



## Care of people with dementia in primary care

### Key learning points

- Psychological therapies can promote positive coping strategies in the mild/moderate stages of dementia.
- Vascular risk management is important in both vascular dementia and Alzheimer's disease (AD).
- Advance Care Planning discussions should occur before mental capacity is lost.
- Cholinesterase inhibitors can be prescribed in the moderate stages of AD.
- For behavioural problems, non-drug approaches should be tried first; if symptoms persist, benzodiazepines, SSRIs and anti-convulsants may help.
- Early referral to palliative care teams may give better symptom control in end of life care.

### Evidence based dementia care

- There are comprehensive guidelines on all aspects of dementia care <sup>(1)</sup>.
- For people with vascular dementia, risk factors such as blood pressure control and lipid management should be closely monitored in the mild/moderate stage. Management of vascular risk factors appears important in reducing the rate of cognitive decline in both AD and vascular dementia. <sup>(2)</sup>

### Advance Care Planning (ACP)

ACP is a process of discussion between a patient and health or social care professional and sometimes their family carers. <sup>(3)</sup> People with dementia should be offered the opportunity for ACP discussions when the person still has capacity <sup>(1)</sup>; guidance for professionals is available <sup>(4)</sup>. Outcomes can include:

- (i) Advance Statement: patient preference for future care.
- (ii) Advance Decision (living will): informed consent to refuse certain treatments in specific conditions, if loss of mental capacity should occur in the future.
- (iii) Lasting Power of Attorney: the person with dementia names another individual to act on their behalf, if they lose capacity in health and/or financial matters.

### Non-drug therapies

- In the early stages of the illness referral for specialist psychological tests/services can help people with dementia, and their families, develop positive coping strategies. <sup>(5)</sup>
- Cognitive behavioural therapy can prevent depression and encourage the person with dementia to focus on their abilities rather than what they cannot do. Cognitive rehabilitation focuses on the development of memory enhancement strategies to facilitate social engagement. <sup>(5)</sup>
- Non-drug approaches should be the first line approach for behavioural problems; if symptoms persist, benzodiazepines, SSRIs and anti-convulsants may help.
- The use of anti-psychotic drugs should be avoided if possible but, if considered appropriate, they should only be used for a short time. <sup>(6)</sup>

## Pharmacotherapy: Acetyl cholinesterase inhibitors

- These drugs (Donepezil, Rivastigmine and Galantamine) can help symptoms in the moderate stages of AD.
- In the UK, prescribing of these drugs is only via specialists; shared care is allowed for maintenance use.<sup>(7)</sup>
- Prescribing of Memantine is currently restricted in the UK to people with moderate to severe AD in clinical trials; however it may be prescribed on a case by case basis via secondary care for significant agitation or aggression.

## Support and information provision

- The GP is in a key position to provide support to families living with dementia.
- The Alzheimer's Society ([www.alzheimers.org.uk](http://www.alzheimers.org.uk)) provides both emotional and practical support for families living with all types of dementia.
- Age UK offers similar support.
- In the UK, ~ ½ million family carers provide the main source of community support for people living with dementia.<sup>(7)</sup>
- Carers of people with dementia are more likely to experience worse physical/mental health compared to other carers; they report a "living bereavement" situation as their loved one enters advanced stages of the illness.
- Admiral Nursing Service provides specific support for carers of people with dementia.

## Assessment of Capacity: Mental Capacity Act

- In the UK, the Mental Capacity Act\* provides guidance on the assessment of capacity and decision-making when capacity is lost. It assumes adults have capacity unless proved otherwise.
- In clinical practice, assessment of capacity is a complex area. GPs should:
  - (i) Ensure individuals are given all available support and information before loss of capacity becomes severe.
  - (ii) Ensure that, if capacity is lost, decisions are made in the best interests of the person who has dementia.

## End of Life Care in Dementia

- The majority of people with dementia die in nursing homes; only around 2% die in a hospice.<sup>(8)</sup>
- End of life care in dementia is suboptimal; this may be due to the severe communication problems present in the advanced stages of the illness, and difficulty in identifying the final stages of the illness.
- ACP has an important role and may reduce unnecessary hospital admissions and/or treatment.
- Early recognition of the advanced stages of dementia with timely referral to a community palliative care team and use of end of life care pathways, may improve quality of care.<sup>(2)</sup>
- Maintaining adequate nutrition in the advanced stages of the illness is important.

## Living with dementia: National Dementia Strategy for England

A National Dementia Strategy\*\* for England was launched in 2009. Key elements include:

- 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 of Health and Clinical Excellence (NICE). Dementia: Health and Social Care 2007. Available at [www.nice.org.uk/guidance/cg42](http://www.nice.org.uk/guidance/cg42)
- \*Department of Health (DH). The Mental Capacity Act. 2005 Available from: [http://www.dh.gov.uk/PublicationsAndStatistics/Bulletins/ChiefExecutiveBulletin/ChiefExecutiveBulletinArticle/fs/en?CONTENT\\_ID=4108436&chk=z0Ds8/](http://www.dh.gov.uk/PublicationsAndStatistics/Bulletins/ChiefExecutiveBulletin/ChiefExecutiveBulletinArticle/fs/en?CONTENT_ID=4108436&chk=z0Ds8/) (accessed 14 October 2009)
- \*\*Department of Health. Living Well with Dementia: A National Strategy. 2009. Available at: <http://www.dh.gov.uk/en/SocialCare/Deliveringadultsocialcare/Olderpeople/NationalDementiaStrategy/index.htm>.
- Alzheimer's Society. Resources and help available via <http://www.alz.co.uk/>

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## References

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