Dementia

Alistair Burns

National Clinical Director for Dementia
40% lost friends
48% said they were a burden to family
19% said they were a burden to friends
61% felt lonely
77% felt anxious or depressed

Two thirds of people say they were living well with dementia
Dementia “i” statements

• I was diagnosed in a timely way
• I know what I can do to help myself and who else can help me
• Those around me are well supported and are in good health
• I get the treatment and support, which are best for my dementia, and my life
• I feel included as part of society
• I understand so I make good decisions and provide for future decision making
• I am treated with dignity and respect
• I am confident my end of life wishes will be respected. I can expect a good death.
• I know how to participate in research
Prime Minister’s challenge on Dementia

Improvements in health and care

Raising awareness

Better research
Dementia Research

- 50% increase in funding since 2010/2011
- The MRC announced the world’s biggest research cohort involving 2 million people
- Alzheimer’s Research UK - £100 million research pledge.
- Alzheimer’s Society - £100 million over 10 years
- UK Dementia Platform

Less than 1%, now 4.5%

www.JoinDementiaResearch.nihr.ac.uk
Dementia Friends

www.dementiafriends.org.uk
## Easy to remember

<table>
<thead>
<tr>
<th>D</th>
<th>Diagnosis</th>
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<tbody>
<tr>
<td>E</td>
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<tr>
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</tr>
<tr>
<td>E</td>
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Dementia Diagnosis

- On average, in England, **56%** of people with dementia receive a diagnosis.

- There is significant **variation** across the country.

- NHS England have a **national ambition** that two thirds of people with dementia receive a **diagnosis** and **post diagnostic support**.

Dementia: state of the nation report

Dementia post diagnostic support

- The quality of post diagnostic support is key eg Cognitive Stimulation Therapy, life story work

- RCGP Roadmap
  enquiries@dementiaroadmap.info

- Dementia advisors

- The Dementia Guide
http://dementiaroadmap.info/
Dementia Diagnosis and post diagnostic support
Sliding doors - Mr Smith aged 79

What can happen....... 

Becomes distressed and agitated one Saturday night

Seen by on call GP and admitted to hospital

Diagnosed with delirium secondary to UTI

History of two years memory loss, wife not managing well

Sedated on admission, discharged to care home
## Dementia Diagnosis and post diagnostic support

### Sliding doors - Mr Smith aged 79

<table>
<thead>
<tr>
<th>What can happen.......</th>
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<tr>
<td>Becomes distressed and agitated one Saturday night</td>
<td>Identified as having dementia two years ago</td>
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<tr>
<td>Seen by on call GP and admitted to hospital</td>
<td>Supported by a Dementia Advisor</td>
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<tr>
<td>Diagnosed with delirium secondary to UTI</td>
<td>Wife notices he is “not himself” one Tuesday</td>
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<tr>
<td>History of two years memory loss, wife not managing well</td>
<td>GP who knows him visits and prescribes antibiotic for a UTI</td>
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<tr>
<td>Sedated on admission, discharged to care home</td>
<td>Recovers – no need for hospital admission</td>
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Clinical Commissioning Group visits

Three things

Clinical Leadership

Links with social care

Taking charge
DementiA ReveAled: whAt PriMary Care needs to know
A Primer for General Practice

Dr Elizabeth Barrett
Professor Alistair Burns
April 2014
Dementia diagnosis and management
A brief pragmatic resource for general practitioners

- Primer summary
- FAQs
- Case studies

The dementia ambassadors

Diagnosing dementia in care homes – why, and how to, do it
Dan Harwood, Paul Twomey, Alistair Burns
http://www.england.nhs.uk/2014/12/18/alistair-burns-12/
Every GP practice has direct access to the Dementia Prevalence Calculator on NHS England’s Primary Care Website. The information is completely transparent so every GP practice and CCG can see every other GP practice and CCG.
Easy to remember

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Managing symptoms - drug treatments for dementia

Anti Alzheimer drugs
- Donepezil (Aricept)
- Galantamine (Reminyl)
- Rivastigmine (Exelon)
- Memantine (Ebixa)

Antidepressants

Antipsychotics
National Audit of antipsychotics in dementia 2012

Key findings on the prescription of antipsychotics for people with dementia in England
Report for the audit period 2006 to 2011
**Easy to remember**

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Early identification

Primary Care

• Innovation in detection of dementia in primary care
• NHS Health check
• Case finding in Primary Care for at risk groups

Memory Clinics

• National Network
• Four fold increase in activity in two years; half of people seen in early stages
• 75% of clinics asking about research
The Memory Services National Accreditation Service (MSNAP) recommends a standard of 6 weeks from referral to assessment.

The RCPsych. survey (N=178) found time from referral to assessment was from 1 week to 25 weeks with (43 services exceed six weeks).

How does this relate to local diagnosis rate?

Four fold increase in activity in two years; half of people seen in early stages

75% of clinics asking about research

Tour of clinics has found:
• Expanded roles
• Developing services
• Post diagnostic support
• Working with primary care
• Housekeeping

Anne Wilkinson & Susie Peachey
Prevention of dementia

- Theoretical intervention to ameliorate decline
- Natural history resulting from vascular dementia
- Level at which a diagnosis of dementia is made
- If death occurs here, dementia has been "prevented"
- Dementia could be said to be "delayed" by this much by the intervention

Cognition/Executive function

Age

Dementia diagnosed
Easy to remember

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Non drug alternatives to treatment - examples

For memory and cognition
  - Cognitive stimulation
  - Reminiscence

For behaviours which challenge
  - ABC assessment – antecedents, behaviours, consequences
  - Aromatherapy/massage
  - Bright light therapy
  - Recreational activity, tai chi
  - Simulated presence
  - Multi-sensory stimulation
  - Music therapy
  - Other therapies: eg doll therapy, pets

Ann Corbett, Alistair Burns, Clive Ballard
Don’t use antipsychotics routinely to treat agitation and aggression in people with dementia
BMJ 2014;349:g6420
“Change page”
Easy to remember

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At end of life

Available at www.dyingmatters.org
Some points for discussion

• What models of practice can best improve the links between primary and secondary care?
• Can GPs detect and diagnose dementia?
• Can GPs initiate anti Alzheimer’s disease drug treatment (eg donepezil)?
• Do you need a scan to diagnose dementia?
• What about people with suspected dementia in care homes?
Some points for discussion

• What are the risks of over diagnosis?
• How can we best support individual practices?
• How does coding help?
• Does the rate of diagnosis not just reflect local memory services?
• What happens about the diagnosis rate after next year?
• What’s the new Enhanced Service all about?