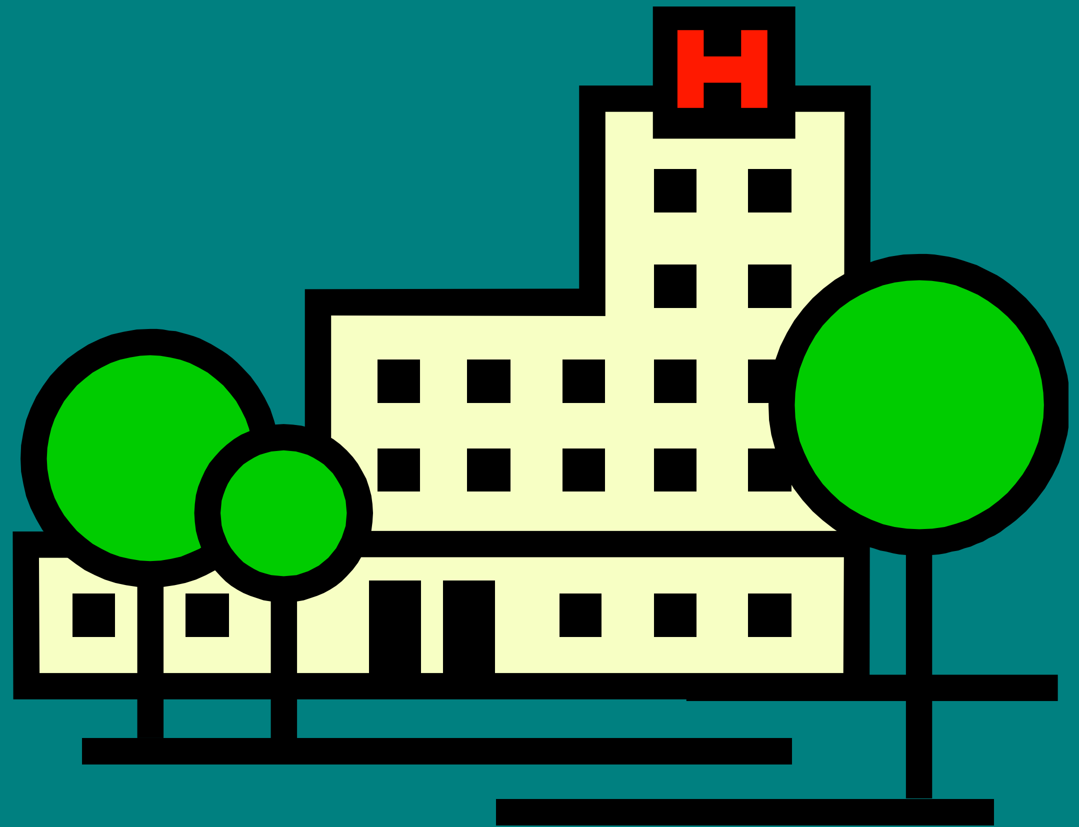
Avon and Wiltshire NHS
Mental Health Partnership NHS Trust

Dementia Care



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Learning Objectives

- -Diagnostic criteria for main types of dementia
- -Management Principles
- -Pharmacological approaches
- -Psychosocial supports

Diagnosis of dementia

- **1. syndrome**
- 4 aspects
  - Cognitive impairment
  - Decline from baseline
  - Affecting function
  - Must be differentiated from other disorders (depression and delirium)
  - Symptoms present in clear consciousness
  - >6 months
- **2. disease (cause)**

Main Types of Dementia

Alzheimer's Dementia 60%

Vascular dementia 20%

Frontotemporal dementia 2%

Lewy Body dementia 5%

Dementia with Parkinson's Disease

Case Study 1

Alzheimers Dementia

- insidious onset
- clear cut cognitive deficits
- Gradual progression over time
- Memory deficits usually seen early on
- Hallucinations occur later in disease

Case study 2

Vascular dementia

- Evidence of cerebrovascular disease

- Judged to be aetiologically related
- Stepwise deterioration
- Preservation of personality
- More prone to depression
- Visual Hallucinations

- NB Vascular risk factors are NOT a reason to diagnose VaD.

Case study 3

Frontotemporal dementia

- Progressive deterioration of behaviour and/or cognition
- + 3 of 6
- A Behavioural disinhibition
- B Apathy/inertia
- C Loss of empathy or sympathy
- D early perseverative, ritualistic, stereotyped behaviour
- E Hyperorality
- F deficits of executive tasks, relative sparing of episodic memory/visuospatial skills

Case study 4

Lewy Body Dementia

- Dementia
- + 2 of 3

1. Fluctuating cognition
2. Visual hallucinations
3. Parkinsonism

- Suggestive – REM sleep disorder, severe neuroleptic sensitivity
- Frequent falls

Assessment

1. **1.To assess**
   » symptoms
   » needs (of patient and carer)

   » 2. To make a diagnosis

   » Risks, treatment, prognosis

Domains of assessment

(History, MSE, physical, investigation. Always take collateral history)

- Cognitive function
- Physical (incl vascular risks, parkinsonism,
- Psychiatric (incl BPSD)
- Function (incl ADL)
- Carers views and needs
- Legal (EPOA, wills, driving)
- Risks

NICE Guidelines

- dementia screen usually in primary care.
- electrolytes, calcium, glucose, and renal and liver function
- thyroid function tests
- serum vitamin B_{12} and folate levels.

- Perform a midstream urine test if delirium is a possibility.
- chest X-ray or electrocardiogram (ECG) if determined by clinical presentation.

- Do not routinely:
- test for syphilis serology or HIV or examine cerebrospinal

NICE cont.

- Make a diagnosis of dementia only after a comprehensive assessment
- -history
- -cognitive and mental state examination
- -physical examination
- -review of medication (to identify any drugs that may impair cognition)
- -ask people whether they wish to know the diagnosis and with whom it should be shared
- -if dementia is mild or questionable, conduct formal neuropsychological testing
- -assess medical and psychiatric comorbidities, including depression and psychosis

NICE cont.

- Clinical cognitive assessment
- attention and concentration, orientation, short- and long-term memory, praxis, language and executive function

- Conduct formal cognitive testing using a standardised instrument, such as:

- Mini Mental State Examination MMSE or MOCA
- 6-Item Cognitive Impairment Test (6-CIT)
- General Practitioner Assessment of Cognition (GPCOG)
- 7-Minute Screen.
- Take into account other factors that may affect performance (educational level, prior level of functioning, language, sensory impairment, psychiatric illness and physical or neurological problems.

NICE cont.

- **Imaging**
- **Prefer MRI to assist with early diagnosis and detect subcortical vascular changes. However, CT scanning generally used.**
- **Use SPECT scan to help differentiate Alzheimer's disease, vascular dementia and frontotemporal dementia (of PET if unavailable!!)**
- **Use DAT scan to confirm suspected DLB.**

Following a diagnosis of dementia

- Following a diagnosis of dementia
- **make time to discuss the diagnosis and, if the person consents, with their family. Both may need ongoing support**
- **offer the person with dementia and their family written information about**
  - signs and symptoms
  - course and prognosis
  - treatments
  - local care and support services
  - support groups
  - sources of financial and legal advice and advocacy
  - medico-legal issues, including driving
  - local information sources, including libraries and voluntary

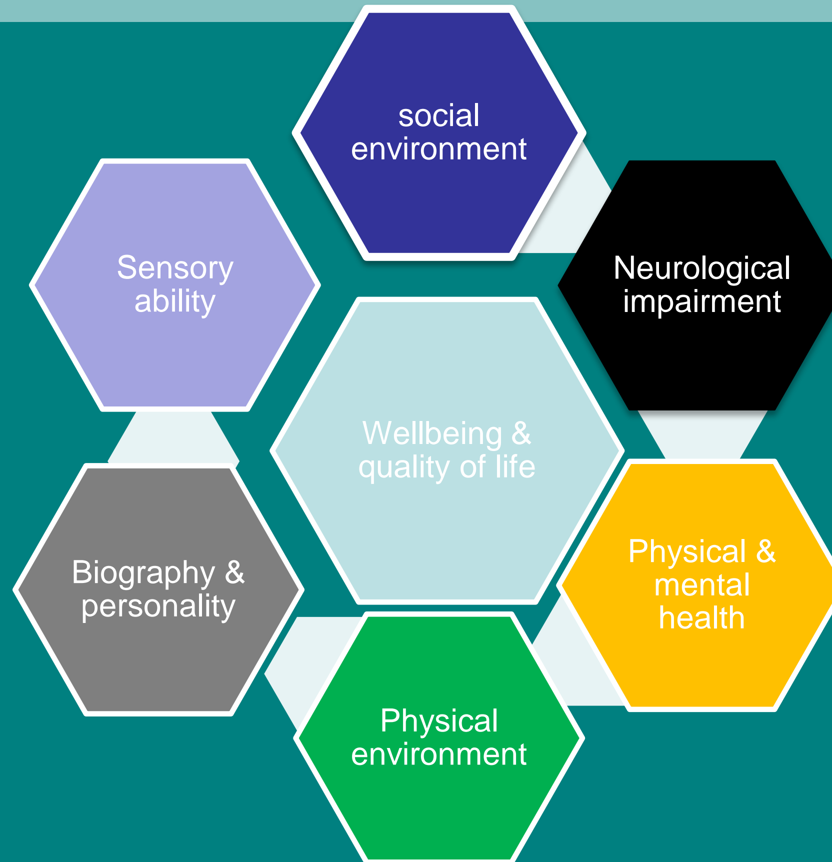
Principles of management

- Early stage
- Help come to terms with diagnosis
- Optimise quality of life
- Plan for future

- Late stage
- Manage BPSD and risks
- Consider end of life care
- Carer support throughout

Pharmacological intervention

- Cholinesterase Inhibitors
- Donepezil
- Galantamine
- Rivastigmine
- Side effects – nausea, diarrhoea , postural hypotension, bradycardia, QT, headache
- Contraindications- bradycardia,asthma
- Memantine
- For BPSD
- Risperidone
- Lorazepam
- But risks associated with both, falls, cardiac s/e, postural hypotension, oversedation



From Kitwood (1997)
Dementia Reconsidered

Support in the Community

Avon and Wiltshire NHS
Mental Health Partnership NHS Trust

KEEP CALM

THIS IS ME

.Any Questions?