Factoid: 70% of all patients in a Care Home will be living with Dementia

Top Tips for Clinicians

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Subject	**Diagnosing Advanced Dementia in a Care Home**
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Disclaimer	These are intended only as good practice prompts. Use your clinical judgement
Top Tip 1	**DiADeM Tool** • GPs and ANPs can diagnose advanced Dementia in a Care Home setting! • Use the new **DiADem 'Diagnosing Advanced Dementia Mandate'** form on **Dementia Resources Gateway (DRG)** or you can download forms - DiADeM Tool (care home setting) • Make a diagnosis in 5 simple steps!
Top Tip 2	**Functional Impairment** • The person is no longer fully independent in relation to basic activities of daily living, washing, dressing, feeding & attending to own continence needs. The requirement of prompting or supervision of staff constitutes a loss of full independence √
Top Tip 3	**Cognitive impairment – 6 CIT assessment** • 6 CIT scores: 7 and below are normal; 8 and above indicate impairment. • Assessment tools other than 6CIT can be used. If used the score should indicate impairment. N.B. Scores obtained in this patient group would be expected to be at the severe end of scale and for some patients their cognitive impairment will be of such severity that they cannot undertake the assessment √
Top Tip 4	**Corroborating History** • History of gradual cognitive decline (typically for the last few years) is confirmed by care staff, relatives & medical records. Staff/relatives confirm that in their opinion the patient consistently demonstrates both functional & cognitive impairment √
Top Tip 5	**Investigations** • Dementia screening bloods are normal (where clinically appropriate & patient consents to bloods). If patient lacks capacity to consent to bloods, a best interest decision must be made & 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 √
Top Tip 6	**Exclusion Criteria** • There is no acute underlying cause to explain confusion i.e. delirium (acute confusional state) has been excluded. • Mood disorder or psychosis should also be excluded. √
Diagnosis	**Diagnosis Of Advanced Dementia when ALL FIVE criteria met √**
Top Tip 7	**What makes a difference to outcomes?** • Run 'STOPP' Medication protocol - tells you what you can usefully stop in Older Patients • Think Advance Care Planning/DNA CPR discussions in Dementia and severe frailty *Think NICE Multi-morbidity Guidelines (as NICE guidelines for single conditions may not apply and aggressively treating several conditions may do more harm than good!) **Medication than can cause falls/worsening cognition** • Anticholinergic medicines are associated with increased risk of cognitive impairment/delirium and falls- The anticholinergic cognitive burden (ACB) Scale can help quantify the risk (and help you know what to stop!) Very useful interactive on line tool from the Maudsley http://www.medichec.com/