

General Medical Practice

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Dementia care

- What is the role of the GP?
- How is it changing?
- What are the difficulties?
- Where does it work well?
- The future?



The average GP

- How many patients does he / she look after on average?
- 1850 (over 2000 in some practices)
- How many with dementia at any one time?
- 12-20 (5-7 severe) (70 / 55)



Dementia care

- What is the role of the GP ?
- General Practice - care from cradle to grave
- All our roles are evolving / adapting / changing



Dementia care

- What is the role of the GP?
- How is it changing?



The changing role

- Much greater awareness – everyone
- More developments – medication / care
- Changes to “out dated” attitudes / beliefs
- Better team work and co-ordination



Dementia care

- What is the role of the GP?
- How is it changing?
- What are the difficulties?



What are the difficulties?

- Delay in diagnosis. Why?
- Delay in presentation to GP. Why?
- Delay in referral to secondary care. Why?



Diagnosing Alzheimer's: article 27/02/2011

The Telegraph

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Health News

Britain is bottom of Euro league table at diagnosing Alzheimer's

Britons with symptoms of Alzheimer's disease take twice as long to be diagnosed as sufferers living in other European countries, research has found.

By **Laura Donnelly, Health Correspondent** 9:00PM GMT 26 Feb 2011

 13 Comments

The UK has come bottom of a league table comparing dementia care in European countries, with an average time lag of two years and eight months between signs of Alzheimer's disease being suspected by carers, and the medical diagnosis being made.

Delays were more than twice as long in Britain as in Italy and Germany, and nine months longer than in Poland.

Ministers will highlight the failings this week as the Department of Health launches a radio and television campaign to encourage those who suspect dementia to see their doctor.

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Health News

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IN HEALTH



What are the difficulties in General Practice?

Patient Presents
GP
Acute services
Memory clinic

Assessment

Referral

Follow up



Present acutely

- Acute confused state
- Admitted
- Infection.. tipped them over the edge
- Once admitted - secondary care team can make the necessary referrals



Presentation to GP

- They don't always - their relatives do!
- Who is going to go to their GP to say they are think they are going senile?
- Fear / apprehension
- Older generation still remember the asylums and associate senility / mental illness / madness / institutions - terrifying



Exminster:
Devon County Pauper Lunatic Asylum
- opened 1845



Dementia: nobody wants...

- Distress
- Loss of dignity
- Becoming a burden to our family / friends
- Loss of control of faculties or functions



First contact is usually through relatives

- Preface...“Don’t tell mum I phoned you”
- Family have often been putting up with it for some time (spouse in particular)
- Variable presentation...
mild / moderate / severe
- Exhausted relatives
- Families may find it difficult to know how to approach their mother / father / spouse



Referral to a specialist

- “I’d rather not, thank you doctor.”
- “Leave it be for the moment...”



Referral

- Psychogeriatrician:
 - past history of mental illness
 - depression
 - current mental illness
- Memory assessment centre
- CMHT elderly - previous diagnosis
- Care of the Elderly (RD&E)



Assessment

- Physical checks
- Bloods
- MMSE
- Clinical psychologist
- Discussion



Follow up- **Where does it work well?**

- Diagnosis made
- Treatment commenced / monitored
- Drug side-effects
- Review by CMHT / hospital
- On going care – reablement / OT / physiotherapy
- BP / diabetes / thyroid / mobility
- District nurses / practice nurses

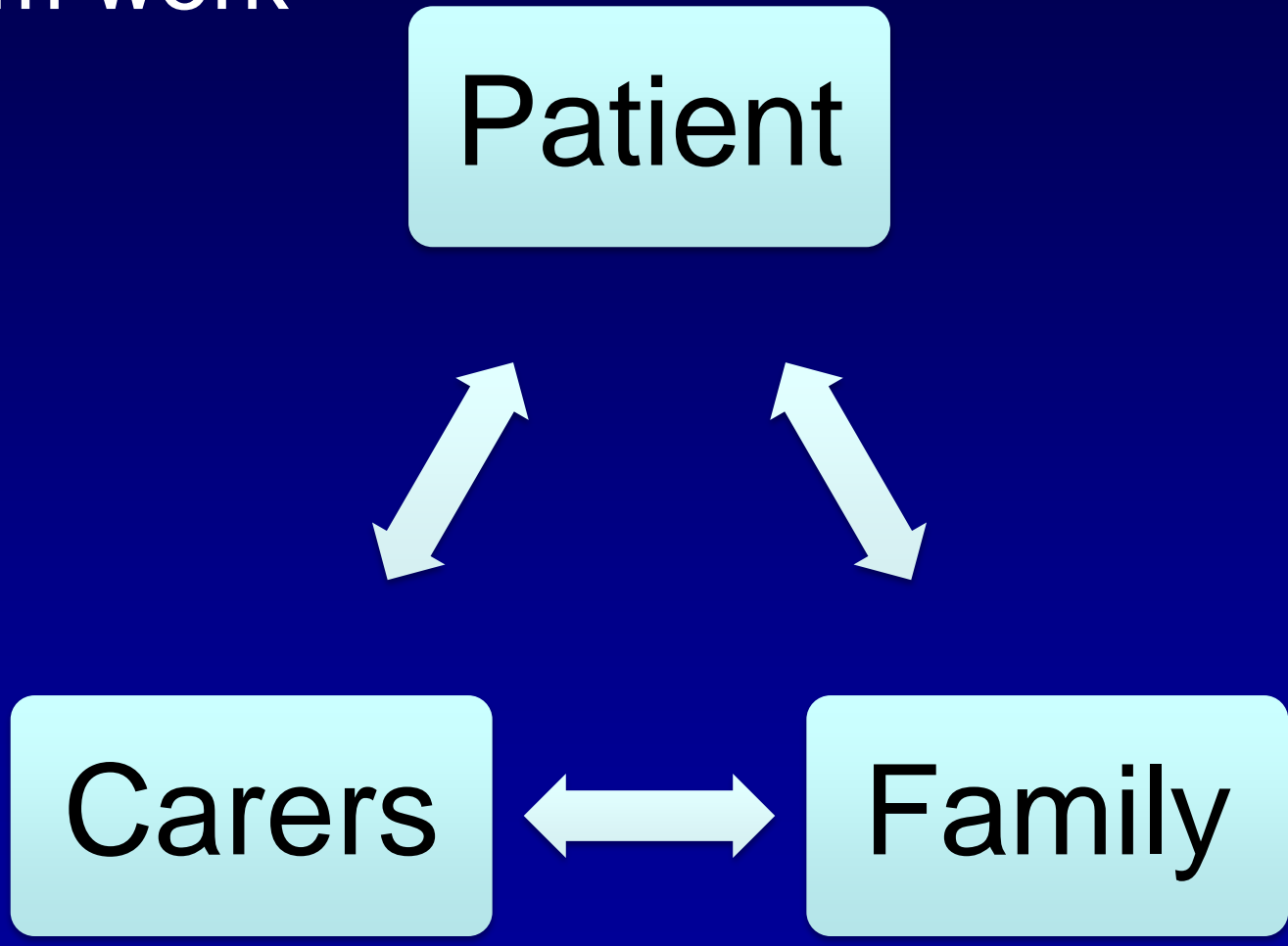


Extra services - **Where does it work well?**

- Memory café
- Age concern
- Surgery support - West Bank League of Friends, Ide Lane Friends, Estuary League of Friends
- Respite services - Alphin House / Lucerne House / The Mede, Topsham
- Alzheimer's & Lewy Body associations



Team work



Over time...

- Conditions invariably deteriorate
- Challenges... CMHT
- Capacity diminishes months / years
- Admission to acute unit / residential or nursing home
- Family feel the strain



Admission to a home..

- Very stressful for everyone
- Relief for the family too
- May feel guilty... particularly if promises were made with the best intentions



On admission to a home

- If they are your own patients – helps
- New - build up a rapport with them and family
- Family anxieties – important to address
- Advanced disease - what are the clinical challenges?



Clinical challenges

- Difficulties
- Not as straightforward as you might think
- Even examination of a chest can be difficult



Clinical challenges

- Weight loss
- < Nutrition - dietitians
- Weakness
- Dysphagia - Speech & Language Therapists (SLT)
- Immobility / contractures – physiotherapy / OT
- Depression / lack of stimulation - see later



Ethical dilemmas

- “He died the day he was admitted here”
- Resuscitation
- Mental Capacity Act
- Active treatment / keeping comfortable
- Hospital admission



Clinical challenge

- End of life issues
- Palliative care in dementia



Treatment challenges

- NICE Guidelines regarding donepezil
- Day to day general medical care
- UTI / chest infection / falls
- Serious conditions / how aggressive are we to be?
- Medication - antipsychotics
- End of life issues



Medication – The Future

- What are the alternatives ?



Sedation

for prompt control of
senile agitation



THORAZINE[®]
chlorpromazine, H.P.S.

"Thorazine" can control the agitated, belligerent senile and help the patient to live a composed and useful life.

Smith Kline & French Laboratories

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Real Patients

- Not all elderly
- MMSE score = 0



The Future

- Research

Brain bank / neural network
London, Bristol and Oxford



New developments in dementia awareness ?

- Dr Nick Cartmell - Devon PCT dementia adviser commissioned by Devon PCT to visit all GP practices (CPD approved session)



Looking at :

- Referrals when diagnosis is suspected
- Carer support
- Follow up / review
- Improve relationship with CMHT and available services
- Update on mental capacity issues



Life in a home

- There are non pharmacological approaches...



Dementia care: Why bother ?

'Moral' reason

**“You matter because you are you.
You matter to the last moment of
your life.
We will do all we can, not only to help
you die peacefully, but to live until
you die”**

(Dame Cicely Saunders)

