Demystifying Dementia in Primary Care: Overview of Series 1 2022

Drs Peter Silberberg, Steph Daly and Rebecca Moore
DTA GP clinical education team

Dementia Training Australia

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Acknowledgement of Country

The RACGP acknowledges the Traditional Custodians of the land and waterways in which we work and live. We recognise their continuing connection to land, water and culture, and pay our respects to Elders past, present and future.

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Tonight’s webinar will be recorded and will be made available on the RACGP Events webpage in the next week.

Please use the Q&A box for any questions you may have. The chat function has been disabled.

Your CPD 1.5 hours Education Activity will be uploaded within the next 14 days.

We have created an optional Guided Reflection activity for you to complete, either online or as a PDF. We will send you details in the next day.

GP Facilitator – Dr Steph Daly

Dr Daly established and coordinates the Dementia Subgroup of RACGP Specific Interests Aged Care.

Dr Stephanie Daly is a GP in Adelaide with a strong interest in older persons' health, in particular dementia and cognition. She is a lead GP educator with Dementia Training Australia and is also the founder of Sensus Cognition a GP led community clinic for cognition and dementia support and assessment.

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Dr Peter Silberberg

Dr Peter Silberberg is an experienced GP, GP Supervisor and Medical Educator. He joined Dementia Training Australia as a Medical Educator.

Peter has worked in many sectors in primary health and currently works as a GP and lead clinician at Rekindling The Spirit Health Service (AMS) in Lismore and as a GP at Lennox Head Medical Centre.

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Dr Rebecca Moore

Rebecca is a GP in Newcastle with a special interest in Geriatrics and Dementia. She is in the final stages of a Masters of Dementia through the Wicking Research and Education Centre at the University of Tasmania. Rebecca is a member of the Dementia Training Australia Medical Educator team.

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Next sessions

Webinar 2:

- Supporting people living with dementia in primary care – Driving assessments and medication management
- 19 Jun, 7:00 PM - 8:00 PM (AEST)

Webinar 3:

- In this webinar we will discuss both behaviours and delve into the dementia subtypes
- 17 Jul, 7:00 PM - 8:00 PM (AEST)

Webinar 4:

- Latest research on dementia in primary care – Prevention, diagnosis, investigation, and medication
- 31 Jul, 7:00 PM - 8:00 PM (AEST)

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Just to clarify before we start….

We are from **Dementia Training Australia (DTA)**

not to be confused with

Dementia Australia (DA), formerly Alzheimer's Australia

or

Dementia Support Australia (DSA), formerly DBMAS

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Acknowledgements

DTA – funding further development and delivery of workshop

Dr Jane Tolman (School of Medicine UTAS, Wicking Dementia Research and Education Centre, geriatrician)

Dr Allan Shell (Dementia Collaborative Research Centre NSW)

Prof Andrew Robinson (School of Health Sciences UTAS, Wicking Dementia Research and Education Centre)

Dr Amanda Lo (Senior Lecturer, UTAS)

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By the end of this session…..

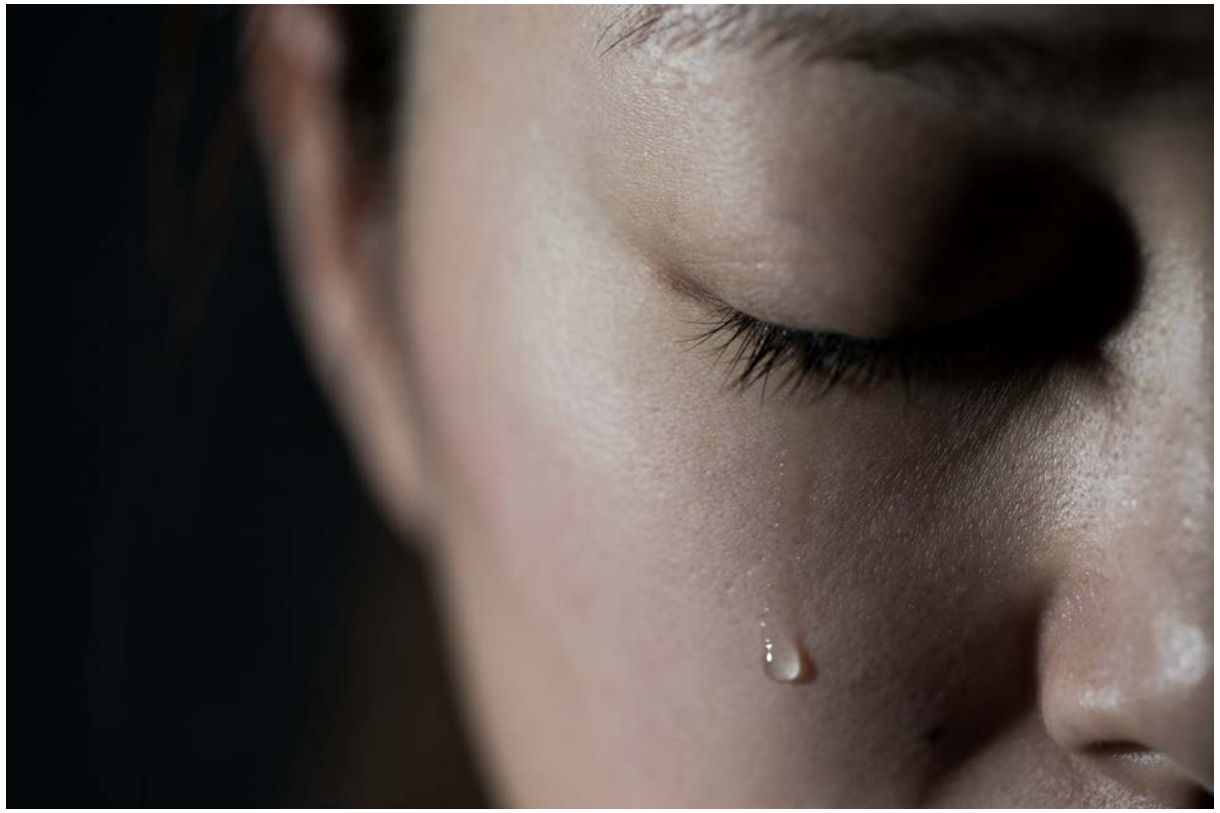
By the end of this session, participants will be able to:

- Appreciate the importance of a timely diagnosis of dementia
- Review the (3) frameworks to assist in making a diagnosis of dementia and planning care for people living with dementia
- Understand that prevention is a key management strategy to reduce the impact of dementia
- Outline the 12 modifiable risk factors to reduce the risk or delay the onset of dementia
- Perform a Dementia Risk assessment

To begin with the end in mind

1. **Dementia is more than a memory problem**
2. MMSE and other cognitive assessment tools are not validated as population screening tools or as diagnostic tests
3. It is often appropriate for a person to have dementia diagnosed and for post-diagnostic care to be initiated in general practice (with support)

Trigger warning



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Language

Appropriate language must be:

- Accurate
- Respectful
- Inclusive
- Empowering
- Non-stigmatizing

https://www.dementia.org.au/resources/dementia-language-guidelines

The leading causes of death in women?

Bowel cancer

Breast cancer

Cerebrovascular disease

Chronic lung disease (COPD)

Dementia

Diabetes

Heart failure

Influenza and pneumonia

Ischaemic heart disease

Lung cancer

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The leading causes of death in women?

1. **Dementia**
2. Ischaemic heart disease
3. Cerebrovascular disease
4. Chronic lung disease (COPD)
5. Lung cancer
6. Breast cancer
7. Bowel cancer
8. Influenza and pneumonia
9. Diabetes
10. Heart failure

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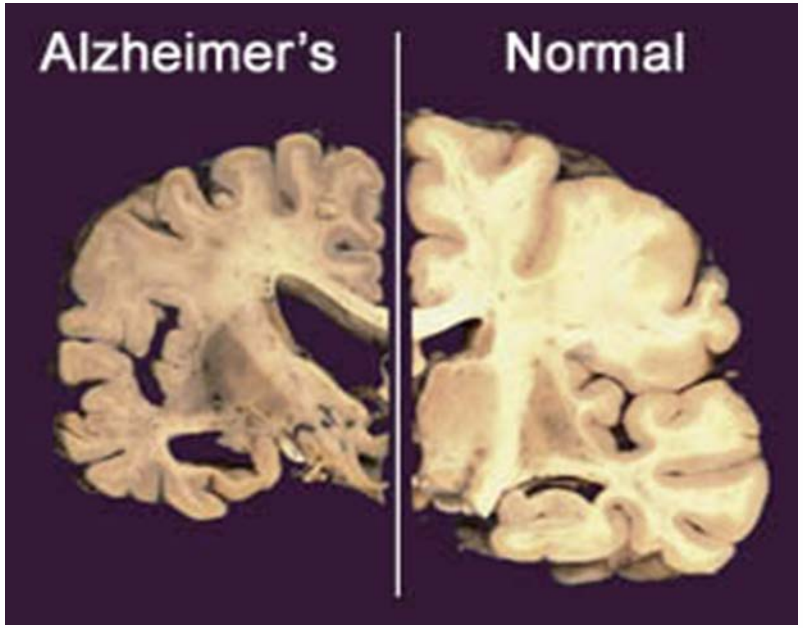
Defining Dementia

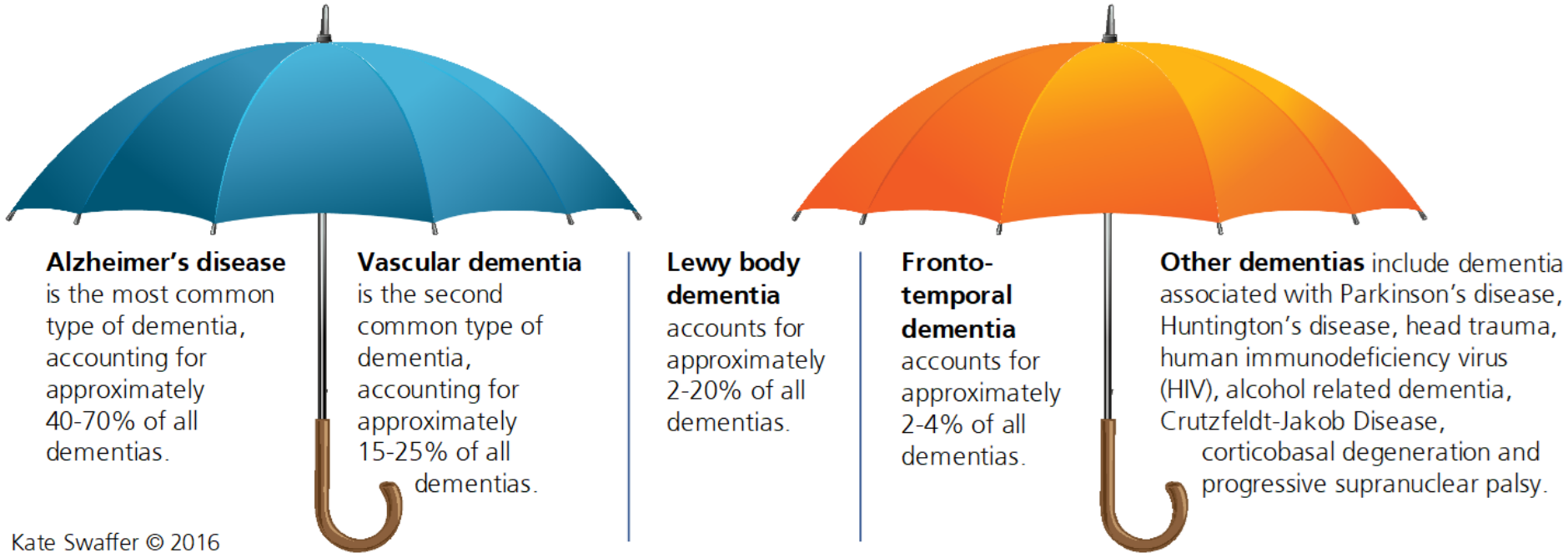
A progressive, global, life-limiting condition that involves generalised brain degeneration which effects people in different ways and has many different forms.



People **die** from dementia due to loss of brain function, which impacts body functions necessary to sustain life.

Defining Dementia

Dementia is an umbrella term that describes a collection of symptoms that are caused by disorders affecting the brain. It is not one specific disease. Dementia affects thinking, behaviour and the ability to perform every day tasks, and brain function is affected enough to interfere with the person's normal social or working life. The most common type of dementia is Alzheimer's disease.



Alzheimer's disease is the most common type of dementia, accounting for approximately 40-70% of all dementias.

Vascular dementia is the second common type of dementia, accounting for approximately 15-25% of all dementias.

Lewy body dementia accounts for approximately 2-20% of all dementias.

Fronto-temporal dementia accounts for approximately 2-4% of all dementias.

Other dementias include dementia associated with Parkinson's disease, Huntington's disease, head trauma, human immunodeficiency virus (HIV), alcohol related dementia, Crutzfeldt-Jakob Disease, corticobasal degeneration and progressive supranuclear palsy.

Impact of dementia

2023 - **more than 400,000 Australians** living with dementia.

2058 - ≈ **800,000 Australians** living with dementia

2nd leading cause of death overall 2018-19 - $3 billion Cost to Australia directly for dementia

≈ **1 million** people care for a relative or friend with dementia

Younger onset and higher rates of diagnosis in our indigenous population

2nd leading cause of burden of disease in Australia BUT leading cause of burden **for women** as well as for **Australians aged 65 and over**

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Australian Institute of Health and Welfare (2022) Dementia in Australia, AIHW, Australian Government, accessed 20 January 2023.

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Why talk about dementia ?

Dementia is:

- Under diagnosed
- Poorly understood
- Not just one person’s disease
- A social and medical issue
- Has a trajectory that can assist better understanding and management
- Is a terminal illness

Demystified Dementia: Risk Reduction

Brain Health

"Contributions to the risk and mitigation of dementia begin early and continue throughout life, so it is never too early or too late"

Lancet Commission 2020

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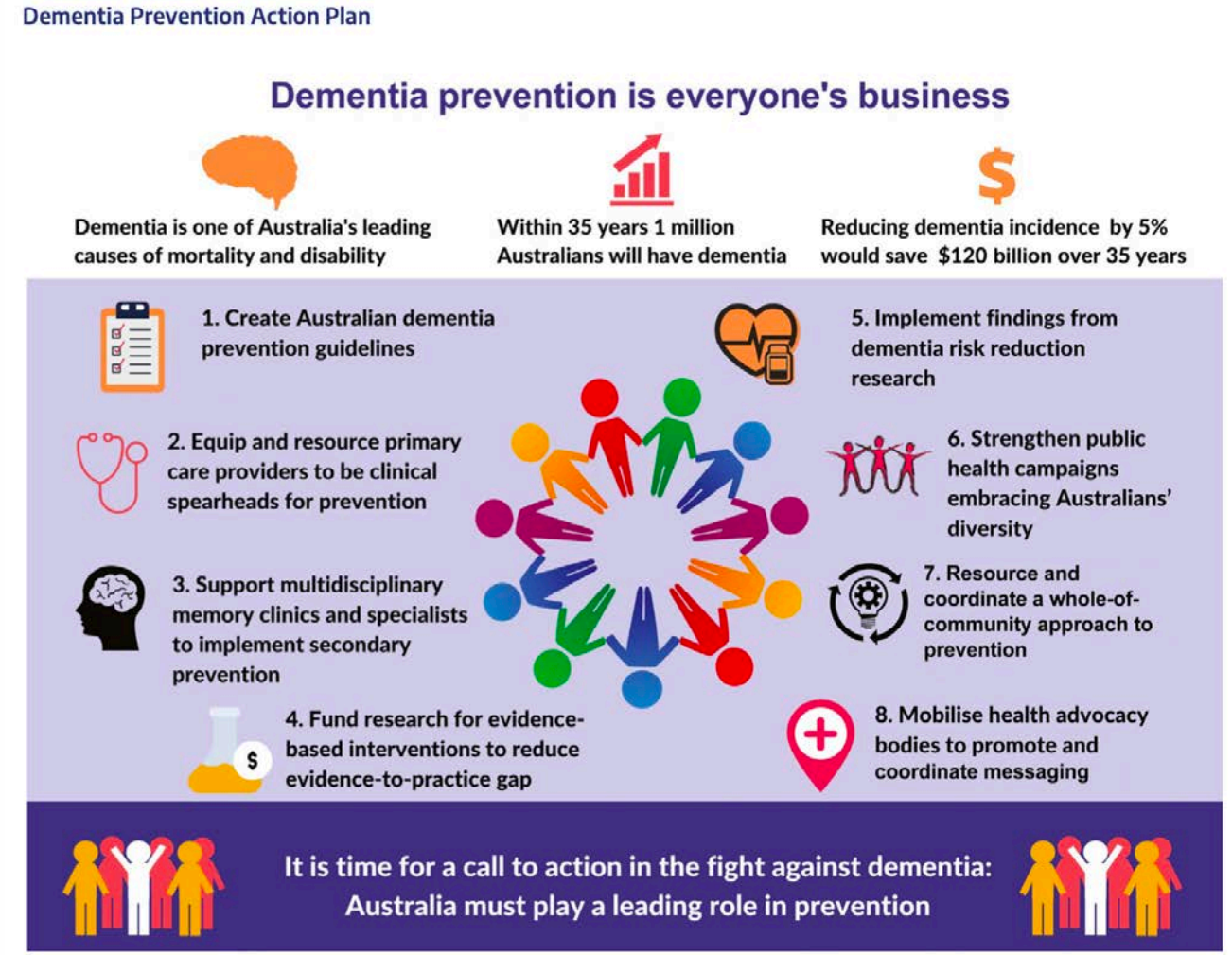
MJA - Dementia Prevention Action Plan



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What is a brain health check ?

Any opportunity to:

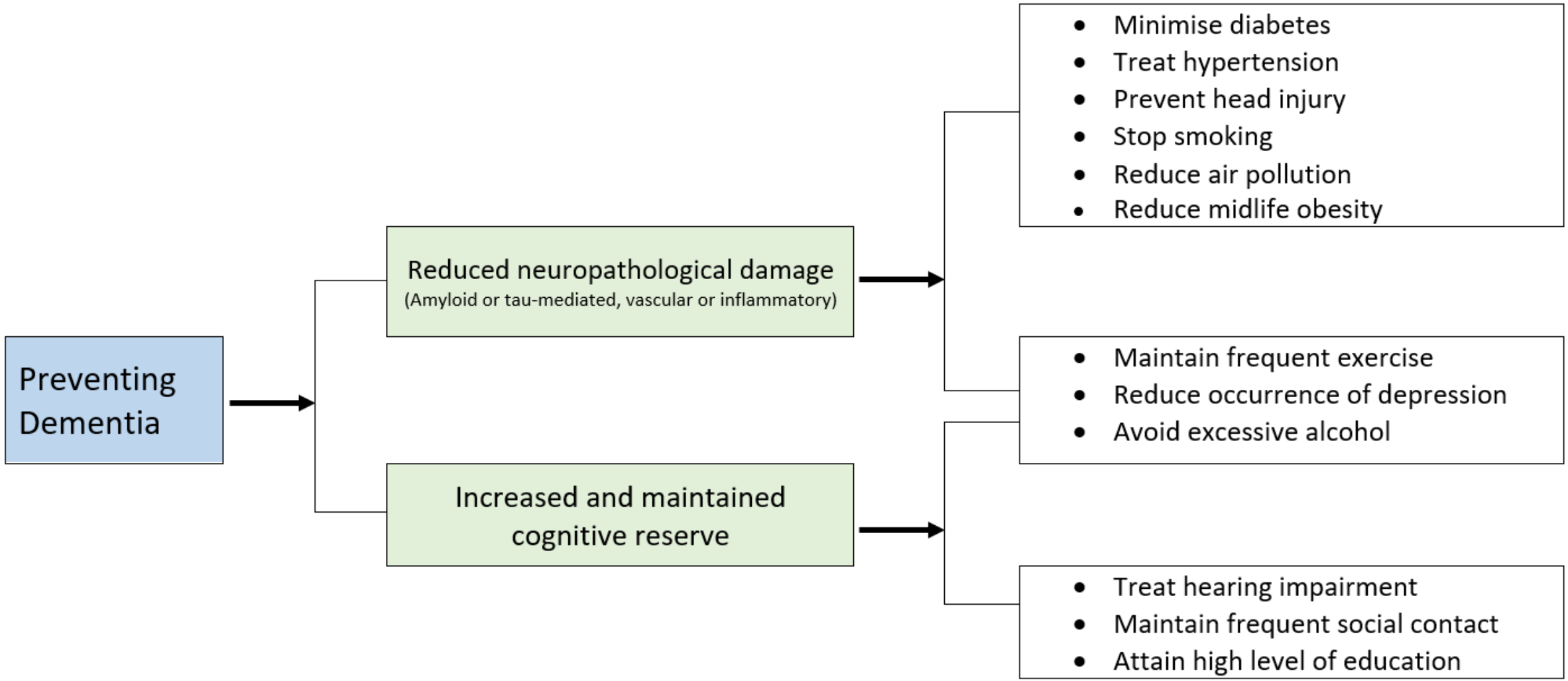
- promote and optimise an individual's brain health at any age
- identify patients at risk of dementia, specifically in midlife
- utilize an evidence-based tool to establish any personal risk factors that can be modified to reduce overall risk of, or delay the onset of dementia
- engage in motivational interviewing/shared decision making to assist an individual to reduce their risk of dementia

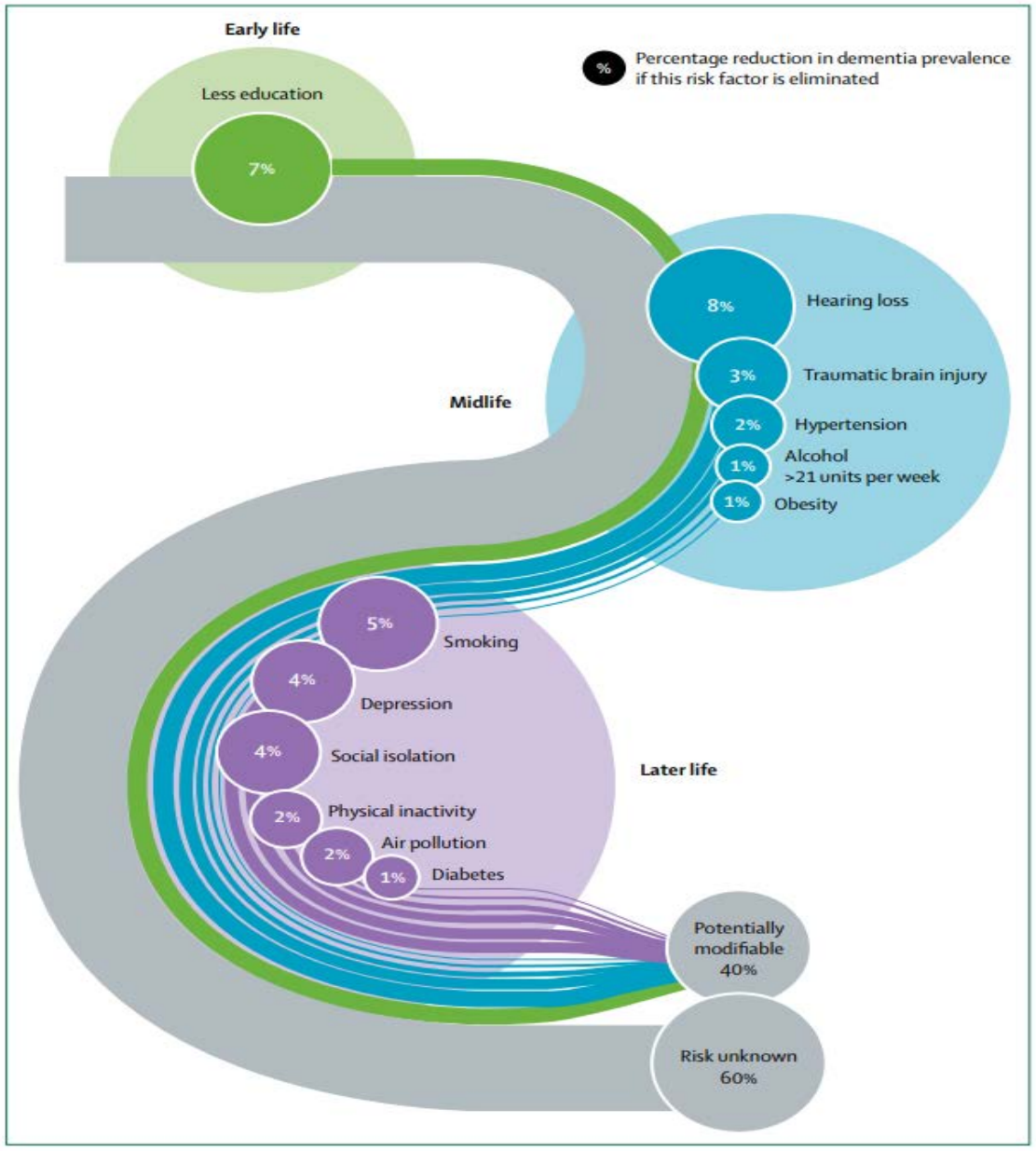
Opportunities within MBS

- No specific MBS item numbers
- >30 years: Heart Health Checks
- **45-49 year: can provide an opportunity to perform a brain health check**
- 40-49 year: Individuals, if at high risk of Diabetes type 2 ,may undergo risk evaluation
- >75 year: Annual health assessments
- Annual health assessments
  - Aboriginal and Torres Strait Islander
  - Living in a RACF
  - Living with an intellectual disability

45 – 49yr health assessment

- A patient at risk of developing a chronic disease, is a clinical judgement made by the GP
- At least one risk factor must be identified
- Risk factors may include, but are not limited to:
  - lifestyle risk factors - smoking, physical inactivity, poor nutrition and/or alcohol use
  - biomedical risk factors, such as high cholesterol, high blood pressure, impaired glucose metabolism or excess weight
  - a family history of a chronic disease.


Preventing Dementia
Reduced neuropathological damage
(Amyloid or tau-mediated, vascular or inflammatory)
Increased and maintained cognitive reserve
Minimise diabetes
Treat hypertension
Prevent head injury
Stop smoking
Reduce air pollution
Reduce midlife obesity
Maintain frequent exercise
Reduce occurrence of depression
Avoid excessive alcohol
Treat hearing impairment
Maintain frequent social contact
Attain high level of education



12 modifiable risk factors

- Early life <45
- Mid life 45-65
- Later life >65
- 40% cases worldwide

- Non-Modifiable:
- Family history/genetics
- (sex and gender)

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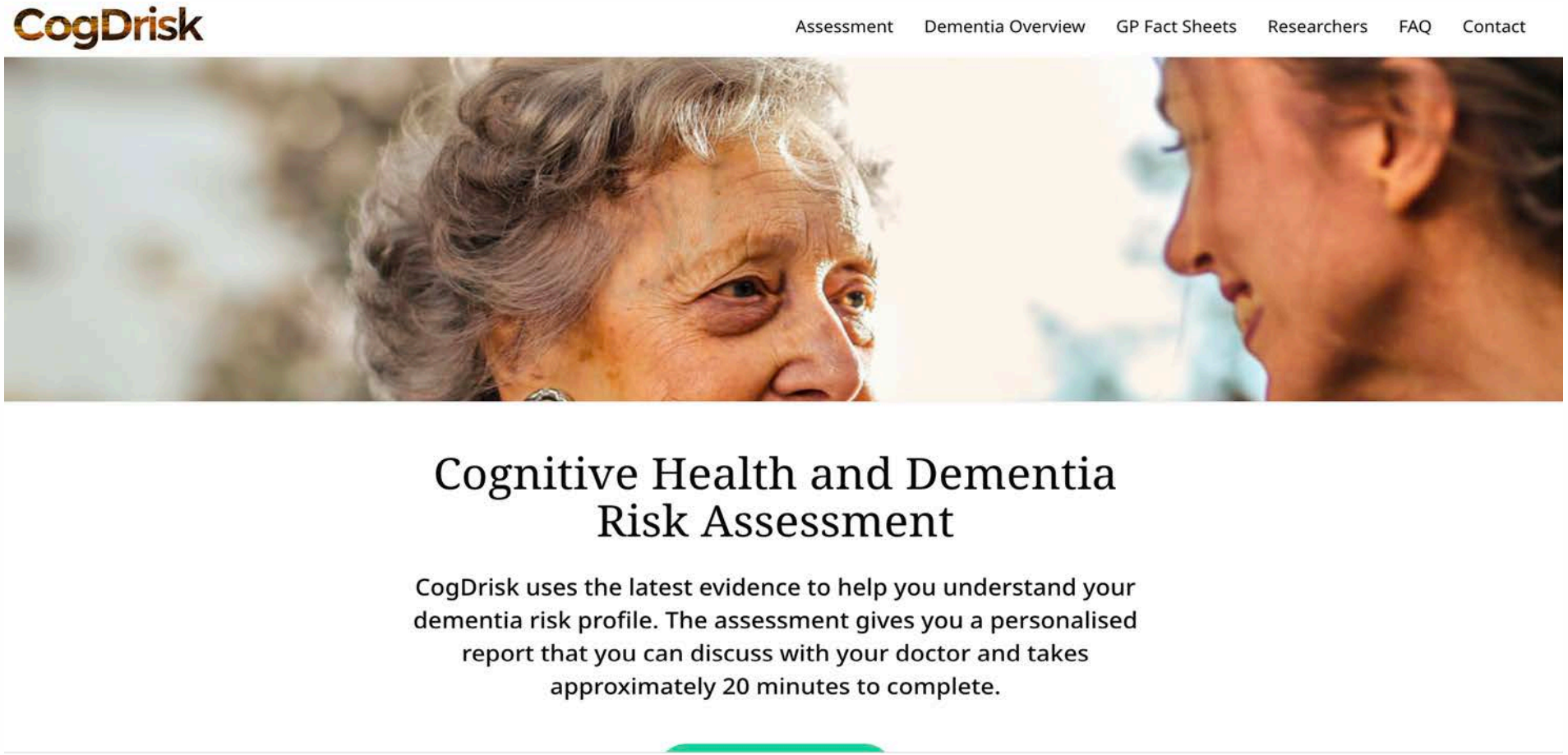
If you identify anyone at risk ?



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Personalised Risk Profile

Here is your personalised risk profile based on your answers from the assessment. Factors in **bold** are your identified risk factors. Click on each risk factor to see recommended strategies to reduce your risk of developing dementia. You can also click on the other factors (no risk) to learn how to maintain good health and continue your healthy lifestyle habits.

Demographics & Environment

Education

Pesticides

Lifestyle habits & diet

Alcohol Intake

Cognitive Engagement

Fish Intake

Physical Activity

Smoking

Social Engagement

Medical

Atrial Fibrillation

Body Mass Index

Cholesterol

Depression

Diabetes

Hypertension

Insomnia

Stroke

Traumatic Brain Injury

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CogDrisk

PERSONALISED DEMENTIA RISK ASSESSMENT

Date of Assessment: 2023-05-20

Congratulations on completing the dementia risk assessment!

Your CogDrisk dementia score is 15.25

The risk score has been developed using an evidence-based approach (see notes). The risk score ranges from 0 to 36.25, with a higher score indicating higher risk.

Below is your personalised report based on your current health and lifestyle factors.

	Keep up the good work! You reported:	Room for improvement You reported:
Demographic factor		✗ Your highest qualification was secondary education
Medical risk factors	✓ Normal cholesterol level	✗ Your weight is in the overweight range
	✓ No diabetes	✗ Having hypertension
	✓ No brain injury	✗ Having depressive symptoms
	✓ No prior stroke	
	✓ No atrial fibrillation	
	✓ Good levels of sleep	
Lifestyle habits and diet	✓ High levels of cognitive engagement	✗ Low levels of physical activity
	✓ High levels of social engagement	✗ Eating fish less than once a week
	✓ You do not smoke	✗ Being a heavy drinker

Demystified Dementia: Diagnosis

Diagnosing Dementia

History – 80%
Examination- 10%
Investigations- 10%

Domains of Dementia Framework

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

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

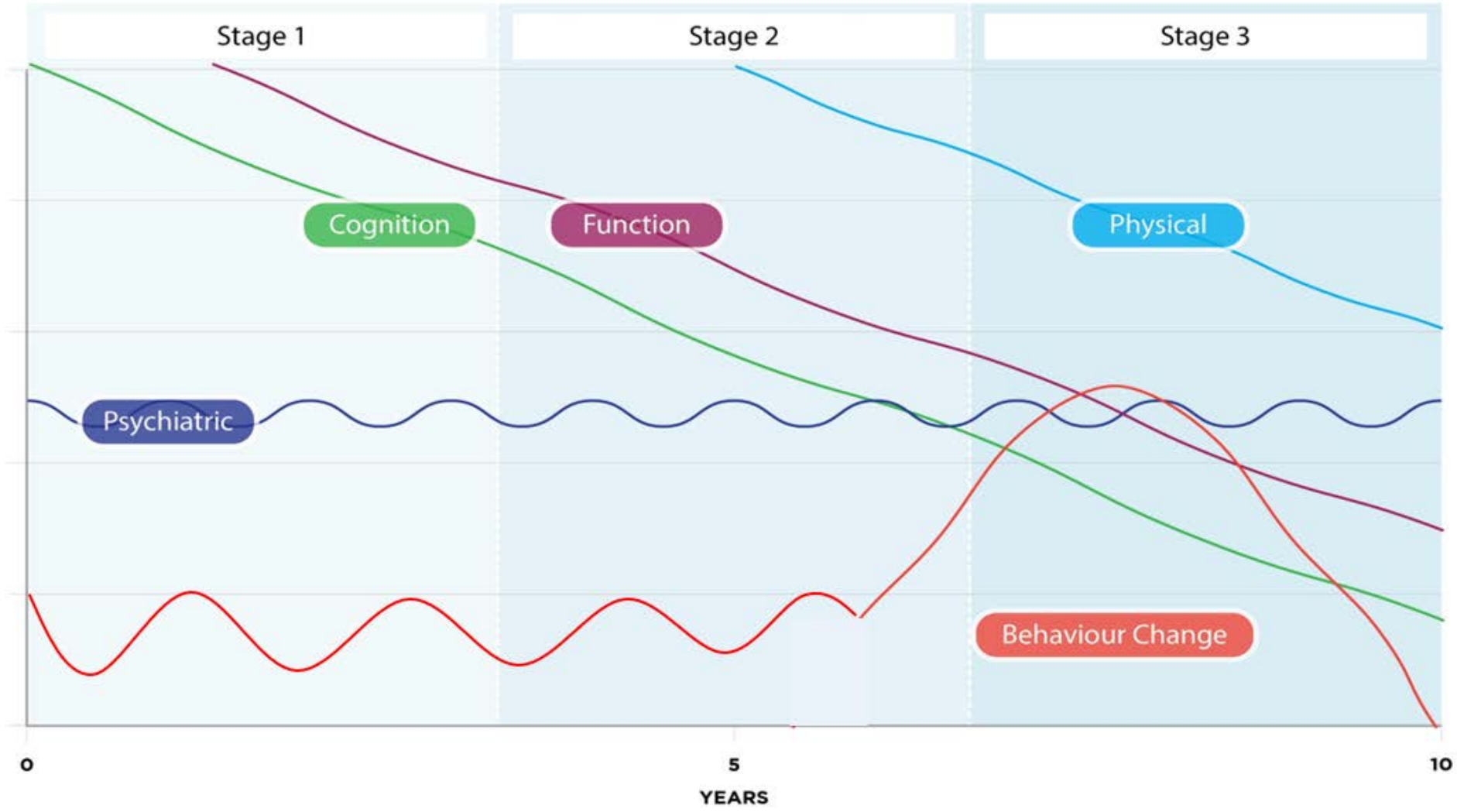
Stage 2: Escalating care needs, transitioning to 24-hour care

- 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



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Framework for diagnosis of Alzheimer's & Vascular dementia

Four **Inclusion Criteria**:

1. Gradual onset of poor memory
2. Worsening of memory problem
3. Failure of function
4. Cortical dysfunction – dysphasia, agnosia, dyspraxia
5. (for vascular dementia, add neuro sign or CT evidence of vascular incidents)

Framework for diagnosis of Alzheimer's & Vascular dementia

Three **Exclusion Criteria**:

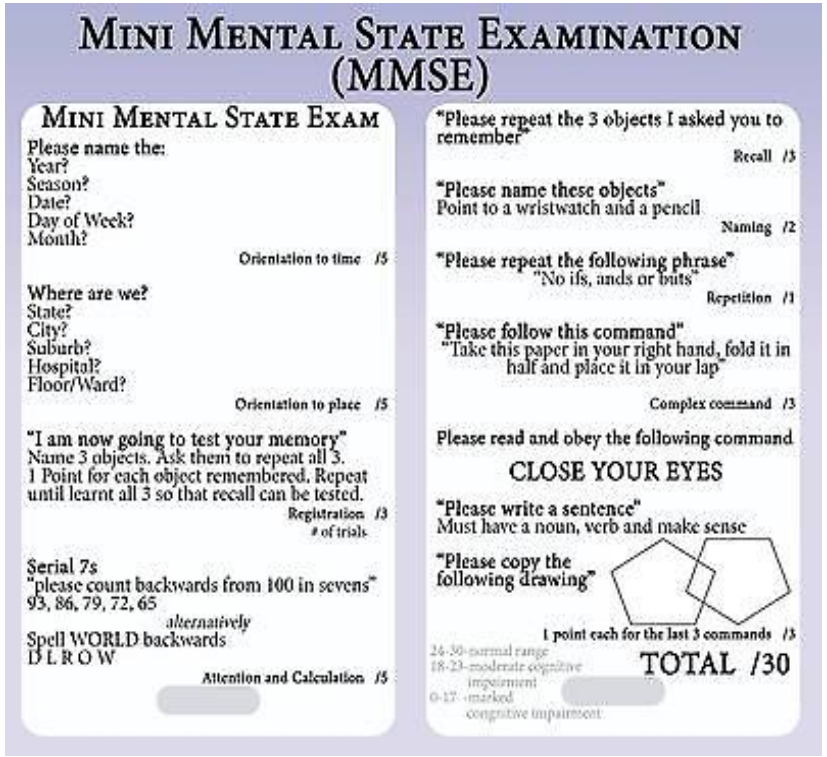
1. Delirium
2. Other organic cause (including drugs)
3. Psychiatric illness

Mild Cognitive Impairment

- significant memory loss compared with peers
- other areas of cognition can be affected
- no loss of function

"Cognition for monitoring" as up to 10 - 15% may progress to dementia each year

Alzheimer's Association. 2022 Alzheimer's Disease Facts and Figures. Alzheimers Dement 2022;18



Mini Mental State Examination (MMSE)

Mini Mental State Exam

Please name the:
Year?
Season?
Date?
Day of Week?
Month?

Orientation to time /5

Where are we?
State?
City?
Suburb?
Hospital?
Floor/Ward?

Orientation to place /5

"I am now going to test your memory"
Name 3 objects. Ask them to repeat all 3.
1 Point for each object remembered. Repeat until learnt all 3 so that recall can be tested.

Registration /3
# of trials

Serial 7s
"please count backwards from 100 in sevens"
93, 86, 79, 72, 65
alternatively
Spell WORLD backwards
D L R O W

Attention and Calculation /5

"Please repeat the 3 objects I asked you to remember"

Recall /3

"Please name these objects"
Point to a wristwatch and a pencil

Naming /2

"Please repeat the following phrase"
"No ifs, ands or buts"

Repetition /1

"Please follow this command"
"Take this paper in your right hand, fold it in half and place it in your lap"

Complex command /3

Please read and obey the following command
CLOSE YOUR EYES

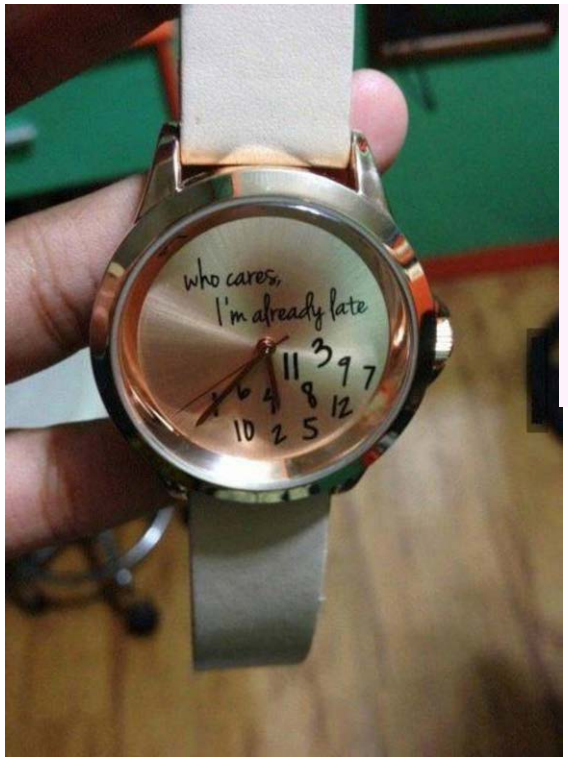
"Please write a sentence"
Must have a noun, verb and make sense

"Please copy the following drawing"

1 point each for the last 3 commands /3

24-30 normal range
18-23 moderate cognitive impairment
0-17 marked cognitive impairment

TOTAL /30



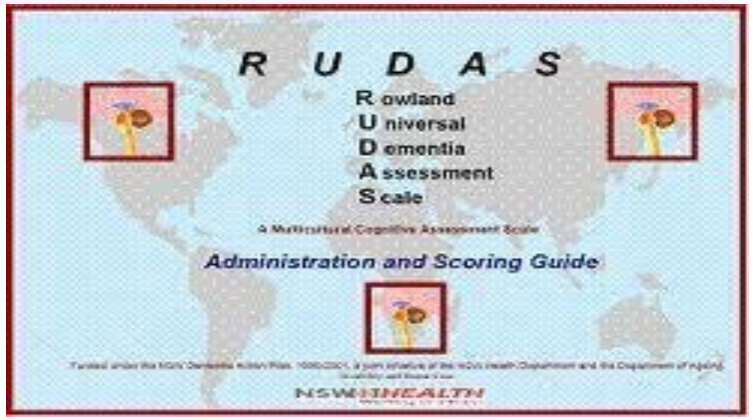
Medical & Science

KICA

means

Kimberley Indigenous Cognitive Assessment

by acronymsandslang.com



GPCOG

MoCA
MONTREAL
COGNITIVE ASSESSMENT

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Lets meet Anna

- 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

Anna and Sophie return for results

- Examination normal for age
- Blood tests and CT brain normal for age
- MMSE score 23V
- 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 and /or drugs
3. Psychiatric illness

Who’s confident that Anna has dementia?

- Very confident
- Somewhat confident
- Not confident at all

Offering the (gift of a) diagnosis

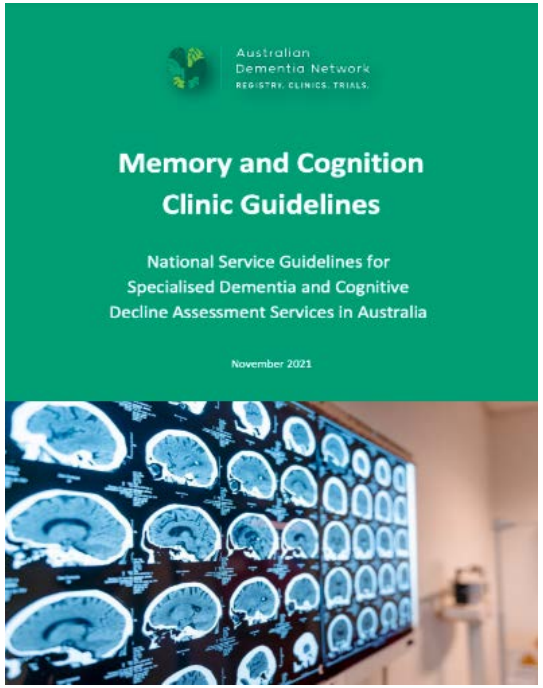
Demystified Dementia: Post Diagnostic Support

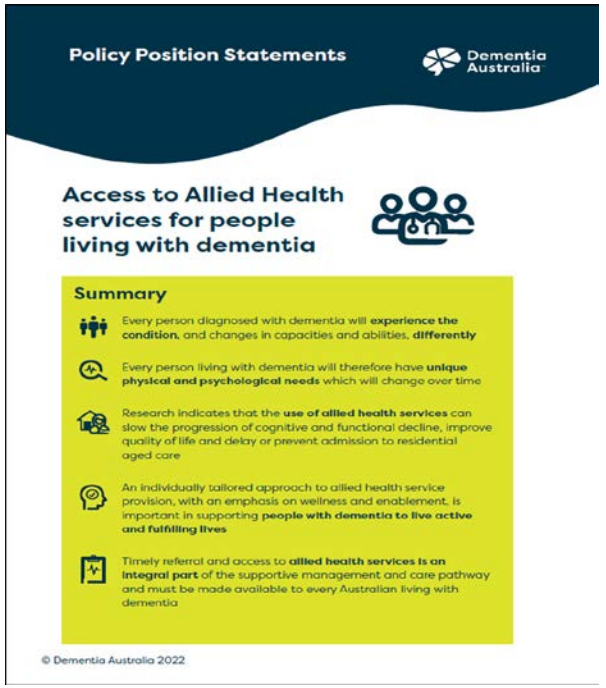
Importance of a post diagnostic pathway

"A dementia diagnosis often leaves the individual and their family carers devoid of information, specifically about how it may progress, and how to manage its related everyday challenges "

The right to rehabilitation

Rehabilitation: “a set of interventions designed to optimise functioning and reduce disability in individuals with health conditions in interaction with their environment”
(World Health Organisation)





- Improve, maintain or slow loss of function
- Maintain independence and safety
- Maintain meaningful activities and relationship

Research indicates that the **use of allied health services** can slow the progression of cognitive and functional decline, improve quality of life and delay or prevent admission to residential aged care

“as much as possible continue to do - rather than do for”

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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

Stage 1 Management: Maintain dignity through independence and enjoyment

1. Cognition
2. Function
3. Psychiatric illnesses
4. Behaviour
5. Physical decline

What can be done to help support Anna's cognition?

Problems	Actions
• Forgetfulness • Short term memory loss • Repetitive questioning • Mild word finding issues • Difficulty with planning and sequencing	• Medication review • Cholinesterase Inhibitors • CVS risk reduction • Education (including carers) • Legal affairs • Advance Care Planning Occupational Therapist • understand interests, support mentally stimulating activities, skill training and memory strategies Physiotherapy/Exercise Physiology • risk reduction and social connection Speech Pathology • communication skills and strategies

Medications for dementia

- Cholinesterase Inhibitors
- NMDA receptor antagonist
- PBS criteria
- Side effects/CI
- Modest benefit in a modest number of people living with dementia
- May slow down progress
- Not curative

Medication review and Anticholinergic load

ACUTE	CHANGE	IN	M(ental) S(tate)
Antiparkinsonian **C**orticosteroids **U**rologic (antispasmodics)[1] Theophylline **E**mesis (antiemetics)	**C**ardiac (antiarrhythmics) **H**2 blockers (cimetidine) **A**nticholinergics **N**SAIDs **G**eropsychotropic **E**toh	**I**nsomnia medications **N**arcotics	**M**uscle relaxants **S**eizure medications

[1]**U**rologic (antispasmodics) such as oxybutynin or tolterodine

[2]**G**eropsychotropic medications (such as antidepressants, antipsychotics, sedatives)

Mid & North Coast HealthPathways

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.

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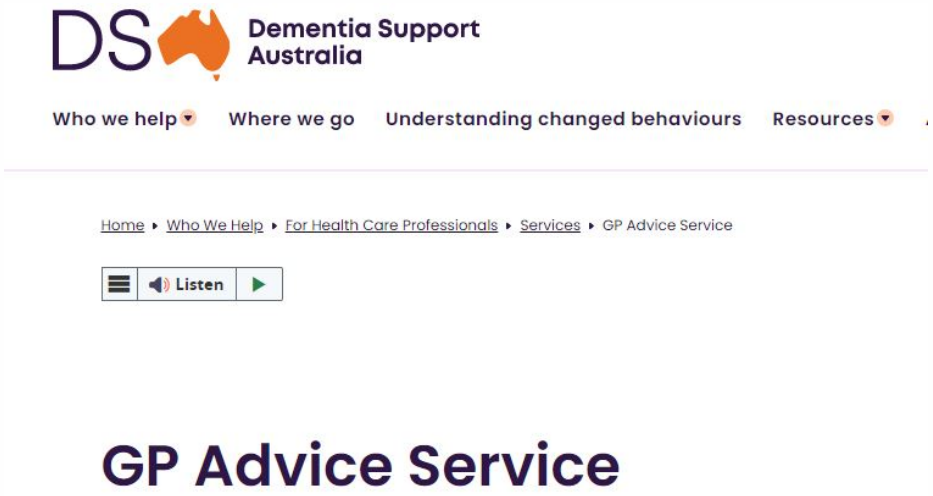
Resources



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3. It is often appropriate for a person to have dementia diagnosed and for post-diagnostic care to be initiated in general practice (with support)

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 Training Australia

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

Listen on Apple Podcasts | Listen on Google Podcasts | Spotify

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https://dta.com.au/gp/#podcast

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