discussion

The management of dementia in general practice

A field test of guidelines

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INTRODUCTION Guidelines for the management of dementia in noninstitutionalised patients living in the community were developed by a broadly representative group. We assessed their usefulness.
METHOD The draft guidelines included emphasis on psychosocial issues. They were field tested by 17 general practitioners with 119 dementia patients.
RESULTS There was a high prevalence of comorbidity in the patients and frequent psychosocial issues in their management that were often not addressed. The guidelines were rated as very helpful for at least one aspect of care for 50% of the patients.
DISCUSSION The guidelines were found to be useful to GPs.

Guidelines for dementia have previously focussed on the middle to late stages of dementia.[1–4] They emphasise evidence about effective treatments rather than practical patient management.[2] However, general practitioners' detection of dementia in their patients is low,[5] with GPs rarely using standardised dementia assessment tools.[5] Communication between GPs, patients and carers about dementia is suboptimal,[6] with GPs recognising a need for greater skills in identifying and managing dementia.[7] There is little information available regarding noninstitutionalised patients with dementia living in the community.[8,9] This suggests a need for guidelines for GPs in this area. A relevant draft set was developed from existing guidelines,[1–4] further refined by literature search and input from an advisory committee (GPs, specialists, other health practitioners who manage patients with dementia, patients and carers), and GP focus groups addressing dementia care at home or with family, rather than in institutions such as nursing homes.

We undertook a field test in mid 2000 to examine the relevance and benefits of the draft guidelines for GPs and their patients. Information about the patients' current health status and management was collected.

Method

Participating GPs had previously undertaken projects with the RACGP Research Unit or the Family Medicine Research Centre and had expressed an interest in aged care. We wrote to a sample, asking them to send us information about the age and sex of 5–10 noninstitutionalised patients who had dementia, without patient identification, and keep their list.

The GPs were then sent the draft guidelines (Table 1) and asked to use them to audit their care of these patients, and to comment on their usefulness. They were asked to record clinical, social and psychological information about each patient from existing knowledge and medical records, and list any aspects of management influenced by the guidelines.

Results

Sixty-eight GPs were approached; 39 agreed to take part, but only 17 submitted information about 3–10 patients each, a total of 119 patients.

The patients

More than half (52%) of the patients were over 80 years of age, and 14% were under 70 years of age. Two-thirds (66%)

Table 1. The draft guidelines on dementia management in general practice

The guidelines relate to patients with dementia living at home or with family, rather than in institutions such as nursing homes. They are presented at three levels, a summary (7 pages), guidelines (18 pages) and background information and supporting evidence (21 pages), allowing selective use of increased detail depending on need. At each level there are three sections, covering patient presentation, assessment and management.

1. Patient presentation includes early pointers to dementia and the issue of screening.
2. Assessment covers what should be done, when and how, to formulate an action plan, with particular reference to cognitive and ability assessment and the importance of family, carer and social support.
3. Management includes care of the dementia, treatment of comorbidity, health promotion, prevention and psychosocial support.

There are also a limited number of key references, and appendices with suggested tools for assessment and monitoring of cognitive function, emotional state and caregiver burden, and information about other available resources.

Table 2. Rating of usefulness of different aspects of the guidelines, patients n (%)

	Not at all helpful n (%)	A bit helpful n (%)	Very helpful n (%)
Functional assessment of patient	32 (27)	41 (34)	46 (39)
Forming an action plan	35 (29)	46 (39)	38 (32)
Cognitive assessment of patient	36 (30)	46 (39)	37 (31)
Differential diagnosis	41 (34)	45 (38)	33 (28)
Investigations	46 (39)	40 (33)	33 (28)
History taking	45 (38)	46 (39)	27 (23)
Telling patients/families about dementia	49 (41)	43 (36)	27 (23)
Management of behavioural difficulties	36 (30)	57 (48)	26 (22)
Use of medications	39 (33)	57 (48)	23 (19)
Social support	44 (37)	52 (44)	23 (19)
Health promotion	46 (39)	51 (43)	22 (18)
Referral	51 (43)	52 (44)	16 (13)

were women. Most patients had had dementia for more than one year (26% for more than five years), were living in a house or unit (46% alone and 35% with a spouse), and their health had deteriorated in the previous six months (63%). They had an average of three other medical conditions, the most common being cardiovascular disease, osteoarthritis, oesophageal reflux and depression.

The patients were taking a mean of 3.7 medications with six patients taking donezepil for their dementia. Medications were reviewed and changed frequently, 84% having had a full review within the past three months.

The families/carers

General practitioners reported giving the phone number of the Alzheimer's Association to nearly half the patients and families, yet only 14% of patients and 29% of families or carers had made contact with the Association. Home safety had been assessed for 72% of patients, consideration given to respite care for 62%, and to driving ability for 62%, but guardianship or power of attorney had been discussed for only 49% of the patients.

The families or carers were coping well in 71% of cases, but there was some degree of depression in 41% of carers, (although the extent of coping or depression was not known in 10%).

The guidelines

The GPs rated the guidelines overall as 'very helpful' (on a three point scale) for at least one aspect of care for 50% of the patients. Twelve aspects of the guidelines were individually rated (Table 2). The following were reported as being helped by the guidelines by more than one GP:

- the importance of family involvement
- 'need to look into family support'
- cultural issues
- disinterested family
- detecting comorbid depression
- benefits of geriatric team referral, and
- difficulties of failure of insight or denial by carers.

Discussion

We were only able to recruit highly self selected GPs who are therefore unlikely to be representative. However, the 119 patients GPs reported on may be representative of patients with dementia managed in general practice.

Most patients had considerable comorbidity, took numerous medications, and had deteriorating health. The GPs appeared to recognise this potential risk by the high frequency of review and change in medications.

While psychosocial aspects of management were common, few patients or carers were in contact with the Alzheimer's Association. General practitioners knew the extent of family or carer coping among few of their patients, and there was room for improvement in detecting the presence and extent of depression in families or carers.

The draft guidelines were generally assessed favourably, some aspects more than others. General practitioners found them helpful, at least to some extent, for most patients. These data have led to modifications of the guidelines which should be available soon.

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Implications of this study for general practice

- There is a high prevalence of comorbidity in patients with dementia.
- Psychosocial issues are often not adequately addressed.
- Motivated GPs found the guidelines helpful in addressing these issues.

Conflict of interest: none declared.

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