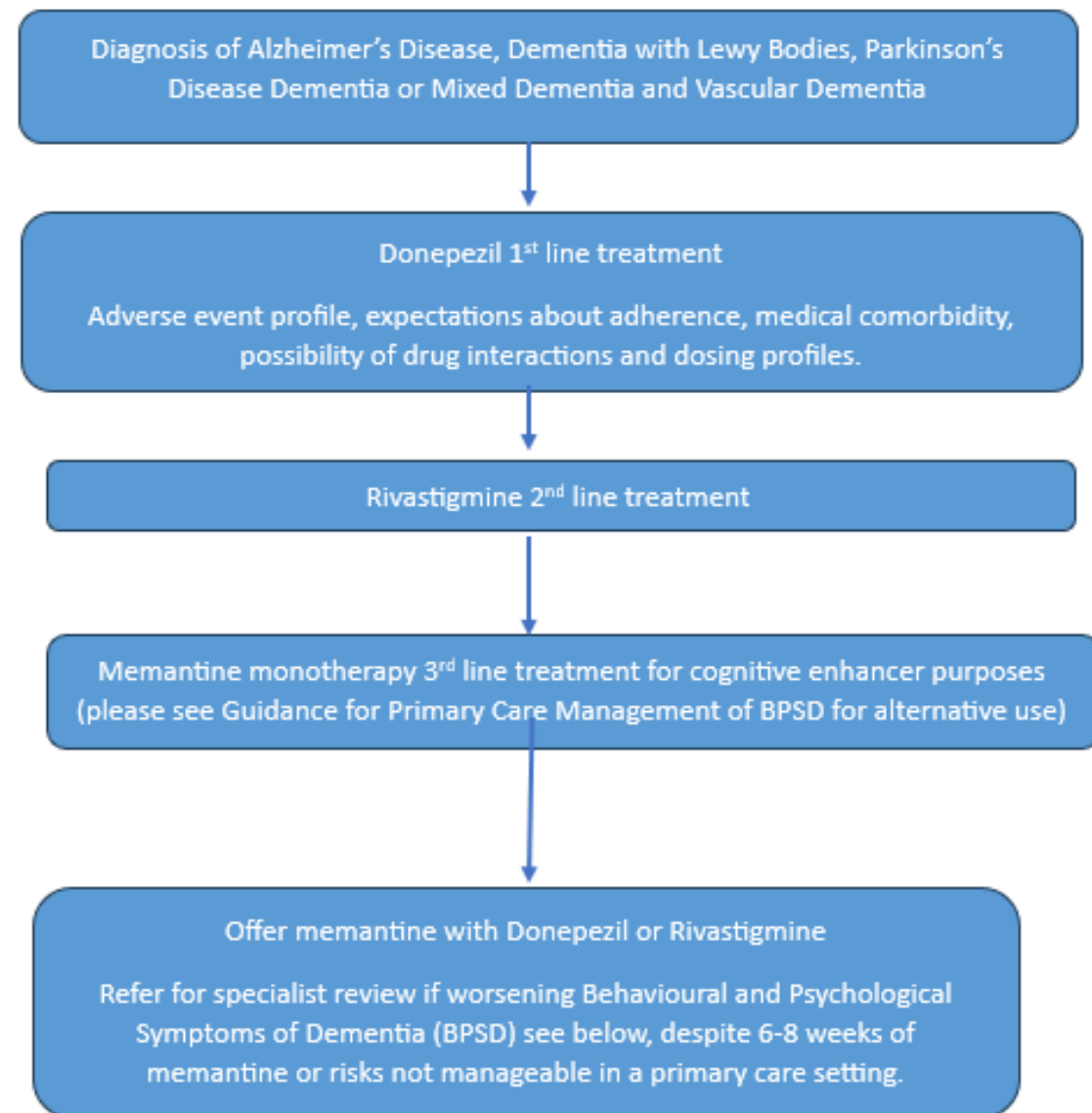
Link with Consultant Psychiatrist for diagnosing
subtype of dementia

Then deliver post diagnostic support



Treatment options Cognitive Enhancers

Drug	Route	Aimed outcome
Donepezil Early to Mid	Tablet or oral solution	Reduce cognitive decline over 2-6 years, continue function independently longer, reduce carer support 1hr a week, improve mood and motivation, reduce anxiety, delusions and hallucinations
Rivastigmine Early to mid	Capsule, PATCH, oral solution	As above
Memantine Mid to late	Tablet, capsule or oral solution	Reduce confusion, help with functioning independently, may help with delusions, aggression and agitation
Galantamine* Early to mid	Tablet, capsule or oral solution	As per Donepezil



Dementia Support

Live in own home

Dementia Together
(Charities)

Primary Care Dementia
Practitioner (CFT - DOPMH)

Community Mental Health
Team (CFT - DOPMH)

Live in care home

Dementia
Liaison Nurse
(CFT – DOPMH)

Community Mental
Health Team (CFT -
DOPMH)

Dementia Support - to name a few

Carer training – www.promas.co.uk
Integrated Admiral Nurse Service
Cognitive Stimulation Therapy
Cornwall Carers Service
LivDem – within 12 months of diagnosis
www.joindementiaresearch.nihr.ac.uk
Cornwall Memory Café Network
Fire Service – prevention
Herbert Protocol
Lorenzo's House
Purple Angels
Cinnamon Trust

Directory

PREVENTING WELL	5
DEMENTIA PREVENTION AND RISK REDUCTION.....	5
SUPPORT WITH DEMENTIA RESEARCH.....	5
DIAGNOSIS OF MILD COGNITIVE IMPAIRMENT (MCI).....	5
DIAGNOSING WELL	8
FAMILY, FRIEND, COLLEAGUE DECLINING TO SEEK DIAGNOSIS DUE TO STIGMA OF DEMENTIA.....	9
DIAGNOSING DEMENTIA.....	9
DIAGNOSIS OF SUBTYPES OF DEMENTIA (FOR EXAMPLE ALZHEIMER'S DISEASE, UNSPECIFIED DEMENTIA, MIXED DEMENTIA, FRONTO-TEMPORAL DEMENTIA, DEMENTIA WITH LEWY BODIES) ...	9
IN DEPTH NEUROPSYCHOLOGICAL ASSESSMENT TO SUPPORT DIAGNOSIS OF SUSPECTED YOUNG ONSET DEMENTIA, COMPLEX OR ATYPICAL PRESENTATIONS OF DEMENTIA.....	12
OCCUPATIONAL FUNCTIONING ASSESSMENT SUCH AS HOME, WORKPLACE ETC. FOR YOUNG ONSET DEMENTIA, COMPLEX OR ATYPICAL PRESENTATIONS OF DEMENTIA.....	12
POST DIAGNOSTIC SUPPORT FOR CARER/FAMILY.....	12
INITIAL DEMENTIA HEALTH CHECK IS COMPLETED.....	13
SUPPORTING WELL	14
PROVIDE PERSON CHOICE AND PLANNING FOR THEIR FUTURE.....	14
COGNITIVE STIMULATION THERAPY (CST).....	14
REVIEW OF MEDICATIONS AND DELIVERY.....	14
PRESCRIPTION FOR COGNITIVE ENHANCER MEDICATION.....	15
REVIEW OF MEDICATIONS COMMONLY USED IN DEMENTIA.....	15
ACTIVITIES AND SUPPORT GROUPS TO PROMOTE WELLBEING.....	15
LIVING WELL WITH DEMENTIA GROUP (LIVDEM).....	17
SUPPORT FOR FAMILIES FOR PEOPLE LIVING WITH YOUNG ONSET DEMENTIA.....	18
SUPPORT FOR PEOPLE WITH A RARE FORM OF DEMENTIA.....	20
IF PERSON BECOMES DISTRESSED WITH DEMENTIA OR BEHAVIOURAL AND PSYCHOLOGICAL SYMPTOMS OF DEMENTIA, (BPSD).....	20
NEED AN INDEPENDENT MENTAL CAPACITY ADVOCATE.....	21
DEMENTIA ANNUAL REVIEW (CARE PLAN) IS COMPLETED.....	21
PERSON NEEDS ADDITIONAL SUPPORT OR ADVICE (INCLUDING IF DECLINED SUPPORT INITIALLY AFTER DIAGNOSIS).....	21
IF PERSON/FAMILY/CARER THINKS LIVING AT HOME IS NO LONGER APPROPRIATE AND IS CONSIDERING A CARE HOME.....	22
LIVING WELL	24

Behaviour of concern or distress – nee Behavioural and Psychological Symptoms of Dementia #BanBPSD

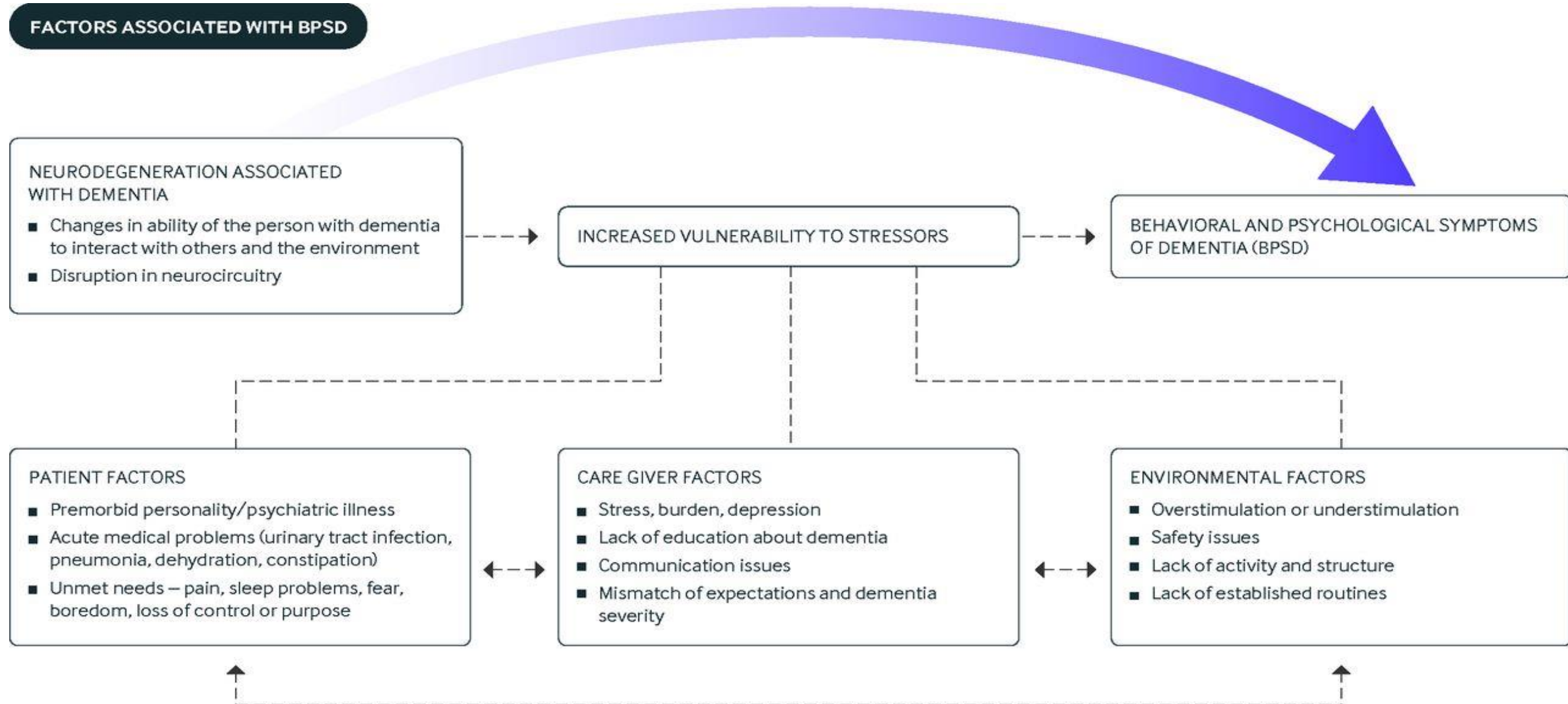
Is the distress (BPSD / challenging behaviour / behaviour or concern) we see a form of communication of an unmet need?

- Delusions
- Hallucinations
- Agitation and aggression
- Depression - Low mood to suicidal
- Anxiety
- Apathy - (Self neglect)
- Shadowing
- Wandering / walking with purpose
- Sundowning
- Hoarding
- Withdrawal
- Sleep disturbance
- Sexual disinhibition
- Repetitive behaviour

Up to 90% of PLwD may experience the above over course of disease; Anantapong et al (2025) Behavioural and psychological symptoms of people with dementia in acute hospital settings: a systematic review and meta-analysis

Why is someone with dementia more likely to become distressed

FACTORS ASSOCIATED WITH BPSD



Treatment options – DOPMH

Could this be delirium! - 4AT <https://www.the4at.com/>

James, I, A., (2011) Newcastle Model

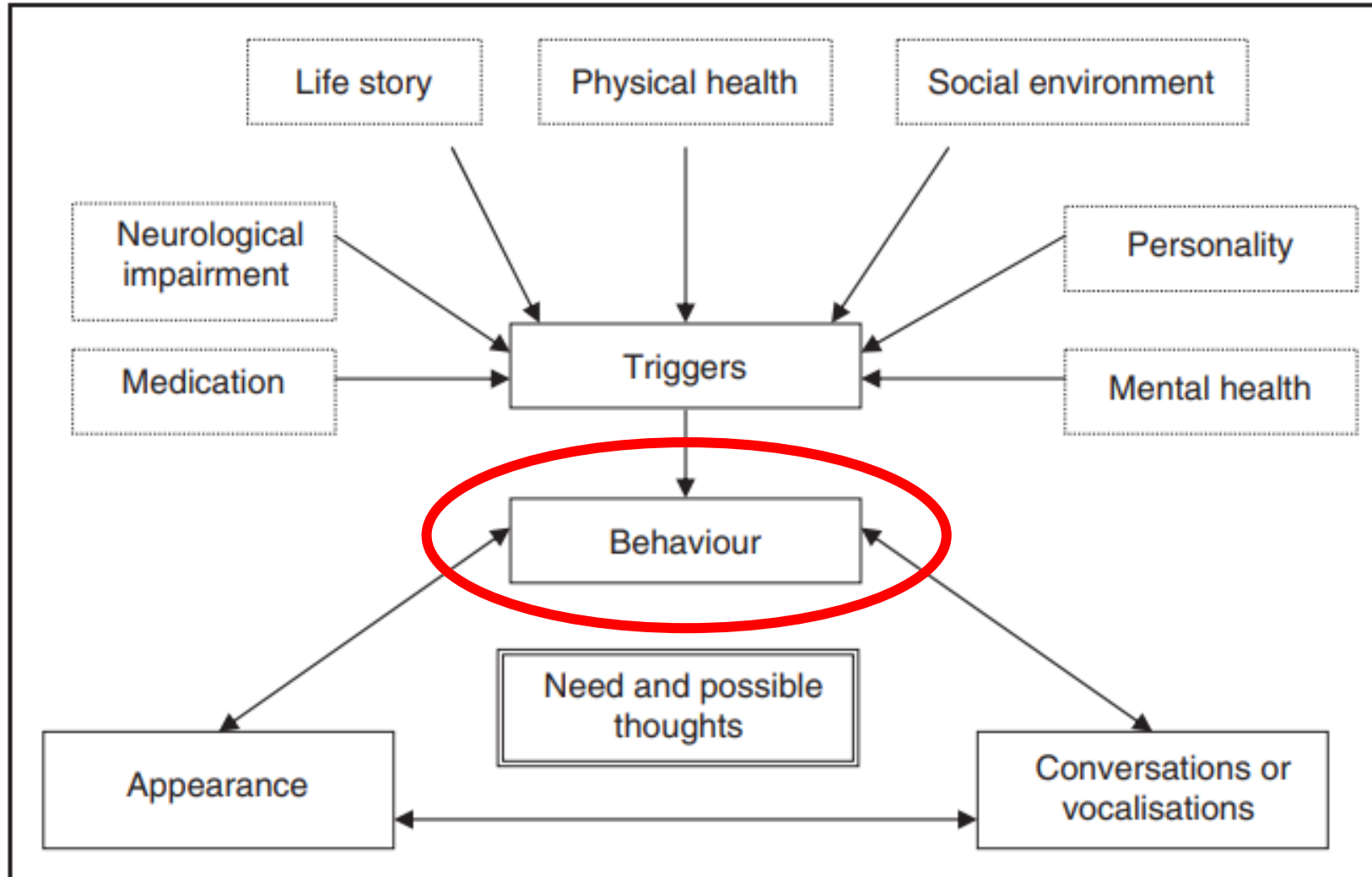
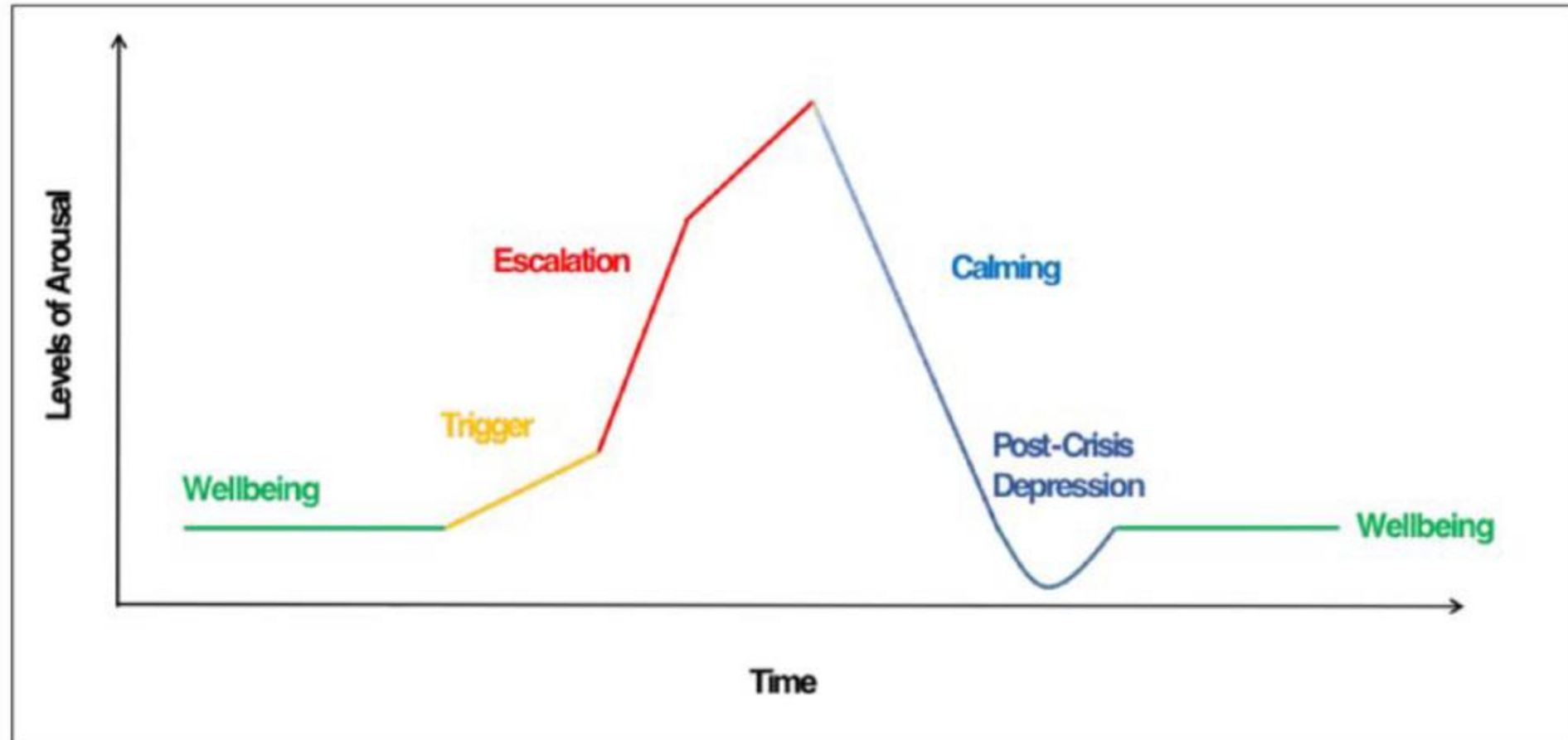


Figure 2.1: Adapted Version of PBS Arousal Graph



Legend: Green – wellbeing; Amber – primary prevention; Red – escalation; Blue – calming

Approaches to maintain Wellbeing



This is me[®]

This leaflet will tell you all about who I am, to help you support me.

Name I like to be called _____

This space is for you.

You can attach a favourite photo here – of yourself, your family, a pet or a place you've visited.

OR list four things that interest you:

1 _____

2 _____

3 _____

4 _____

Keep this in a suitable and safe place where anyone caring for you, at home or elsewhere, can refer to it easily. You can also take it with you if you need to go into hospital.

- **Carer training to help them understand the purpose of someone's behaviour <https://promas.co.uk/>
- Depression carer / person living with dementia
- Personalised care – This is me
- Music therapy (particularly if depression identified)
- Usually not a single treatment but range
 - ↑ Social interactions
 - ↑ Physical activity
 - ↑ Pleasant (person centred) meaningful activity (gardening, art, DIY)
- Sensory focused activities (namaste care) - aromatherapy
- Reminiscing
- Doll and pet therapy
- Environment
- Maintain good physical health

Approaches to de-escalate

Triggering

PINCHME mnemonic
to help identify potential causes of delirium

**P**ain

**I**nfection

**N**utrition

**C**onstipation

**H**ydration

**M**edication

**E**nvironment

- Think delirium
- Communication / unmet need – Carer causes
- Environmental cause
- Antecedent Behaviour and Consequence chart – learn from previous scenarios
- Therapeutic lie
- Specialist input / crisis services

BANG

Breathe
Accept
Not argue
Go with flow

Antecedent, Behaviour and Consequence Chart

This chart reflects all challenging behaviour exhibited in the observation chart on page 5.

Date:

Time	Problem behaviour (e.g. Physical aggression)	What happened leading up to it? (Antecedents)	What actually happened? (Behaviour)	What were the consequences? (e.g. Moved to own room)	Did anything help to reduce the behaviour? / How did it resolve	Signature/ Print Name

Pharm and Non-Pharm approaches Escalation

- Jump in their bubble
- Exit strategy / Least restrictive intervention
- Prevention and Management of Violence and Aggression
- Local policies – Lone working
- Pharmacological acute crisis - Benzodiazepines (↑risk falls, ↓Cognitive Function)
- Delirium 1st line – Olanzapine
- 2nd line – Lorazepam (Parkinson's Disease / LBD)
- Preventative pharmacology post incident

Calming

Debrief

Research – what % of PLwD enter research?

“Do you want to make a difference to the future of dementia?”

www.joindementiaresearch.nihr.ac.uk

Alzheimer's Research UK SW Network – Aim to unite dementia researchers with PLwD

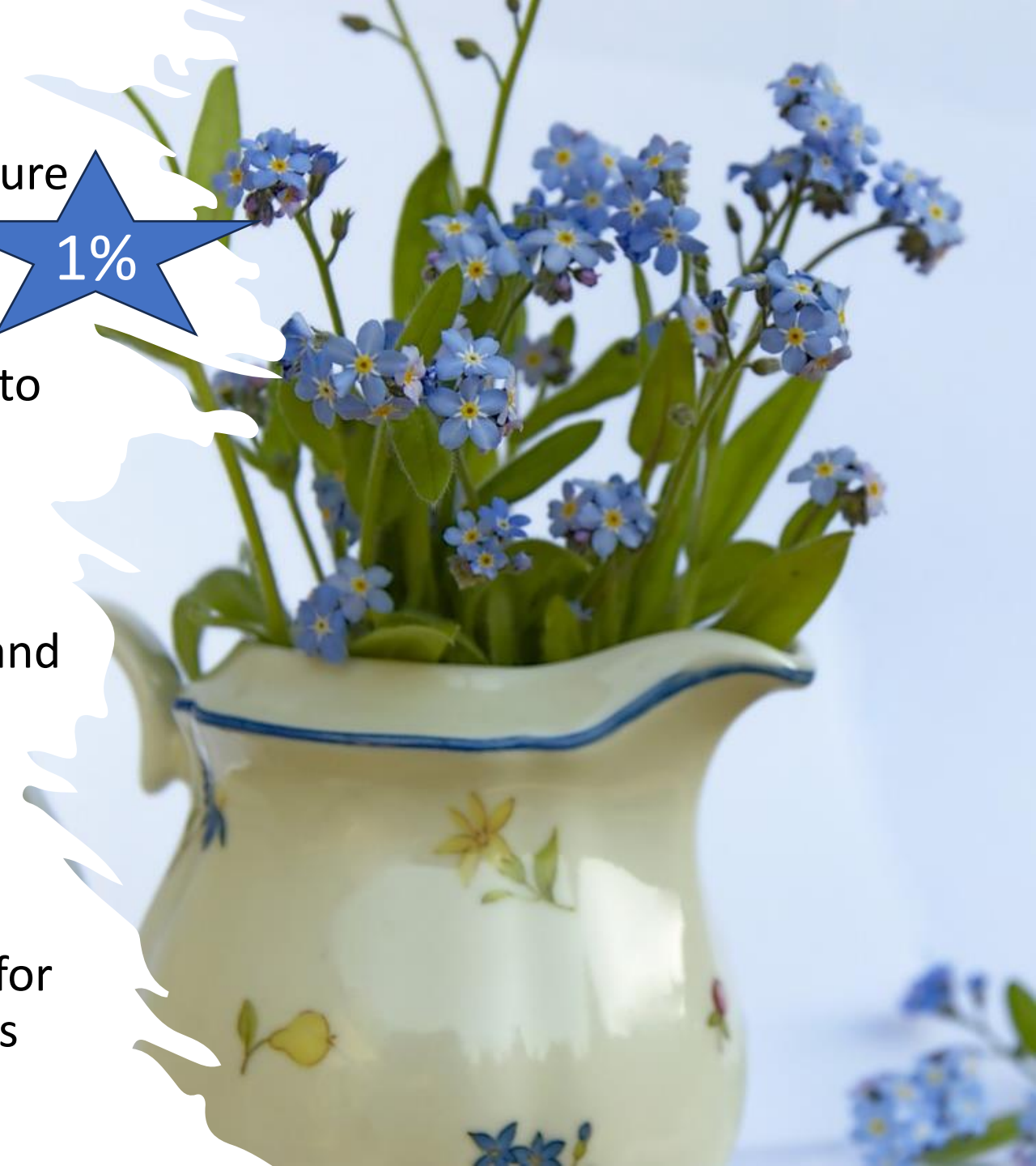
PROTECT (over 40s) 6monthly cognitive assessment - recruiting

Aim - How the brain ages, reduce dementia and mental health issues in later life

D-PACT Dementia Personalised Care Team – recruiting

Aim – Develop and evaluate a system for dementia support based in General Practice for post diagnostic care for PLwD and their carers

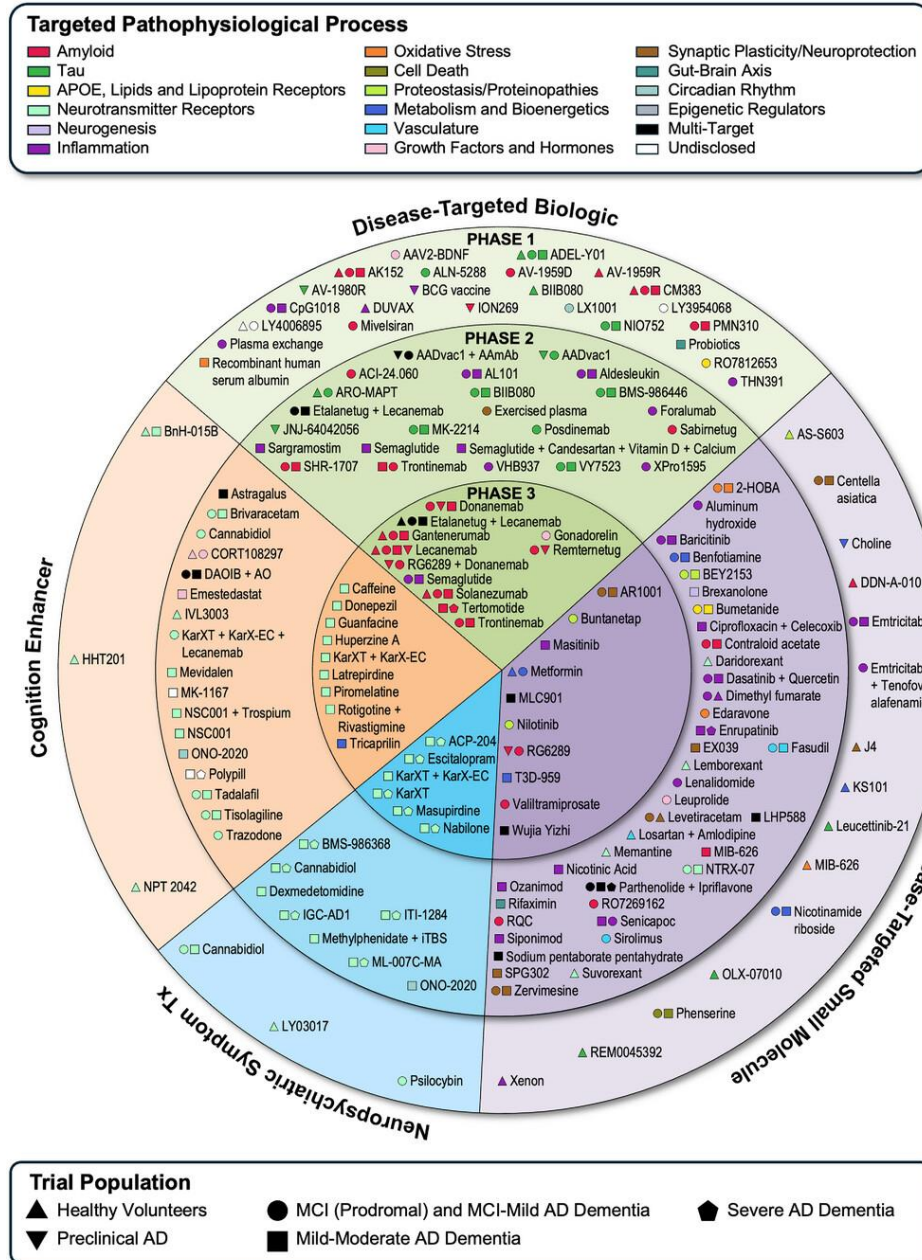
1%



A close-up photograph of a bouquet of blue forget-me-not flowers with yellow centers, arranged in a white ceramic pitcher. The pitcher features delicate floral and fruit motifs, including a yellow flower and a pear. The background is a soft, out-of-focus blue.

Need 55,000 participants are needed

Drug trials
72% disease
targeting
therapies.
18% cognitive
enhancing
10%
neuropsychiatric
symptoms



Major Challenges for CloS

“Decimation of community nursing / NHS now being picked up by unregistered carers”
CEO Visiting Angels (provide care at home)

No Brain Health Clinics – pick up MCI / genetic risk – Prevent and delay onset dementia

Dementia challenge 92% get a diagnosis at 18 weeks currently 60% at 1 year

Merging ICBs – leadership gap

Funding - Community saves the acute but why if no from a shared pot



Dementia and Community Nursing session outcomes

- Lifestyle choices to reduce risk dementia
- Who needs more support to get a diagnosis - challenge the stigma
- Proactively assess and support referral for diagnosis
- Overview of support – Seek help DOPMH
- What to do if someone is in distress with dementia – think delirium – DOPMH review
- Do you want to make a difference to the future of dementia support?



Where can you learn more

Tier 1 and 2 Dementia training

www.kernowhealthcic.org.uk search dementia

Dementia and delirium training for all 7th September 2026 *Camborne Community Centre, 9 South Terrace, Camborne, TR14 8SU*

Time	Subject	Presenter
08:30-08:55	Introductions (inc stands)	Paul Cadger
08:55-09:30	Dementia: assessment, diagnosis and medications	Dr Allison Hibbert – GP Lead for Dementia
09:30-10:10	Dementia risk reduction and prevention	Vicky Brown – Dementia Prevention Lead
10:10-10:40	End of Life Dementia Care	Paul Cadger – Dementia Education Lead
Network and break till 11:00		
11:00-11:30	Communication, interaction and behaviour	Jodie Ley – Consultant Nurse for DOPMH
11:30-12:00	Delirium identification, assessment and management	Jodie Ley – Consultant Nurse for DOPMH
12:00-12:30	Person Led Dementia Support	Ann Gray – Owner Coombe House Care Home
12:30-12:45	Dysphagia (swallowing difficulties) and dementia	Jennifer Lloyd - Professional Lead Speech and Language Therapy
Lunch till 13:20		
13:20-13:50	Families and carers as partners in dementia care	Sarah Arundel – Admiral Nurse
13:50-14:20	Nutrition and dementia	Gemma Foley – Malnutrition Training Dietician
14:20-14:50	Law ethics and safeguarding in dementia care	Ben Gregg-Waller - Safeguarding facilitator Katie Honey – Lead Social Worker
14:50-15:20	Living well and promoting independence in dementia	Paul Cadger – Dementia Education Lead
15:20-15:30	Close and evaluation	Paul Cadger

GP surgery dementia training

Email paul.cadger@nhs.net

Dementia training for GP surgery template

Time	Subject	Presenter
5 mins	Introduction	Dr Allison Hibbert and Paul Cadger
50 mins	Community Support for carers and people living with dementia	DOPMH lead – Overview of DOPMH Services Meet your Memory Assessment Nurse & their role Meet your Dementia Advisor & their role Meet your Primary Care Dementia Practitioner & their role Meet your Community Psychiatric Nurse & their role Meet your Dementia Liaison Nurse & their role Meet your Admiral Nurse & their role
5 mins	Split into two groups (Practice admin staff with Paul Cadger) (clinical staff with Dr Allison Hibbert)	

Non-clinical practice staff team

2hrs 15 mins	Dementia prevention	Paul Cadger
	Identification and diagnosis	
	Communication, interaction and behaviour	
	Living well and maintaining independence	
	Kingsfund "Is your Health centre dementia friendly?"	

Clinical practice staff team

15 mins	Dementia prevention	Vicky Brown
90 mins	Benefits of diagnosis, diagnosing dementia and medications	Dr Allison Hibbert
30 mins	Management of Behavioural and Psychological Symptoms of Dementia (BPSD)	Local Consultant Psychiatrist

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Livingston et al (2024) Dementia prevention, intervention, and care: 2024 report of the Lancet standing Commission Lancet vol 404 issue 10452 pg. 572-628 DOI: [10.1016/S0140-6736\(24\)01296-0](https://doi.org/10.1016/S0140-6736(24)01296-0)





Thank you any
questions

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