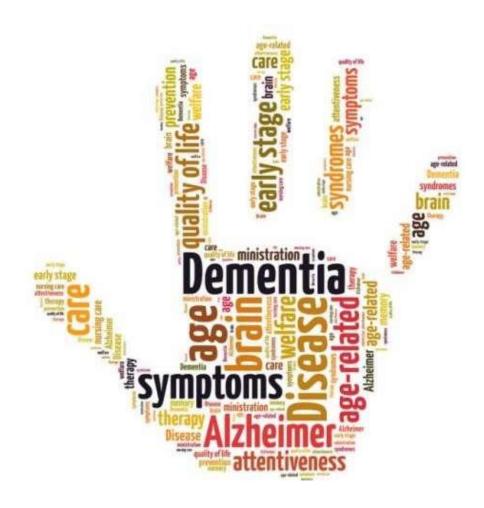
Recognising and Diagnosing Dementia in Primary Health Care



Topics Covered

- Why early diagnosis?
- Patient and Informant history
- Work up
 - Cognitive screening/assessment
 - Physical
 - Differential diagnosis
- Identification of risks
- Delivering the diagnosis
 - Initial support
- Referral to secondary services
- Self care



Dementia and care goals

subjective memory impairment Mild cognitive impairment

Mild dementia

Moderate dementia

Sever dementia

Loss of physical functions

-Aged Residential Care-----

Dying and death

Post bereavement

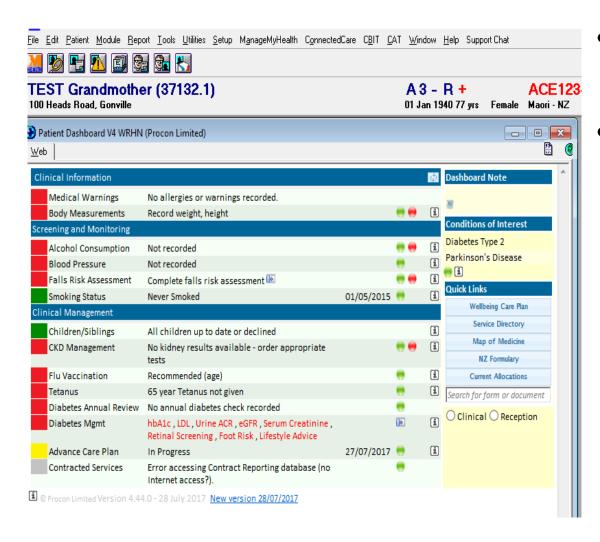
Care in the community----

Assessment focused on diagnosis, exclusion of reversible causes/ serial assessments

Assessment focused on individual functioning

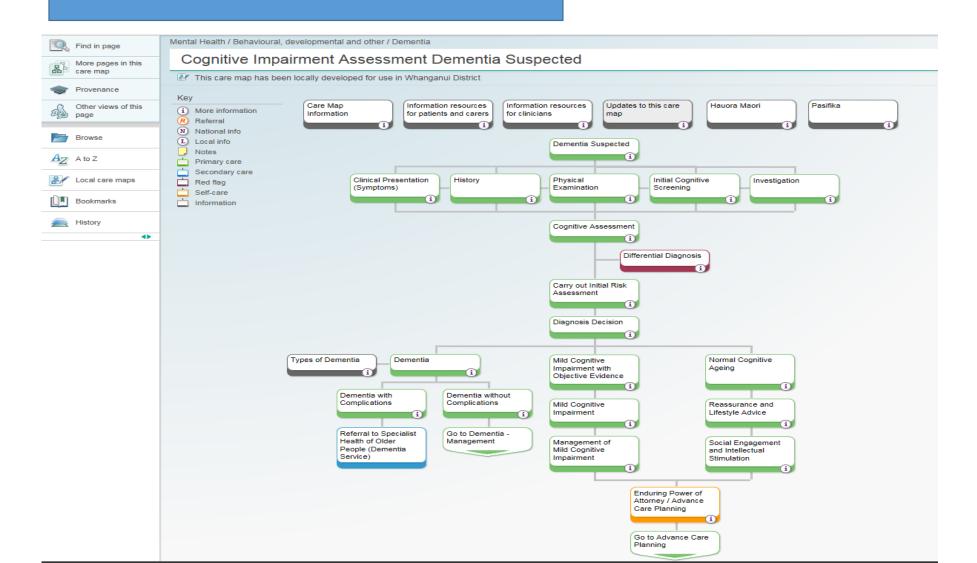
Patient / Whanau education
Anticipatory planning i.e. EPOA,
ACP

How do we capture cognitive impairment early?

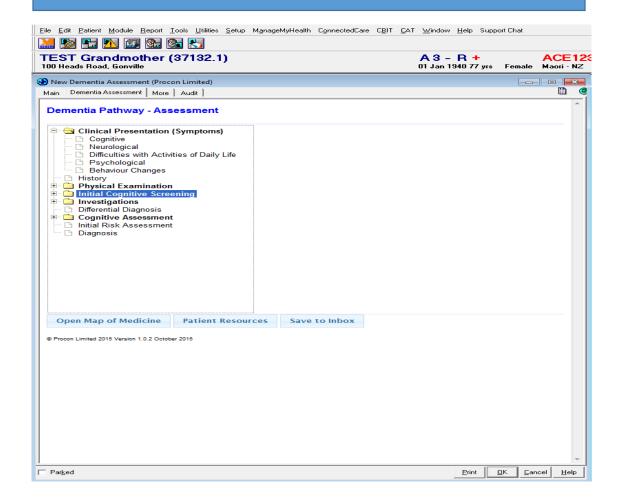


- What might make you suspect cognitive impairment?
- What are the barriers, why might we miss identifying cognitive impairment?

How do we capture cognitive impairment early?



How do we capture cognitive impairment early?





Initial consultation

- History
 - Individual
 - Informant IQCODE
- Physical examination
- Initial cognitive screening
- Investigations



Investigations

- Differentiating delirium, Dementia and Depression
- Blood tests
 - FBC
 - TSH
 - Glucose
 - Electrolytes
 - Creatine
 - Calcium
 - B12
 - Folate
 - Liver function tests
 - HbA1c
 - CRP
 - Consider if appropriate HIV, syphilis aetiology

- Urine
 - MSU
- Neurological exam
- CT head
 - Check local guidelines
- Consider CXR ECG

Cognitive assessment

- Cognitive screen:
 - 6CIT
 - GPcog
- Cognitive assessment:
 - MOCA
 - RUDAS
 - ACE R

Risk assessment



Giving a diagnosis

- Consider an extended consult, bringing family/whanau
- More than normal ageing
- Discuss how diagnostic results have lead to diagnosis
- Naming the condition allows access to information services and any support that is available.
- Refer to local Alzheimer's society
- As required referrals to Needs Assessment team
- EPOA
- Advanced Care planning/advanced directives

Referral to specialist service

- BPSD occurs in 50 to 80% of dementia
- Rapidly deteriorating individual
- Young age onset
- Atypical presentation
- Language or translation difficulties
- Past significant head injury
- Chronic neurological disorders
- Intellectual disability
- Specific defects, ie speech only

It takes a village







Summary

- Early diagnosis
- Consider staging workup
 - History
 - Timeframe
 - Individual and Informant
 - Change in functioning
 - Cognitive screen
 - Diagnostic testing
 - Bloods
 - CT
 - MSU
 - Neuro exam
 - Cognitive assessment

- Differential diagnosis
- Giving a diagnosis
- Risk assessment
- Referral to secondary care
- It takes a village!

References

- Goodfellow unit Dementia https://www.goodfellowunit.org/courses/dementia?course=introduction
- Map of Medicine Whanganui
 - Cognitive impairment assessment dementia suspected
- New Zealand Framework for Dementia Care <u>http://www.health.govt.nz/publication/new-zealand-framework-dementia-care</u>