

Tonight's webinar will begin shortly



RACGP

RACGP Membership

2022-23

**Standing together
for quality care**



**Renew your
membership now
at [racgp.org.au/
membership](https://racgp.org.au/membership)**

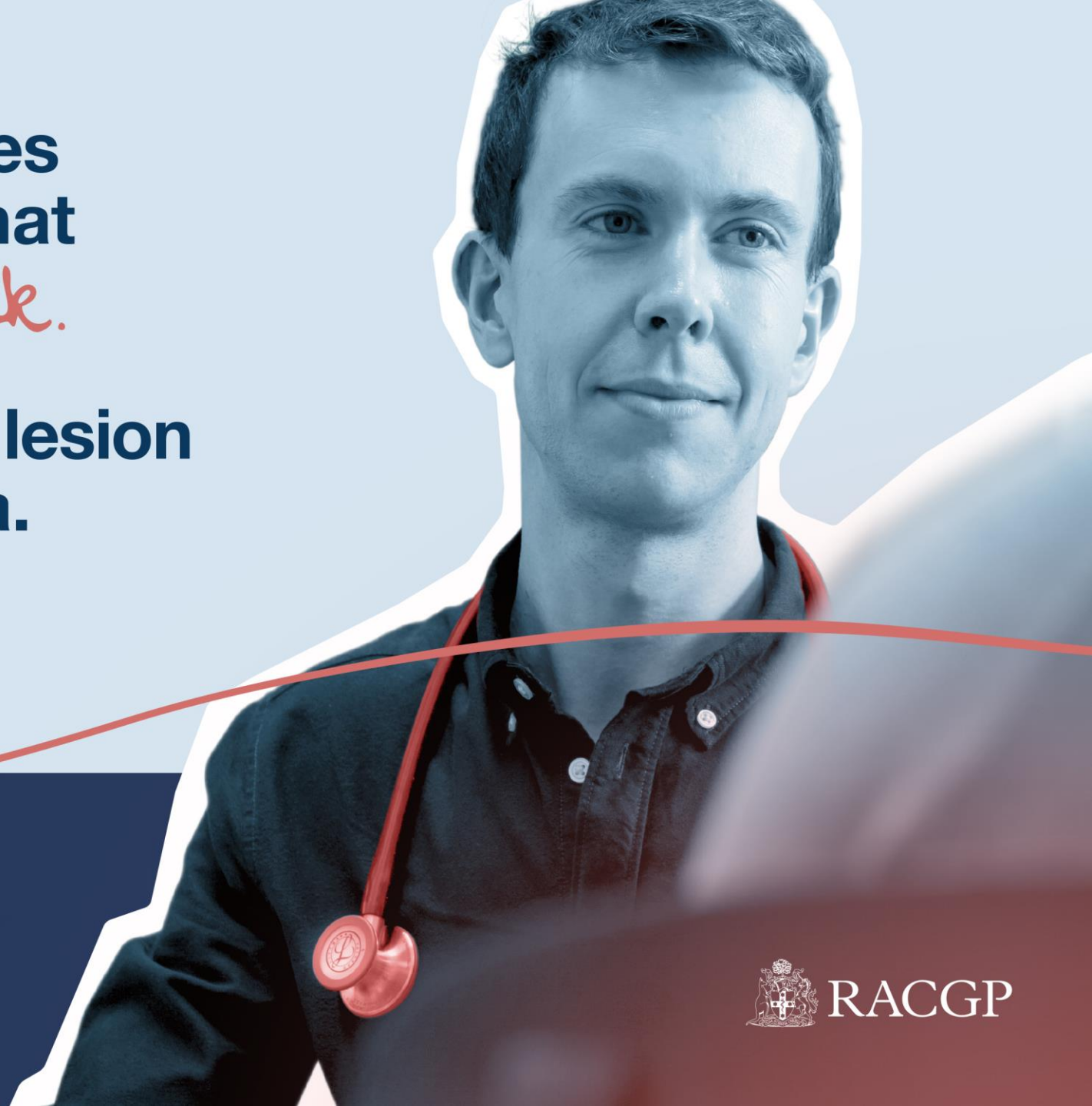
After six years of diabetes
check-ups, you notice that
pigmentation on her cheek.

You decide to excise the lesion
and find early melanoma.

General practice – everything
you've trained for **and more**



become a GP



RACGP

Wonca 2023

Sydney, Australia

26–29 October 2023

Find out more at
wonca2023.com.au





Celebrating 30 years

The Rural Faculty was established in 1992 as the Faculty of Rural Medicine following a resolution by the RACGP Council on 26 April 1992. The first General meeting of the Faculty of Rural Medicine was held during the Annual Scientific Convention at Hilton on the Park in Melbourne in September 1992.

Today RACGP Rural has over 22,000 members including more than 10,000 who are currently living and working in rural and remote Australia. We are the voice of rural GPs and provide education, training and support.

Visit racgp.org.au/30rural

2022 RACGP AWARDS

Recognising excellence
in general practice

Nominations are now open for the 2022 RACGP Awards. Each year, the Awards celebrate the outstanding achievements of GPs and general practices.

Spread the word to your friends, family and community to nominate a general practice or GP who's gone above and beyond to improve the health of their patients.

Nominations close Sunday 31 July 2022.
Learn more at racgpawards.org.au



RACGP



25–27 November 2022, Melbourne

#GP22Connect

Celebrating members

Join your colleagues from across the country to celebrate general practice and arm yourself with the latest industry updates and knowledge.

Visit [GP22.com.au](https://gp22.com.au)





RACGP Events

Access RACGP events and on-demand content

The RACGP digital events calendar is where you will find RACGP run events, from online workshops and webinars to podcasts and on-demand content.

Access our digital calendar at www.racgp.org.au/racgp-digital-events-calendar



Simplifying and improving your CPD experience.

**We've made even more improvements to
your myCPD dashboard to save you time
and personalise your experience.**

Find out more at racgp.org.au/yourcpdhome



RACGP | CPD

2020

22

We will begin in 30 seconds



GPBT



General Practice Business Toolkit

Helping you look after the business side of general practice

Establish, manage and enhance your practice using our new General Practice Business Toolkit.

Build a sustainable business with six easy-to-navigate modules and a brand new set of interactive tools.

- Use the billing calculator to learn how to achieve your financial goals.
- Design your ideal practice layout.
- Set your vision and values and focus on what's important to you as a practice owner.

TO FIND OUT HOW YOU CAN GET THE MOST OUT OF THE TOOLKIT, VISIT www.racgp.org.au/gpbt



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2023

AGPT PROGRAM

Broaden your horizons

**8 AUGUST APPLICATIONS OPEN
30 AUGUST APPLICATIONS CLOSE**

Download a copy of *Your AGPT Application Handbook 2023* now at racgp.org.au/agpt



RACGP



GP training is funded by the
Australian Government through
the Department of Health

We will begin in 15 seconds



Alcohol and Other Drugs

GP Education Program

Training GPs to help
people tackle alcohol
and other drug use



racgp.org.au/AOD

NACCHO–RACGP *Resource Hub*

Supporting effective and culturally
safe primary healthcare

Learn more at
www.racgp.org.au/cultural-safety

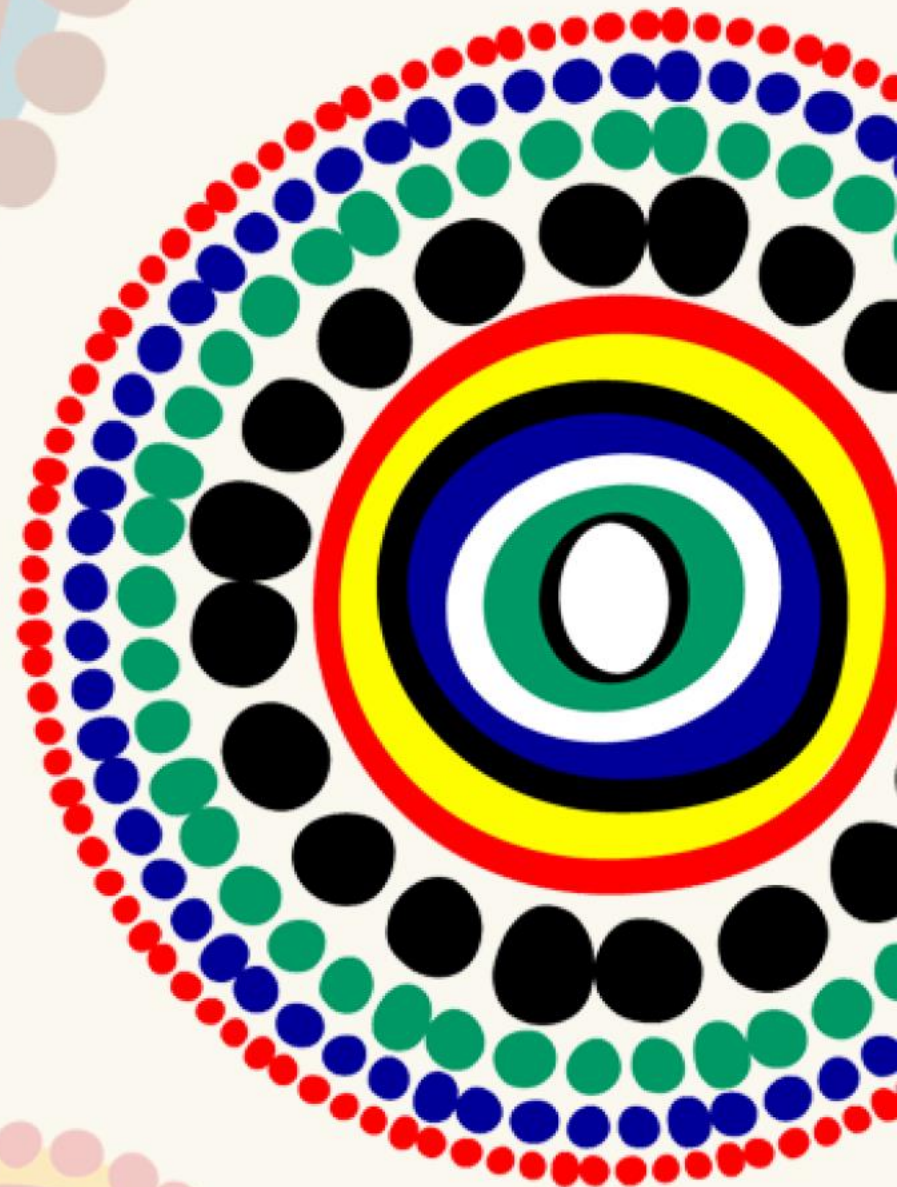


RACGP

Royal Australian College of General Practitioners



NACCHO





25–27 November 2022, Melbourne

#GP22Connect

Celebrating members

Join your colleagues from across the country to celebrate general practice and arm yourself with the latest industry updates and knowledge.

Visit [GP22.com.au](https://gp22.com.au)



Welcome to tonight's webinar



Dementia management demystified – A stepwise approach to initiating the post-diagnostic care of dementia in general practice



Where is my control panel?

Your control panel will appear as a bar at the bottom of the presentation screen

If you cannot see your control panel, hover your cursor over the bottom of the shared presentation screen and it will appear

Welcome to tonight's webinar



Audio Settings ^

Raise Hand

Q&A

Leave Meeting



Dementia Training Australia
<https://dta.com.au/>

Presenters



Dr Stephanie Daly
GP
Chair –

RACGP Dementia Specific Interest Sub Group



Dr Marita Long
GP



Dr Hilton Koppe
GP



RACGP



Healthy Profession.
Healthy Australia.

Managing Dementia

A stepwise approach



A wide-angle photograph of a lush, green landscape. In the foreground, there's a grassy field with several young, rounded trees planted in rows. The middle ground shows rolling hills covered in similar rows of young trees, creating a terraced effect. The background features more distant hills under a bright, slightly hazy sky. The overall scene is peaceful and suggests a reforestation or land management project.

We acknowledge the Traditional Owners of the land on which we meet and pay our respects to the Elders past, present and emerging.

Learning Outcomes

- Apply a patient centred stepwise chronic disease management approach to the management of dementia
- Explain the role of medications in the management of dementia
- Describe the role other health practitioners can play in the management of a person with dementia

Domains of Dementia Framework

1. Cognitive decline
2. Functional decline
3. Psychiatric symptoms
4. Behaviour changes
5. Physical decline

Based on work of Dr Jane Tolman, geriatrician, Hobart

Stages of dementia

Stage 1: Still at home

- Short-term memory loss with repetitive questions
- Loss of interest in hobbies and previously enjoyable activities
- Impaired instrumental functions

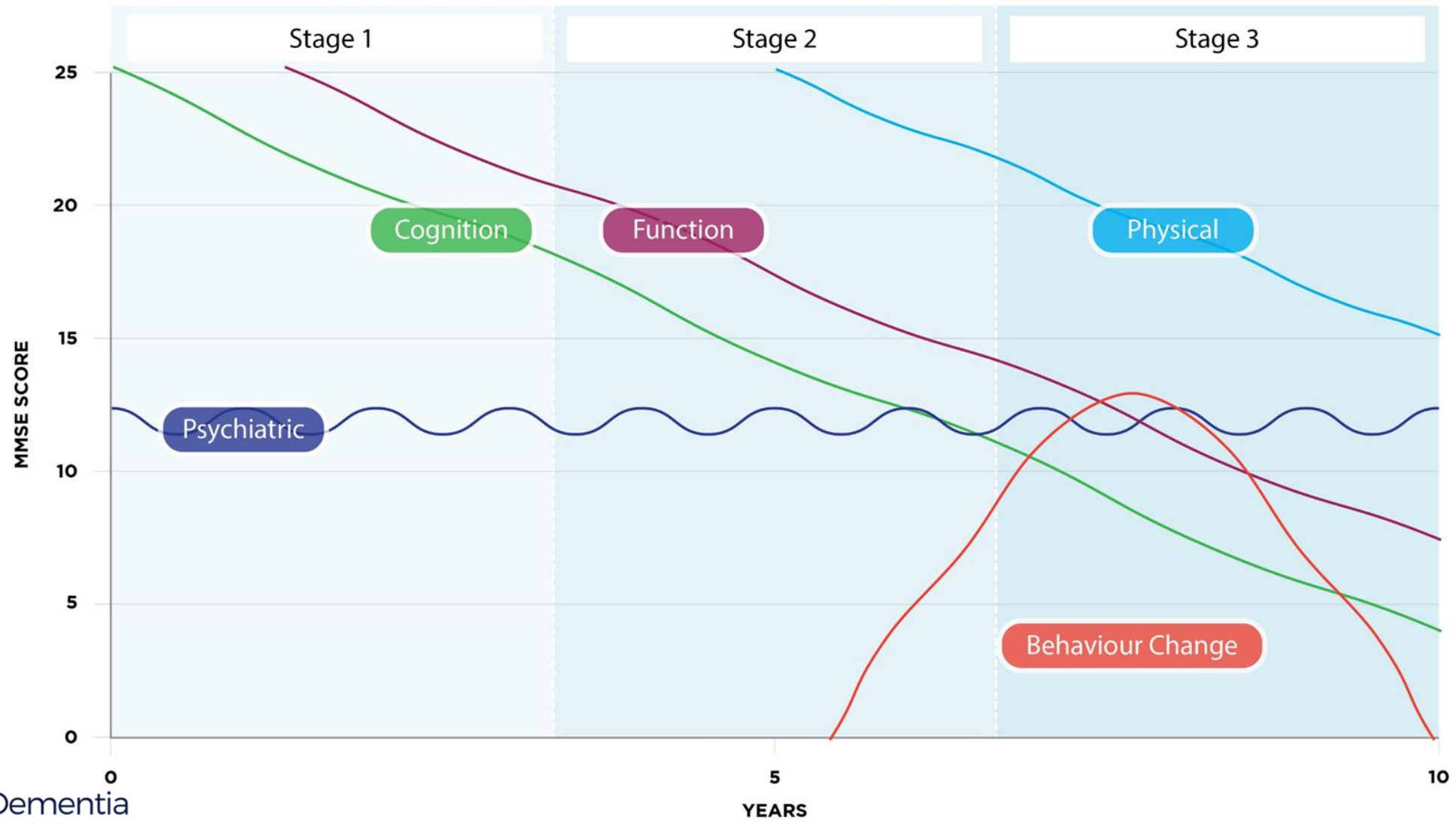
Stage 2: Escalating care needs, transitioning to 24 hour care

- Progression of cognitive deficits
- Declining function
- Behaviour changes

Stage 3: Diminishing quality of life

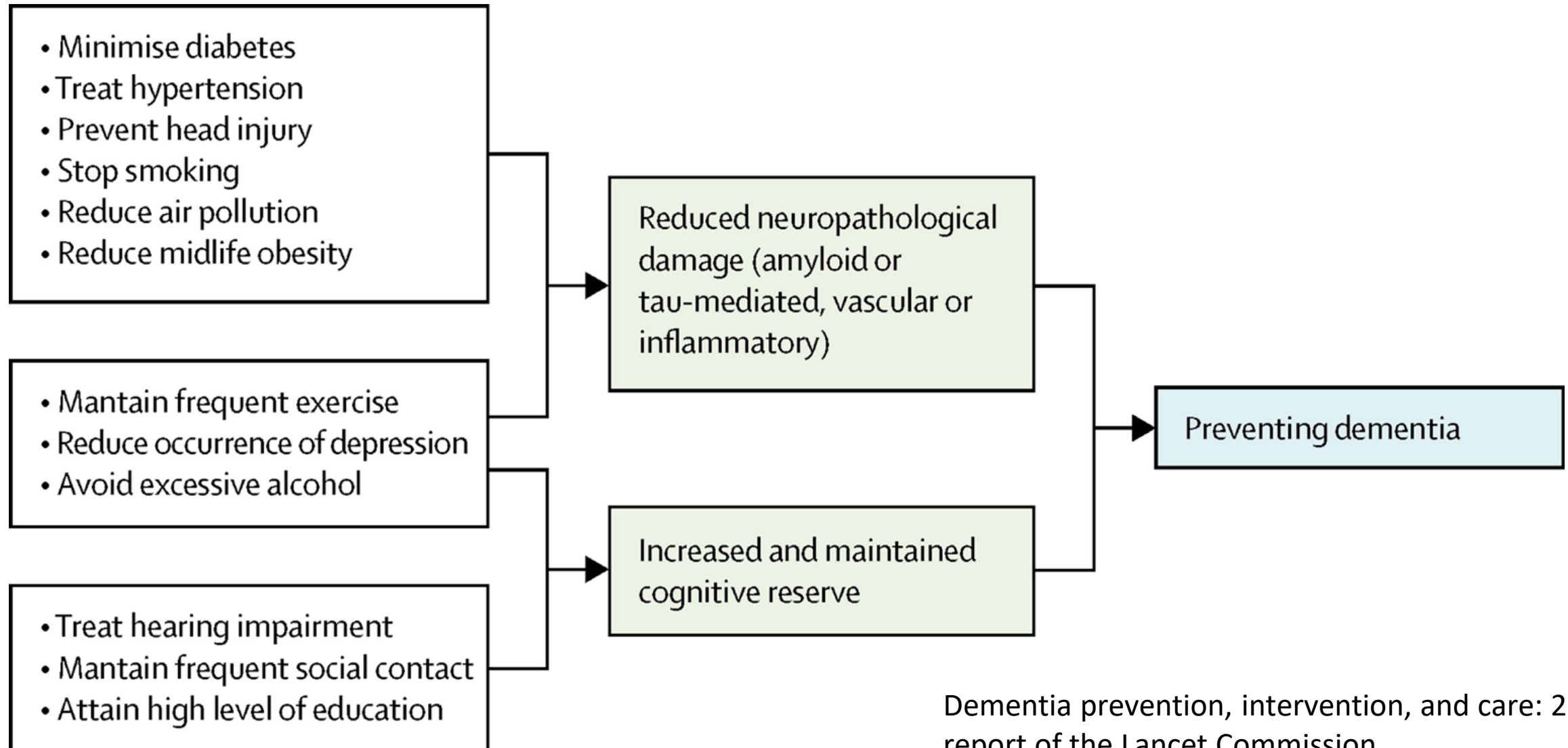
- Increasing loss of independence: dressing, feeding, bathing
- Responsive behaviours
- Physical decline

Stages and Domains of Alzheimer's Dementia



What about prevention and Brain Health Checks?

What about prevention?



Let's meet Anna again

- Anna is a 75 year old widow
- She lives by herself
- Normally attends on her own
- Attends for fluvax with daughter Sophie
- PMH- Hypertension, OA knee
- Meds- Perindopril, paracetamol



Let's meet Anna again

- Examination normal for age
- Blood tests and CT brain normal for age
- MMSE score 23
- Dysphasia and agnosia present
- Geriatric depression score normal



Anna met the Four Inclusion Criteria for a diagnosis of Alzheimer's Dementia

Four Inclusion Criteria:

1. Gradual onset of poor memory – **memory poorer than previously**
2. Worsening of memory problem – **increasingly forgetful, getting worse**
3. Failure of function – **gardening, cooking, socialising**
4. Cortical dysfunction – **dysphasia, agnosia, dyspraxia**

Anna had none of the Exclusion Criteria

Three Exclusion Criteria:

1. Delirium
2. Other organic cause
3. Psychiatric illness

Stages of dementia – Goals of care

Stage 1: Still at home - Goal of care

- Dignity through maintaining independence and enjoyment

Stage 2: Escalating care needs - Goal of care

- Dignity through keeping safe

Stage 3: Diminishing quality of life - Goal of care

- Dignity through providing comfort

Domain	Patient Problem	Treatment/ services/patient/family action	Arrangements for treatment /services
Cognition	Forgetfulness Short term memory loss Repetitive questioning Social isolation	CVS risk reduction Medication review Anti-Cholinesterase Inhibitors Legal affairs Advance Care Planning Encourage mental stimulation Encourage social engagement Education – including carers Dementia specific medication	Online resources www.dementia.org.a u www.forwardwithde mentia.org Practice Nurse General Practitioner Use of recall system Consider referral Family meetings Speech Pathology - Language

Medications for dementia

Anticholinesterase Inhibitors

- Donepezil (Aricept), Rivastigmine (Exelon), Galantamine (Reminyl)
- PBS criteria: MMSE ≥ 10 , **in consultation with** or specialist confirmed diagnosis
- May provide modest benefit in cognitive function, apathy, behaviour
- SE: GI upset (10%), heart block, asthma

Medications for dementia

NMDA receptor antagonist - Memantine (Ebixa)

MMSE 10-14

Provides modest benefit in:

- reducing carer requirements,
- may delay going to a NH
- limited benefit in cognition

Side effects: confusion, dizziness, drowsiness, headache, insomnia, agitation, hallucinations

Can be used in combination with AChEIs (1x private script)

Medication review and Anticholinergic load

ACUTE	CHANGE	IN	M(ental) S(tate)
Antiparkinsonian Corticosteroids Urologic (antispasmodics) ^[1] Theophylline Emesis (antiemetics)	Cardiac (antiarrhythmics) H2 blockers (cimetidine) Anticholinergics NSAIDs Geropsychotropic Etoh	Insomnia medications Narcotics	Muscle relaxants Seizure medications

[1]Urologic (antispasmodics) such as oxybutynin or tolterodine

[2]Geropsychotropic medications (such as antidepressants, antipsychotics, sedatives)

STOPP START Toolkit

Supporting Medication Review

An evidence based approach to prescribing in the elderly

STOPP:
**Screening Tool of Older People's
Potentially
Inappropriate Prescriptions**

START:
**Screening Tool to Alert Doctors to
Right
(i.e. appropriate, indicated)
Treatments**

Colour Key

Medication to consider stopping in patients over 65 from the STOPP Tool¹



Medication to consider starting in patients over 65 from the START Tool¹



National and local guidance e.g. NICE Guidelines⁵



Domain	Patient Problem	Treatment/ services/patient/family action	Arrangements for treatment /services
Function	Impaired instrumental functions	Driving assessment Home Hazards assessment Family education Encourage maintenance of skills Support with cooking/meal prep Support to attend usual activities Maintain social interaction	Online resources www.dementia.org.au Practice Nurse General Practitioner My Aged Care Dementia Outreach service Occupational Therapist Physiotherapist Social work

Domain	Patient Problem	Treatment/ services/patient/family action	Arrangements for treatment /services
Psychiatric	Depression Anxiety Hallucinations Delusions	Mental Health Screening – for person with dementia and carers Consider MHCP for both PLWD and Carer Treat any coexisting psychiatric conditions and re-evaluate Delirium action plan Ongoing Family education	Online resources www.dementia.org.au Dementia Support Australia <u>1800 699 799</u> Practice Nurse General Practitioner Psychologist Counsellor Psychiatrist

Delirium action plan

Delirium is a sudden inability to think clearly and pay attention. It is common among older people. Delirium can be a sign of a serious underlying medical problem. **If you notice any sudden changes, think of a delirium episode.** Prompt medical attention may help to prevent a hospital admission.

What to look out for

Delirium can develop quickly, usually over hours or days. A person with delirium may:

- ☐ become confused and forgetful
- ☐ become unable to pay attention
- ☐ become different from their normal selves
- ☐ become either very agitated or quiet and withdrawn
- ☐ become unsure of the time of day or where they are
- ☐ have garbled or confused speech
- ☐ have difficulty following a conversation
- ☐ have changes to their sleeping habits, such as staying awake at night and being drowsy during the day
- ☐ see or hear things that are not there, but which are very real to them
- ☐ lose control of their bladder or bowels

What causes delirium?

Delirium can have many causes. Most commonly it is caused by:

- infection
- constipation
- dehydration
- strong pain
- medicines

Further advice?

healthdirect 1800 022 222

Speak to a registered nurse or doctor 24 hours a day, 7 days a week to get health advice you can trust. This is a free service.

What can family and carers do?



If you notice signs of delirium call the patient's GP immediately and tell the practice you suspect delirium and request an urgent appointment that day.

Patient contacts

GP name

GP practice

Phone

Local hospital

Other family/contacts

Once the person has appropriate medical care, you can still help care for them.

- Encourage and assist someone with delirium to have enough food and fluids.
- Knowing the time of day can reduce confusion. Remind the person where they are, and what day and time it is.
- It is reassuring for people with delirium to see familiar people. Visit as often as you can and try to be available to help with their care.

Domain	Patient Problem	Treatment/ services/patient/family action	Arrangements for treatment /services
Behaviour	Agitation Frustration Apathy	Appropriate social engagement Maintaining a comfortable routine Education- Person living with dementia and carers Communication tools and aids - Speech Pathology Day Respite	Online resources www.dementia.org.au Dementia Support Australia <u>1800 699 799</u> Practice Nurse General Practitioner Psychologist Social worker Speech Pathology

Domain	Patient Problem	Treatment/ services/patient/family action	Arrangements for treatment /services
Physical	Declining physical health	Health assessment Medication review Optimise CVS risk factors Vision Hearing Dental check Falls Risk Exercise Nutrition Continence Immunisation Education	Online resources www.dementia.org.au Dementia Support Australia <u>1800 699 799</u> Practice Nurse General Practitioner Optometrist Dentist Podiatrist Audiologist Exercise physiologist Physiotherapist Pharmacist Occupational Therapist

GP Management Plan

Stage 1 Dementia

DOMAIN	PATIENT PROBLEM	TREATMENT/SERVICES/PATIENT & FAMILY ACTION	ARRANGEMENTS FOR TREATMENTS/SERVICES
Cognition	Forgetfulness Short-term memory loss Repetitive questions	Cardiovascular Risk assessment and management Medication Acetylcholinesterase inhibitors Legal issues such as POA Advance Care Directive Family Education	Dementia Australia Forward with Dementia Practice Nurse – education on dementia General Practitioner Speech Pathologist – language issues Consider use of practice recall/reminder system
Function	Impaired instrumental functions	Family education Encourage maintenance of skills Support with cooking/meal prep Support to attend usual activities Maintain social interaction Driving assessment Home hazards assessment	Dementia Australia Practice Nurse General Practitioner My Aged Care/Care package Dementia outreach service Occupational therapist / OT driving assessment
Psychiatric	Depression Anxiety Hallucinations Delusions Paranoia	Screening of mental health in patient Screening for mental health issues in carers Family education	Practice Nurse General Practitioner Psychologist MHCP Social worker Carer support groups Dementia Australia Dementia Support Australia
Behavioural	Social withdrawal Frustration	Increased social engagement Family education	Practice Nurse General Practitioner Consider family meeting: 3 – 6 monthly Dementia outreach service Dementia Australia – online resources Dementia Support Australia
Physical	Failure to maintain physical health care needs	Home medication review Reduction in cardiovascular risks, as appropriate Exercise assessment Hearing assessment Dental review Continence assessment Falls assessment Immunisation – influenza, pneumococcus, herpes, zoster Family education	Practice Nurse General Practitioner - Consider use of practice recall Pharmacist Community dietician Podiatrist Optometrist Audiologist Exercise physiologist Physiotherapist Occupational Therapist

General Practice Management Plan

DEMENTIA – STAGE 2

GOAL OF CARE – Maintain Dignity Through Safety

Patient's Name:	Date of Birth:
Contact Details:	Medicare or Private Health Insurance Details:
Details of Patient's Usual GP:	Details of Patient's Next of Kin/Guardian:
	ACD/Substitute decision maker POA in place YES <input type="checkbox"/> NO <input type="checkbox"/> Name of POA:

Date of last care Plan/GP management Plan: (If done)

Date of last Family Meeting:

Date of next Family Meeting:

Main Issues relating to Cognition/Function:

Goals of Care:

.....

.....

Other notes or comments relevant to the patient's management plan

Cognition Issues Identified	Main Issues
Functional Issues Identified Specifically, safety concerns	Agencies involved
Psychiatric Issues Identified	Main Issues
Behavioural Issues Identified	Main Issues
Physical Issues Identified	Main Issues

Past Medical History:
Medications:
Allergies:
Family/Social History:

GP Management Plan

Stage 2 Dementia

DOMAIN	PATIENT PROBLEM	TREATMENT/SERVICES/PATIENT & FAMILY ACTION	ARRANGEMENTS FOR TREATMENTS/SERVICES (who, when)
Cognition	Increasing memory loss Speech difficulties Increasing difficulty with complex tasks	Medication review – consider de- prescribing e.g., anticholinergic drugs, sedatives Consider roles of drugs which may help maintain cognition e.g., Acetylcholinesterase inhibitors Legal affairs – ACD/POA	Practice Nurse General Practitioner Geriatrician Family meeting Home medication review Legal advice – for POA/Guardianship if necessary Case conference
Function	Impaired instrumental functions Impaired functions of daily living	Driving assessment Home hazards assessment Hobbies/Community involvement Facilitation of transit into care	Dementia Australia Practice Nurse General Practitioner My Aged Care/Care package Occupational therapist driving assessment Personal alarms/GPS tracking support Home help/Meals service Travel assistance – taxi vouchers Respite Care arrangements
Psychiatric	Depression Anxiety Hallucinations Delusions Hallucinations	Screening of mental health in patient Screening for mental health issues in carers Collaboration between care staff/family/GP Family education	Practice Nurse General Practitioner Consider Psychologist – MHCP Consider Psychogeriatrician Dementia Australia - counselling and psychology support
Behaviour	Social withdrawal Apathy Repetitive questioning Shadowing Frustration Sleep disturbance Wandering Hoarding	Carer education and increased support Routine Increased social engagement Facilitation of transition into care	Practice Nurse General Practitioner Family meeting/Case conference Dementia outreach service Dementia Australia Dementia Support Australia Respite care arrangements
Physical	Failure to maintain physical health care needs	Dental review Continence assessment Falls assessment Immunisation Facilitation of transition into care	Community dietician Physiotherapist/OT Care package – support services Case conferences between agencies

GP Management Plan

Stage 3 Dementia

DOMAIN	PATIENT PROBLEM	TREATMENT/SERVICES/PATIENT & FAMILY ACTION	ARRANGEMENTS FOR TREATMENTS/SERVICES
Cognition	Cognition significantly impaired	Likely to lack capacity. Care as per Enduring Guardian/Advance Care Directive	RACF staff or home care community providers if home care provided General Practitioner Geriatrician Family meeting
Function	Impaired instrumental functions Impaired functions of daily living	Dependence for maintenance of functions of daily living	RACF/home care staff General Practitioner My Aged Care/Care provider Physio OT Dietician
Psychiatric	Depression Anxiety Hallucinations Delusions	Heightened awareness for symptoms of psychiatric conditions Screening for mental health issues in carers Family education	General Practitioner Psychogeriatrician Dementia Support Australia Family meeting
Behaviour	Sleep disturbance Agitation Calling out Wandering Hoarding Aggression Disinhibition Apathy Hallucinations Shadowing	Carer education and increased support Consider comprehensive behaviour assessment e.g., CAUSED model. Non- pharmacological interventions based on comprehensive assessment Pharmacological treatment where non-pharmacological measures have failed or patient/carers/family at risk of harm Family education	RACF/Home care staff General Practitioner Geriatrician Psychogeriatrician Palliative services Nightingale Nurses with DA if available Family counselling and support – Dementia Australia Family meeting Dementia Support Australia 24 HOUR HELPLINE 1800 699 799
Physical	Continence Falls Swallowing Pain Comfort/Warmth Thirst Constipation Urinary retention	Cease all medications other than those for comfort Nutritional assessment Continence assessment Falls assessment Pain assessment Family education Hospital avoidance plan. Palliative care plan	RACF/home care staff General Practitioner Pharmacist Physiotherapist/OT Family meeting

Question time



RACGP

Specific Interests

RACGP - Specific Interests - Dementia Group

<https://www.racgp.org.au/the-racgp/faculties/specific-interests>

GP dementia resource hub

Easy access to dementia courses, resources and links



Includes:

- Dementia in Practice podcast episodes
- Online courses for GPs – from 40mins to 4hrs
- Downloadable GP resources – Management plans and Supervisor teaching plans
- GP related events
- GP workshops
- Links to other helpful websites

Visit <https://dta.com.au/general-practitioners/>

Dementia In Practice

A **podcast** made by GPs for GPs and others interested in learning more about dementia



Selection of Season One & Two episodes:

- Life with dementia: A first-hand account
- Healthy ageing and dementia: How to recognise the difference
- Diagnosing dementia in general practice: A stepwise approach
- A carer's story: When dementia comes home
- The healthy brain check: Reducing risk factors for dementia
- Dementia and multicultural communities: Dementia doesn't discriminate
- Dementia at the end of life: A person centred approach
- Driving and dementia: Who's in the driver's seat
- Looking at residential aged care: Living the best life possible
- Sleep Matters

New series coming soon

