

**DEMENTIA COLLABORATIVE RESEARCH CENTRE –
Assessment and Better Care Outcomes**

Summary

Project Title Dementia Identification, Assessment and Management in Community-Based Primary Health Care: A review of the international literature 1995-2006

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This international literature review has revealed a number of gaps between recent current practice (1995-2006) in relation to GPs' identification, assessment and management of dementia, and best practice, as described in various official dementia guidelines. In general, GPs do not identify dementia early, do not complete a full assessment as described in the guidelines, and fail to provide the full range of recommended management options to their patients.

The literature cites a number of reasons for this: inadequate time and poor remuneration, GP attitudes to dementia as a "terrible" diagnosis with a negative prognosis², lack of role definition, and patients and their families not presenting the full picture to the GP. A lack of knowledge about guidelines is therefore only one small part of this picture.

Ways of improving dementia care are grouped here under three main areas:

1. Addressing system issues

- Appropriate remuneration to reward GPs in initial identification, assessment and management of patients with dementia or possible dementia. There should be remuneration for discussing issues with the carers of people with dementia.
- More involvement of practice nurses in dementia assessment, liaison with families and carers and some management tasks (e.g. linking with the Aged Care Assessment Teams (ACAT), community services etc).

2. Addressing attitudes

- GPs' attitudes towards breaking the bad news about dementia diagnosis, need to be addressed. GPs need to know that many patients and carers appreciate learning

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² GPs perceive that hearing such a prognosis may not be in the best interests of patients and families.

about the diagnosis *earlier* rather than *later*. The stigma associated with dementia presents major barriers to honest and open communication.

- GPs' attitudes towards dementia management are crucial. GPs appear uncomfortable with the limited range of advice and support activities that they can offer. They need to recognise the importance of referring patients and families to the many non-clinical resources of relevance to dementia patients (e.g. legal advice, community services and Alzheimer's Australia). GPs also need to be aware that the reduction of cardiovascular risk factors may be helpful in treating vascular dementia.
- GPs need to recognise the importance of their role in establishing the diagnosis and the differential diagnosis of dementia; this will become an increasingly important role for GPs in the future.

3. Addressing knowledge

- GPs need to be familiar with available dementia guidelines.
- GPs need to be familiar with a range of tools for screening for dementia, so that they can use tools appropriate to the particular patient. They also need to be aware of the limitations of these tools as screening and not diagnostic instruments, and understand what is necessary to make a firm diagnosis.
- Educational programs may be of assistance.
- GPs should be aware of the differential diagnosis of dementia and ways of testing for this, including the use of depression screening scales.
- GPs need to be aware of ways to access appropriate community support for their patients in their local area.

In addition, it is clear from the literature that there is a group of patients and carers, who are reluctant to confront the diagnosis of dementia, and may not divest full information to their GPs as a way, either consciously or unconsciously, of concealing the problem. More research is required in this area.