

Diagnosing dementia in General Practice

Pathways for diagnosing and managing dementia

Refer to Memory Service if:

- Suspected Parkinson's Disease Dementia or Lewy Body Dementia
- An atypical presentation
- Challenging behaviour, psychosis or other risks
- Safeguarding concerns
- Potentially contentious legal issues
- Associated significant psychiatric morbidity or history
- Patients with Learning Disability
- Suspected alcohol related dementia
- Early onset dementia <65 years
- By patient choice

Follow up support

- Refer to Alzheimer's society for dementia advisor service (carers and patients). Referral form available or phone 01458 251541
- Somerset Direct for carers assessment 0300 123 2224
- Contact consultant for advice for any non-standard presentation
- Refer to Memory Service if questions regarding medication or other concerns
- Refer to CMHT for severe behavioural disturbance and any other questions or queries
- Manage within Primary Care if felt to be appropriate.

For Information:

Further Investigation

- Imaging is not required if the clinical history is consistent with dementia and if following the GP Pathway

Can diagnose in General Practice after clinical consideration

- ~75 years or above
- Patient choice, or where no capacity, in patients best interest
- With patient's and/or carer's consent

Clinical history of more than ~ two years' memory loss or other cognitive difficulties (language/planning) causing progressive functional impairment

No unexplained neurology

Dementia blood tests normal FBC, TFT, Ca, B12 and Folate

Exclude delirium, depression and medication related symptoms (especially anticholinergic) medication

Cognitive testing in dementia range if able to undertake:

- GP COG – cognitive impairment

Diagnose Dementia

Consider subtypes of dementia and treat as clinically appropriate

Ensure patient has appropriate information to enable a decision to be made about taking medication. Prescribe in line with the Somerset formulary, or discuss medication options with the memory clinic.

Record diagnosis in patient's record using agreed terms: Unspecified Dementia

(Code recommended by Dementia Partnership)

Dementia Care Plan / Medication Review guidance

- The dementia care plan should link to any other care plans for other conditions

During review consider these points:

- Medication Review:
 - Include anticholinergic burden, assessment of falls risk, consider whether any medication can be stopped?
 - Check pulse: is there evidence of bradycardia (potentially increased risk with any anticholinergic drug or dementia related medication)?
- Signpost to support services (leaflet)
 - Carers support
 - Alzheimer's Society
- Prompt to lifestyle advice (leaflet)
 - Exercise
 - Social engagement
 - Smoking / alcohol
 - Diet
- Screen for psychological / behavioural symptoms of dementia - how is this being managed?
- Advanced Care Planning (leaflet)
- Cognition will worsen (reality)

Refer to <http://sydney.edu.au/medicine/cdpc/documents/resources/algorithm-for-deprescribing.pdf> for advice on deprescribing in dementia or contact your local Memory Consultant

Record the Dementia Care Plan Review in the patient's record as Dementia Annual Review.

Ensure patient has a care navigator who will:

- Be a named contact for providing and signposting to support for the patient and their friends and family
- Monitor the patient's health
- Check the care plan remains relevant to the patient