Demystifying Dementia – Session 1: Recognising dementia in general practice

Session 1
Wednesday 19 July

phn
EASTERN MELBOURNE
An Australian Government Initiative

Acknowledgement of Country

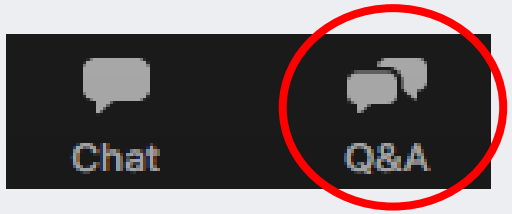
Eastern Melbourne PHN, North Western Melbourne Victoria PHN and Dementia Training Australia acknowledges the Wurundjeri people and other people of the Kulin Nations on whose unceded lands our work in the community takes place. EMPHN respectfully acknowledges their Ancestors and Elders past and present

In the spirit of reconciliation Eastern Melbourne PHN acknowledges the traditional custodians of country throughout Australia, and their cultural, environmental and spiritual connections to land, sea and community. We pay our respects to their elders past and present and extend respect to all Aboriginal and Torres Strait Islander peoples today.

Acknowledgement of Lived Experience

We recognise and value the knowledge and wisdom of people with lived experience, their supporters and the practitioners who work with them and celebrate their strength and resilience in facing the challenges associated with recovery. We acknowledge the important contribution that they make to the development and delivery of health and community services in our catchment.

Housekeeping – Zoom Webinar



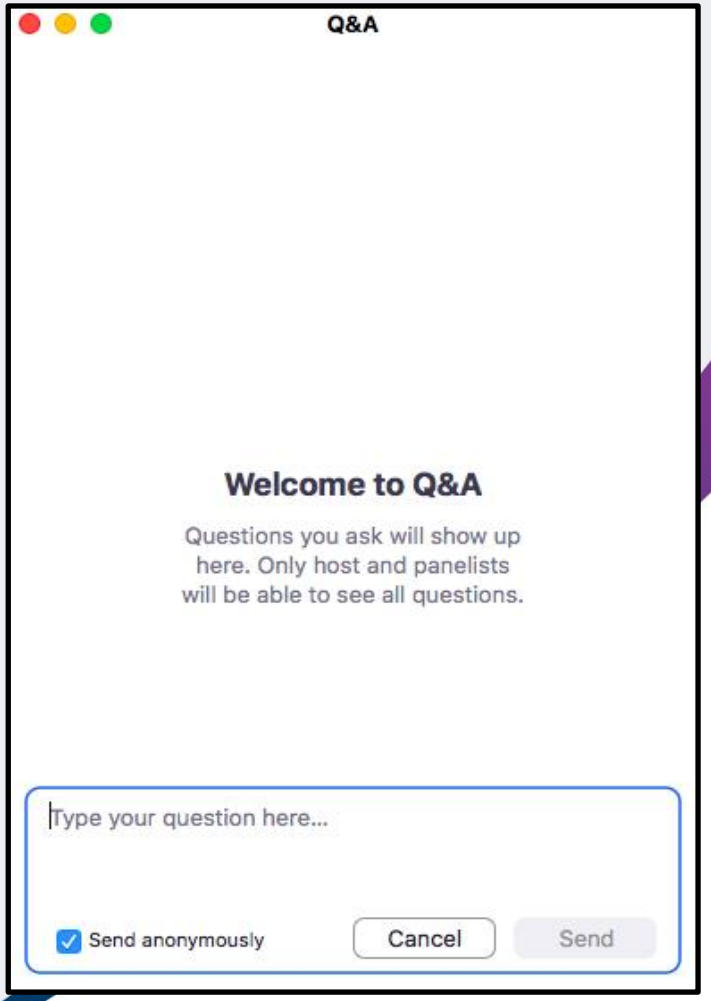
All attendees are muted

Please ask questions via the Q&A box only

Q&A will be at the end of the presentation

This session is being recorded

Questions will be asked anonymously to protect your privacy



About EMPHN & NWMPHN

- Primarily funded by Australian Government

Key objectives:

- increase the efficiency and effectiveness of medical services for patients, particularly those at risk of poor health outcomes
- improve coordination of care to ensure patients receive the right care in the right place at the right time.

Supporting general practice

- with quality improvement - professional development, providing practices with summary data reports, or helping practices become future-ready.

Demystifying Dementia – Session 1: Recognising dementia in general practice

RACGP CPD: 1.5 hrs Education Activities

Learning Outcomes:

- Recognise features other than memory loss in people with dementia by applying the domains framework
- Apply the stages, inclusion and exclusion criteria frameworks in assessing patients for a possible diagnosis of Alzheimer's disease
- Integrate cognitive screening tests as part of the assessment of a person with possible dementia
- Access and appropriately integrate health pathways to improve patient outcomes

Speakers

Dr Marita Long

Dr Karen Savery

Dementia Demystified
Session 1

Drs Marita Long, Karen Savery and Peter Silberberg
DTA GP Clinical Educators

Dementia Training Australia

Acknowledgements

DTA – funding further development and delivery of workshop

Dr Jane Tolman (School of Medicine UTAS, Wicking Dementia Research and Education Centre, geriatrician)

Dr Allan Shell (Dementia Collaborative Research Centre NSW)

Prof Andrew Robinson (School of Health Sciences UTAS, Wicking Dementia Research and Education Centre)

Dr Amanda Lo (Senior Lecturer, UTAS)

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By attending this workshop the participant will be able to:

- Recognise features other than memory loss in people with dementia by applying the Domains Framework
- Apply the Domains, Stages, Inclusion and Exclusion Criteria Frameworks in assessing patients for a possible diagnosis of Alzheimer's
- Integrate cognitive assessment tools as part of the assessment of a person with possible dementia
- Access and appropriately integrate health pathways to improve patient outcomes

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Take home messages

To begin with the end in mind

1. Dementia is more than a memory problem
2. Cognitive assessment tools are not diagnostic tests
3. In many situations, a person's GP is able to diagnose and initiate post diagnostic care for people living with dementia

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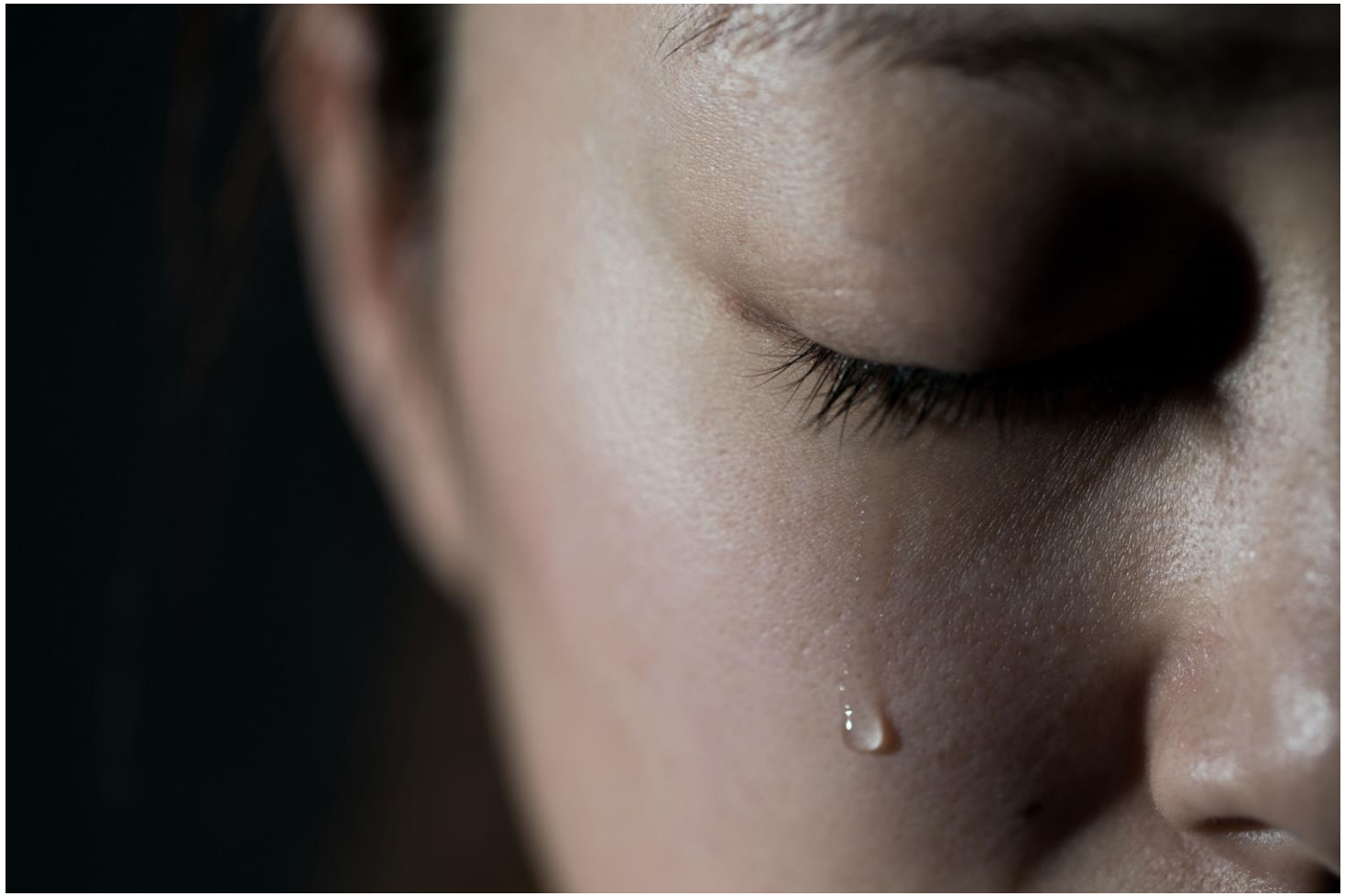
Trigger warning



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Language matters

Appropriate language must be:

- Accurate
- Respectful
- Inclusive
- Empowering
- Non-stigmatizing

https://www.dementia.org.au/resources/dementia-language-guidelines

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RUG
$549
PHONE SYSTEM
$399
PENS
$440
COFFEE MAKER
$1,799
TV
$1,199
NISSAN MICRA
$19,721
TOTAL:
$24,107

The easiest condition to diagnose ?

Bowel cancer

Breast cancer

Cerebrovascular disease

Chronic lung disease (COPD)

Dementia

Diabetes

Heart failure

Influenza and pneumonia

Ischaemic heart disease

Lung cancer

Dementia Training Australia

The hardest condition to diagnose?

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The easiest condition to manage?

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The leading cause of death?

Bowel cancer

Breast cancer

Cerebrovascular disease

Chronic lung disease (COPD)

Dementia

Diabetes

Heart failure

Influenza and pneumonia

Ischaemic heart disease

Lung cancer

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Leading cause of death for women

1. **Dementia**
2. Ischaemic heart disease
3. Cerebrovascular disease
4. Chronic lung disease (COPD)
5. Lung cancer
6. Breast cancer
7. Bowel cancer
8. Influenza and pneumonia
9. Diabetes
10. Heart failure

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What our research tells us

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Impact of dementia

- Leading cause of death and disability for women
- Second leading cause of death overall
- Leading cause of disability > over 65s
- Women are twice as likely to be diagnosed with dementia than men
- Women tend to be diagnosed later than men and have a faster trajectory
- Women do most of the care of people with dementia

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Defining Dementia

A progressive, global, life-limiting condition that involves generalised brain degeneration which effects people in different ways and has many different forms.

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Defining Dementia

People **die** from dementia due to loss of brain function, which impacts body functions necessary to sustain life.

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Why talk about dementia?

Dementia is:

- Under diagnosed
- Poorly understood
- Not just one person’s disease
- A social and medical issue
- Has a trajectory that can assist better understanding and management
- Is a terminal illness

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Dementia is an umbrella term that describes a collection of symptoms that are caused by disorders affecting the brain. It is not one specific disease. Dementia affects thinking, behaviour and the ability to perform every day tasks, and brain function is affected enough to interfere with the person's normal social or working life. The most common type of dementia is Alzheimer's disease.

Alzheimer's disease is the most common type of dementia, accounting for approximately 40-70% of all dementias.

Vascular dementia is the second common type of dementia, accounting for approximately 15-25% of all dementias.

Lewy body dementia accounts for approximately 2-20% of all dementias.

Fronto-temporal dementia accounts for approximately 2-4% of all dementias.

Other dementias include dementia associated with Parkinson's disease, Huntington's disease, head trauma, human immunodeficiency virus (HIV), alcohol related dementia, Crutzfeldt-Jakob Disease, corticobasal degeneration and progressive supranuclear palsy.

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Mild Cognitive Impairment

- 800,000 - 1,000,000 in Australia
- Significant memory loss compared with peers
- Other areas of cognition can be affected
- May lead to some difficulties in more complex tasks
- Diagnosis – comprehensive assessment

"Cognition for monitoring"

- as up to 10 - 15% may progress to dementia each year

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Alzheimer's Association. 2022 Alzheimer's Disease Facts and Figures. Alzheimer's Dement 2022;18

Normal age-related cognitive changes

- Most people
- Mild memory lapses/slower processing speeds
- No significant progression over time
- No functional impact
- Diagnosed – self awareness and observation

Domains of Dementia

1. Cognitive decline
2. Functional decline
3. Psychiatric symptoms
4. Behaviour changes
5. Physical decline

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Stages of dementia

Stage 1: Still at home

- Short-term memory loss with repetitive questions
- Loss of interest in hobbies and previously enjoyable activities
- Impaired instrumental functions

Stage 2: Escalating care needs, transitioning to 24 hour care

- Progression of cognitive deficits
- Declining function
- Behaviour changes

Stage 3: Diminishing quality of life

- Increasing loss of independence: dressing, feeding, bathing
- Responsive behaviours
- Physical decline

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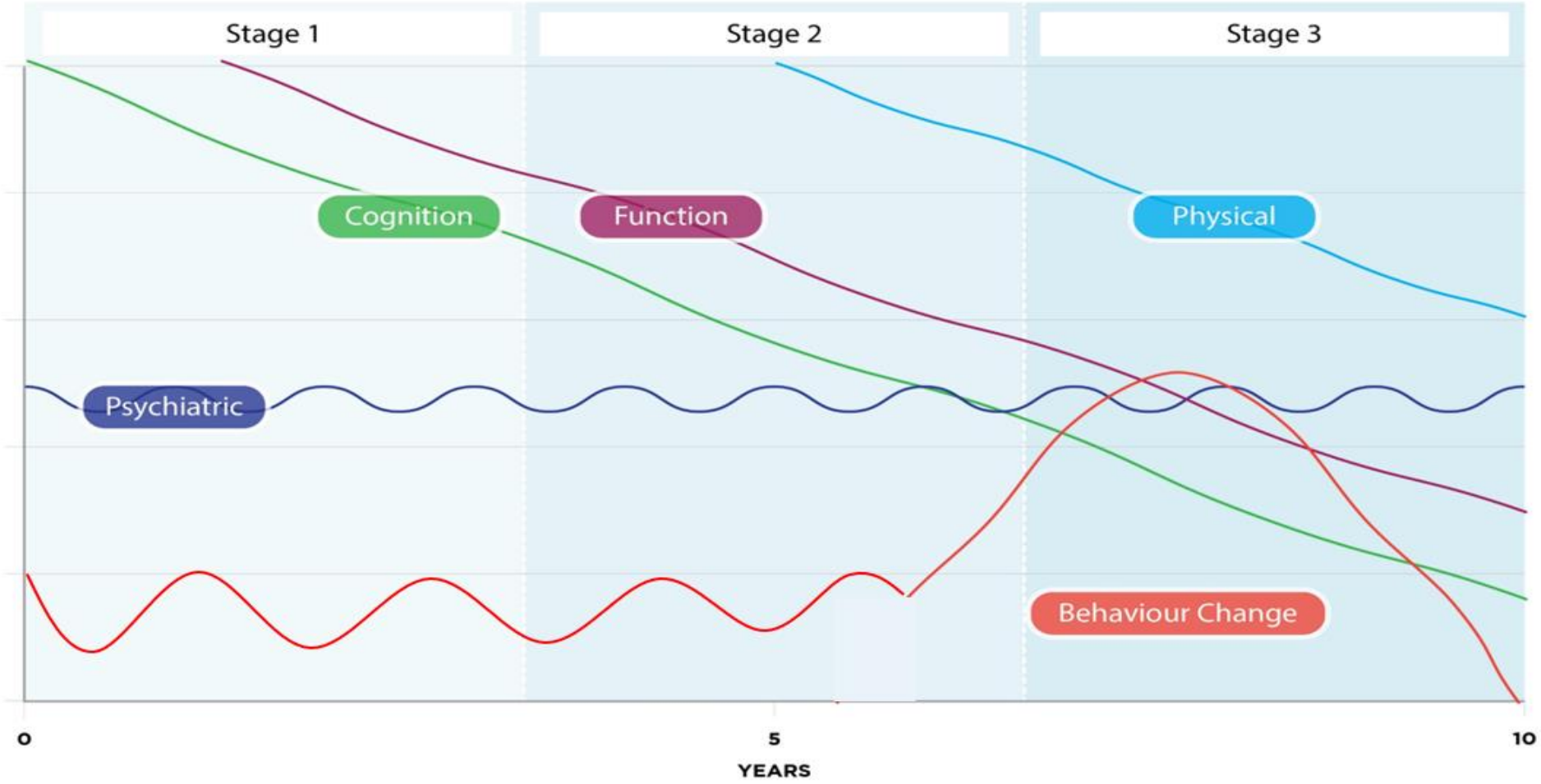
Stages and domains of Alzheimer's dementia



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Barriers to timely diagnosis

People living with Dementia and their carers

Lack of Information

Stigma

Lack of diagnostic test

Lack of access to healthcare

Clinicians

Lack of post diagnostic support

Lack of education on Dementia

Lack of diagnostic pathway

Professional Nihilism – what's the point?

Consequences of not making a timely diagnosis of dementia….

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Consequences of not making a timely diagnosis of dementia…

- Failure to intervene symptomatically
- Failure to provide assistance for functional problems
- Missed opportunities
  - Medications and other interventions to slow progression
  - Power of Attorney
  - Will
  - Alternate decision maker
  - Advance Care Planning
  - Planning for future needs
- Dangerous decision making
- Impact on families, misunderstanding

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How do we diagnose dementia?

The diagnosis of dementia is based on

- History - 80%
- Examination - 10%
- Investigation - 10%

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Framework for diagnosis of Alzheimer's and Vascular Dementia

Four Inclusion Criteria:

1. Gradual onset of poor memory
2. Worsening of memory problem
3. Failure of function
4. Cortical dysfunction – dysphasia, agnosia, dyspraxia

(for vascular dementia, add neuro sign or CT evidence of vascular incidents)

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Framework for diagnosis of Alzheimer's and Vascular Dementia

Three Exclusion Criteria:

1. Delirium
2. Other organic cause (including drugs)
3. Psychiatric illness

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Let’s meet Anna

Anna is 75

She lives alone

Attends with daughter, Sophie, for her fluvax

PMH- Hypertension, OA knee

Meds- Perindopril, Panadol osteo

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Anna visits her GP for a flu vaccine

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Taking a history and consent for collaborative history

- Which Inclusion Criteria were demonstrated
- What techniques did the doctor use to help identify these issues?
- What else do you think the doctor did well?
- What could he have done differently?

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Anna visits her GP for a flu vaccine

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Taking a history and consent for collaborative history

- Which Inclusion Criteria were demonstrated
- What techniques did the doctor use to help identify these issues?
- What else do you think the doctor did well?
- What could he have done differently?

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Physical examination and office tests

5 things you would do as part of examination of patient like Anna

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Physical examination and office tests

- Weight
- Temperature
- BP/Pulse
- Focused neurological examination
- Urinalysis
- Consider ECG
- Cognitive assessment tools

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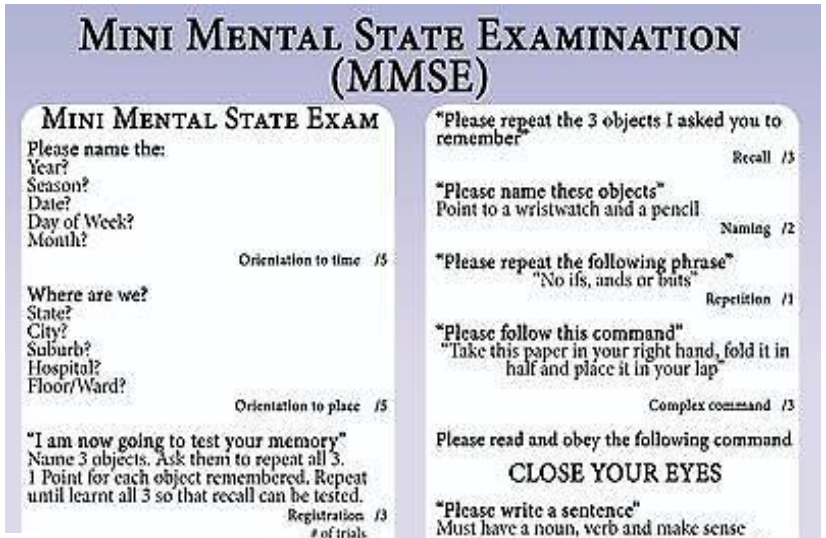
Cognitive assessment tools for dementia


MINI MENTAL STATE EXAMINATION (MMSE)

MINI MENTAL STATE EXAM

Please name the:
Year?
Season?
Date?
Day of Week?
Month?
Orientation to time /5

Where are we?
State?
City?
Suburb?
Hospital?
Floor/Ward?
Orientation to place /5

"I am now going to test your memory"
Name 3 objects. Ask them to repeat all 3.
1 Point for each object remembered. Repeat until learnt all 3 so that recall can be tested.
Registration /3
# of trials

100 in sevens"

and Calculation /5

"Please repeat the 3 objects I asked you to remember"
Recall /3

"Please name these objects"
Point to a wristwatch and a pencil
Naming /2

"Please repeat the following phrase"
"No ifs, ands or buts"
Repetition /1

"Please follow this command"
"Take this paper in your right hand, fold it in half and place it in your lap"
Complex command /3

Please read and obey the following command
CLOSE YOUR EYES

"Please write a sentence"
Must have a noun, verb and make sense

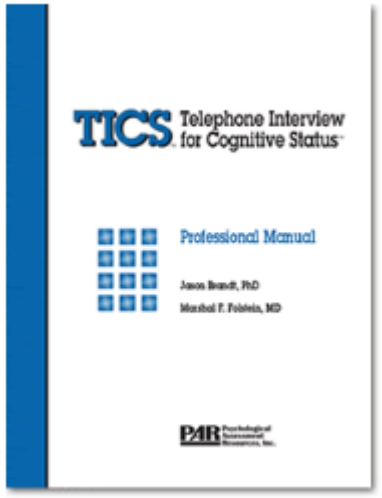
"Please copy the following drawing"

1 point each for the last 3 commands /3

26-30-normal range
18-23-moderate cognitive impairment
0-17 -marked cognitive impairment

TOTAL /30

Remote
Urban



GPCOG

MoCA
MONTREAL
COGNITIVE ASSESSMENT

What investigations to do?

5 investigations that you might do for someone like Anna

(clue – this is to identify reversible causes of cognitive decline)

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Investigations

Routine investigations

- Haematology – FBC/ESR/CRP
- Biochemistry- EUC, LFT, Calcium, Glucose
- TFT
- Vit B12, folate
- CT Brain without contrast

Recommended or if indicated investigations

- Fasting lipids
- Urine MCS
- ECG
- CXR
- Syphilis
- HIV

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Anna and Sophie return

- Examination normal for age
- Blood tests and CT brain normal for age
- MMSE score 23
- Dysphasia and agnosia present
- Geriatric depression score normal

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Anna met the Four Inclusion Criteria for a diagnosis of Alzheimer's Dementia

Four Inclusion Criteria:

1. Gradual onset of poor memory – **memory poorer than previously**
2. Worsening of memory problem **– increasingly forgetful, getting worse**
3. Failure of function **– gardening, cooking, socialising**
4. Cortical dysfunction – **dysphasia**, **agnosia**, **dyspraxia**

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Anna had none of the Exclusion Criteria

Three Exclusion Criteria:

1. Delirium
2. Other organic cause and /or drugs
3. Psychiatric illness

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Who’s confident that Anna has dementia ?

1. Very confident
2. Somewhat confident
3. Not confident at all

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Take home messages

To end with the beginning in mind

1. Dementia is more than a memory problem
2. Cognitive assessment tools are not diagnostic tests
3. In many situations, a person's GP is able to diagnose and initiate post diagnostic care for people living with dementia

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GP dementia resource hub

Easy access to dementia courses, resources and links

Includes:

- Dementia in Practice podcast episodes
- Online courses for GPs – from 40mins to 4hrs
- Downloadable GP resources – Management plans and Supervisor teaching plans
- GP related events
- GP workshops
- Links to other helpful websites

Visit https://dta.com.au/general-practitioners/

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Dementia in Practice podcast

- A **podcast** made by GPs for GPs and others interested in learning more about dementia

Selection of Season One & Two episodes:

- Life with dementia: A first-hand account
- Healthy ageing and dementia: How to recognise the difference
- Diagnosing dementia in general practice: A stepwise approach
- A carer's story: When dementia comes home
- The healthy brain check: Reducing risk factors for dementia
- Dementia and multicultural communities: Dementia doesn't discriminate
- Dementia at the end of life: A person centred approach
- Driving and dementia: Who's in the driver's seat
- Looking at residential aged care: Living the best life possible
- Sleep Matters

New series coming soon

Listen on Apple Podcasts Listen on Google Podcasts Spotify

https://dta.com.au/gp/#podcast

Optional CPD Activities

Includes:

- Driving Assessment
- Identifying mild cognitive impairment
- Implementing a brain check

- Self Reporting
- Email j.vibert@latrobe.edu.au

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Next session

Wednesday 2 August 7.00pm

Thank you for joining us!

Please remember to fill in the event survey. Scan the QR code for the survey.

Scan this code for the post event survey

Scan this code to register for:

Demystifying Dementia – Session 2: Post-diagnostic care of dementia in general practice

Please join us for the next session, scan the QR code for more information and to register.

We value COURAGE

We value WORKING TOGETHER

We value INTEGRITY

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