Royal College of General Practitioners

Dementia: diagnosis and early intervention in primary care

Key learning points

- Dementia is an increasingly important public health issue, due to our rapidly ageing population.
- Short term memory loss is common but communication difficulties, mood and personality changes occur.
- Brief cognitive assessment tools allow GPs to identify possible cases of dementia.
- National guidance recommends early referral for specialist assessment (preferably to a memory clinic or old age psychiatrist) to ensure timely and accurate diagnosis.
- Timely diagnosis facilitates access to medication, information and support services.

Dementia: Epidemiology and aetiology

- There are currently ~ 700,000 people with dementia in the UK, this is predicted to double by 2050.[1]
- Dementia is an age-related disorder, with 20% of people aged 85 affected. Dementia in the under 65s accounts for 2% of all cases in the UK; such cases often have a genetic cause. [1]
- The term dementia refers to a syndrome of related symptoms. Alzheimer's disease is the most common followed by cerebrovascular disease, Lewy body disease and combinations of these ('mixed dementia'). Fronto-temporal degenerative disease is a common cause in younger adults.
- There is an increased incidence of Alzheimer's in people with Down syndrome.

Suspected dementia: suspicious symptoms

- Timely diagnosis is important for both patients and families to facilitate better understanding, improved access to medication, information and support services and to allow preparation for future care planning.
- Common symptoms are short term memory loss, communication problems, and difficulty with daily tasks and may resemble normal ageing. Mood and personality changes may lead to an initially incorrect diagnosis of depression.
- Families may present with their concerns before the patient.[2]

Taking a history: key areas

- Memory problems or forgetfulness: ask about short and long term loss and for specific examples.
- Duration of the problem: how long is it since the problem was acknowledged/recognised ?
- Associated symptoms: mood, sleep, personality changes, self care.
- Change in functional abilities: work, driving, finances and household tasks.
- Vascular risk factors.
- Past medical and psychiatric history.

Cognitive Assessment: Brief cognitive tests

A brief (around 10 minutes) cognitive assessment test allows an initial assessment of memory problems to be made in primary care; the results should be included in a referral letter to secondary care. Examples include:

- Mini-Mental State Examination (MMSE)*
- GP-COG
- 6–item Cognitive Impairment Test (6-CIT)
- Mini–cog assessment instrument.

* There are copyright restrictions on the use of the MMSE. GP-COG [3] and Mini-cog. They appear to be as clinically and psychometrically robust and as appropriate for use in primary care as the MMSE [4]. An electronic version of GP-COG, which allows the score to be added up, can be accessed via www.patient.co.uk.

Prior to Referral
NICE guidance [5] recommends the following tests be done in primary care:

- Physical examination.
- Routine blood tests: FBC, ESR, U+E, LFT, Thyroid function, glucose, calcium, B12 & folate.
- CXR and ECG may also be helpful.

Diagnosis may require detailed observation over time. MRI and CT scanning also helps accurate sub-type diagnosis.

Early Intervention: roles for primary care

- Doctors are still reluctant to use the word dementia [6]. Encourage open, sensitive and individualised discussion between the patient and family members; use the correct terms where possible.
- Dementia drugs: Acetyl-cholinesterase inhibitors: only initiated by specialists, but shared care monitoring when stable. In the UK, NICE guidance [7] limits prescribing to those with moderate disease only.
- The Alzheimer's Society provides a wide range of information, support and practical services to help families living with all types of dementia.
- Admiral Nursing Service, which supports families living with dementia, is available in some areas of the UK.

- Psychological therapies help:
  - Emotional adjustment to living with dementia, with a focus on abilities retained. [8]
  - Cognitive abilities via specialist cognitive stimulation and rehabilitation therapy.

Driving and dementia

Advising all people with a new diagnosis of dementia to stop driving is incorrect. GPs should advise patients to inform the DVLA in the following circumstances: Group 1 licence with impaired driving skills and all those with Group 2 licence. The DVLA will probably request a medical report.

Living with dementia: National Dementia Strategy for England

A National Dementia Strategy for England was launched in 2009* with a focus on:

- Better public and professional awareness.
- Ensuring high quality care at all stages.
- Ensuring early diagnosis and treatment.

e-Learning for Health: http://www.e-lfh.org.uk/projects/egp/index.html

The RCGP and Department of Health have created an e-learning site for GPs. A number of e-modules related to dementia care are available at this site. These include:

- Memory problems in older people.
- Care of people with dementia.
- Assessing mental capacity.
- Supporting carers.

Useful resources:

- National Institute for Health and Clinical Excellence (NICE). Dementia: Health and Social Care 2007 is available at www.nice.org.uk/guidance/cg42.
- Department of Health. Living Well with Dementia: A National Strategy. 2009 http://www.dh.gov.uk/en/SocialCare/Deliveringadultsocialcare/Olderpeople/NationalDementiaStrategy/index.htm.
- Alzheimer's Society. Available at http://www.alz.co.uk/

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