

Guideline for the early recognition assessment and support of people with suspected dementia

Presenting features that may trigger a suspicion of dementia

- An inability to remember routine activities of daily living e.g. Taking medication
- Language impairment e.g. (having difficulty finding words especially names and nouns)
- Disorientation (not knowing time and place)
- Change in personality (irritable, anxious, lowered mood or withdrawn)
- Changes in social habits (behaviour leading to decline in social / occupational ability)
- Self neglect

A history of onset and progression of presenting features reflect the following type of dementia

Alzheimer's disease	Vascular dementia	Lewy body dementia
<ul style="list-style-type: none"> • Memory loss in most cases which progresses with time • Language impairment • Failure to recognise relations carers 	<ul style="list-style-type: none"> • Often stepwise progression • Cognitive decline (not knowing time and place) • Recent stroke, transient ischaemic attack or myocardial infarction • Focal neurological signs 	<ul style="list-style-type: none"> • Fluctuating cognitive impairment • Prominent visual hallucinations • Repeated falls

A Short Orientation Memory Concentration score will help re-inforce suspicion of dementia

Any assessment of a person with suspected dementia should include a history of memory problems from both the patient and their carer(s)

Dementia is a global term used for a group of organic brain diseases that affect the normal working functions/processes of the brain leading to a progressive, irreversible destruction of brain cells

Prevalence : 1 in 13 people over aged 65 are affected by dementia

Tests should be undertaken to exclude other physical and mental health causes

Concomitant disease should be managed and a referral made to confirm a diagnosis of dementia

The patient and carer should be informed of the reason for referral to any secondary care service

Causes:

- Acute confusional state e.g. Infection
Drug toxicity
Alcohol
Pain and its underlying causes
- Depression

Tests:

- Blood FBC, U&E, ESR/Plasma viscosity, TFT, B12, Calcium, Random blood glucose
- Urine
- Geriatric depression score

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Refer to Specialist Mental Health team for;

- Assessment and management advice e.g. aggression, sexual disinhibition; learning disability; severe mental health problem
- Additional investigations
- Consideration of treatment with cholinesterase inhibitors
- Risk assessment of self or harm to others
- Family and individual counselling

Urgent referral to other Secondary Care Services e.g. Neurology and / or Old Age Medicine

- Rapid onset of symptoms
- Disturbance of gait
- Falls or seizures
- Focal neurological signs (not vascular related)
- Trauma related
- Presentation in young i.e. < 65 years

Good Practice Principles in Managing patients with Dementia

Key points

- Early recognition of suspected dementia and principle diagnosis
- Ask the patient and carer their main problems / needs
- Respect the knowledge and experience of informal carers
- Ensure you know who is doing what ideally via one clinical record e.g. Single Assessment Process / care programme approach
- Professionals to help carers facilitate planned breaks in caring e.g. to support continuing employment and social outlets
- Dementia in ethnic minorities may be neglected cultural factors can inhibit awareness and recognition

Management of people and carers

- Collaborative working to include professionals, patients and carers
- Develop document and review patient and carer action plans
- Provide individualised advice for carers and support for patients in retaining their existing functioning
- Involve specialist services at an early stage
- Train and advise those caring for people with Dementia

Patient information needs

- Early diagnosis provides for greater management options
- Offer information sensitively about prognosis
- Identify sources of help in assessing and managing patients with Dementia
- Direct appropriately for financial and legal advice e.g. Advanced wishes / Power of Attorney

Evidence base

1. The early signs of dementia are mainly not recognised by patients, carers and professionals but can be associated with dramatic changes in physical and mental health status **A**
2. Memory problems should be recognised and investigated as potentially serious problems as soon as they have been identified by a patient, carer or health social care professional **A**
3. In assessing a person with suspected dementia a history should be sought from the patient, carer, informant **A**
4. Potential diagnosis should be discussed with the carer as soon as possible
5. Dementia is not only a psychiatric illness but a disease with widespread physical and social manifestations
6. Care giver support can reduce psychological morbidity, delay institutional cost and be cost effective **B**
7. Many care givers experience emotional distress. There is a high incidence of depression **A**
8. People with dementia and their carers should be managed and supported by the appropriate services **A**