



Matthew Croucher

Psychiatrist

CDHB, University of Otago, Christchurch

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(Room 6)

14:00 - 14:55 WS #33: Assessment and Management of Dementia in Primary Care

15:05 - 16:00 WS #43: Assessment and Management of Dementia in Primary Care (Repeated)

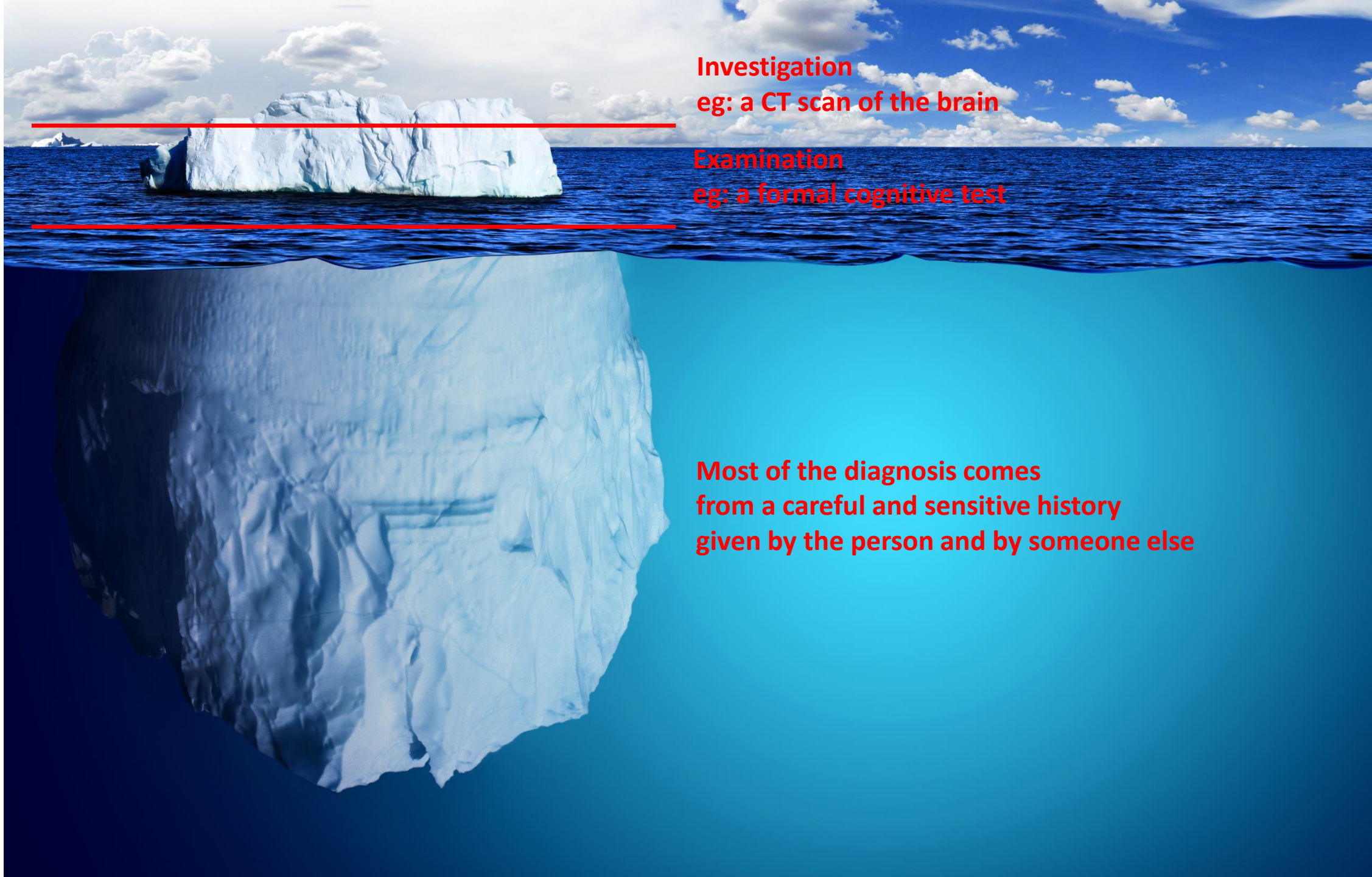
Assessment and management of dementia in primary care.

Dr Matthew Croucher
CDHB / Otago School of Medicine



Assessment:

How is the diagnosis made?



Investigation
eg: a CT scan of the brain

Examination
eg: a formal cognitive test

**Most of the diagnosis comes
from a careful and sensitive history
given by the person and by someone else**



Assessment:
The malignant
wedding cake
of dementia



Functional impairment



Cognitive symptoms

Functional impairment



Behavioural symptoms

Cognitive symptoms

Functional impairment



Psychiatric symptoms

Behavioural symptoms

Cognitive symptoms

Functional impairment



Neurological symptoms

Psychiatric symptoms

Behavioural symptoms

Cognitive symptoms

Functional impairment



Risks

Neurological symptoms

Psychiatric symptoms

Behavioural symptoms

Cognitive symptoms

Functional impairment



Carer stress

Risks

Neurological symptoms

Psychiatric symptoms

Behavioural symptoms

Cognitive symptoms

Functional impairment



Carer stress

Taking a Dementia History.

Impairments in daily functioning

- Continence and toilet hygiene
- Bathing
- Teeth and mouth hygiene
- Eating and drinking
- Cooking
- Shopping
- Dressing
- Shaving/hair care
- Housework
- Socialising
- Communicating
- Managing money
- Transport
- Gardening
- Home maintenance
- Employment

Behavioural symptoms

- Apathy
- Sleeping problems eg: day/night reversal
- Restlessness and agitation
- Calling out
- Repetitive behaviour including speech
- Wandering
- Socially inappropriate behaviour
- Aggression and irritability
- Disinhibition
- Changes in eating / drinking behaviour

A Risk Checklist

- problems obtaining help in emergencies
- unwanted / inappropriate sexual behaviour
- poor nutrition
 - impaired meal-planning, shopping or cooking
 - reduced appetite
- unsafe use of appliances / dangerous objects
- financial mismanagement and losing services
- "wandering"
 - getting lost
 - 'AWOL'
- Elder Abuse
 - emotional
 - physical
 - sexual
 - financial
- aggression toward others
 - verbal/emotional
 - physical

Cognitive symptoms

- Language ability
- Making decisions - insight, judgement
- Memory - STM, LTM, new learning
- Orientation - time, place, person
- Problem solving
- Processing speed
- Concentration and attention
- Knowing how to use things (praxis)

Neurological symptoms

- Gait and / or balance impairment
- Vision or visuospatial problems
- Speech and language disorders
- Swallowing problems
- Upper motor neuron symptoms
- Tremor, rigidity, parkinsonism, dystonia

Psychiatric symptoms

- Depressed mood
- Elevated mood
- Affective instability
- Anxiety symptoms
- Psychosis – delusions and hallucinations
- Exacerbated 'personality disorder'
- 'Personality change'

- severely compromised self-cares
- alcohol and drug misuse
- medication adherence problems
- treatment adherence problems
- suicide
- dangerous driving

Don't forget Carer Stress



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Management:

What makes up a treatment plan?

Primary care dementia treatment

Modify progression where possible

Symptomatic relief

- Medication
 - ✓ Cognition-enhancing / anti-dementia drugs
 - ✓ Drugs targeting neuropsychiatric symptoms
- Non-drug treatments

Education

Assess and manage risks

Arrange provision of rehabilitation where possible

Support recovery where possible

- Esp. in respect of personhood and roles

Provide disability support

- For the person with dementia and for their carers

Provide emotional / social support

- For the person with dementia and for their carers

Provide regular preventative (or opportunistic) general health care

- Esp. nutrition, polypharmacy, comorbidities

Prevent unnecessary medical morbidity

- Esp. Delirium management plans

Plan ahead

- Enduring Powers of Attorney
- Wills
- Advanced Care Planning