

14 ESSENTIALS FOR GOOD DEMENTIA CARE IN GENERAL PRACTICE

1.	When patient or family raise concerns about memory/cognition, do not dismiss as “old age”
2.	Be alert to cognitive decline in older patients especially those aged 75+ - routinely ask about difficulties
3.	Take history regarding cognition and function from informant <ol style="list-style-type: none"> Clinical history – onset, progression, medications, other illnesses, behavioural & psychological symptoms Interview informant, assess carer needs Activities of daily living (ADL), instrumental ADLs, mood, driving, safety
4.	Assess cognition if any indication or suspicion of impairment <ol style="list-style-type: none"> MMSE[^] and Clock Drawing Test, GPCOG[*] or RUDAS[#] (for culturally and linguistically diverse groups) If uncertain, repeat over time
5.	Conduct mental state and physical examination <ol style="list-style-type: none"> Look for specific conditions that mimic dementia (depression, delirium, drugs) or that can aggravate dementia e.g. cardiac failure, use of anti-cholinergic drugs Check nutrition, hygiene, visual or hearing impairment
6.	Investigate for causes of cognitive decline <ol style="list-style-type: none"> Rule out rare, but reversible causes e.g. abnormal thyroid, calcium or Vit B12; tumour
7.	Diagnose cause - exclude depression and delirium, diagnose type of dementia <ol style="list-style-type: none"> Type of dementia – 90% Alzheimer’s, vascular or mixed dementia; then Lewy body and frontotemporal dementia
8.	Refer to specialist if ... unsure of diagnosis; patient is young or atypical; symptoms and signs are atypical; psychotic or severe behavioural disturbance occur; multiple, complex co-morbidities exist; or considering medication
9.	Inform patient and family of diagnosis, management plan and prognosis
10.	Discuss key issues with patient and family <ol style="list-style-type: none"> Legal issues – Enduring Power of Attorney, Enduring Guardianship, advance care planning, driving and work - particularly for licensed machinery operators Medication for Alzheimer’s if appropriate Lifestyle – regular exercise, mental stimulation, establish routine General health – blood pressure, other health conditions
11.	Develop care plan (include legal/financial matters) and make follow-up appointments
12.	Refer patient and family for further information and support to Alzheimer’s Australia (Phone 1800 100 500 National Dementia Help Line) and to community services
13.	Manage physical and psychological co-morbidities and maintain optimal health – be alert to delirium
14.	Regularly review care plan

[^] Mini Mental State Examination

^{*} General Practitioner Assessment of Cognition

[#] Rowland Universal Dementia Assessment Scale



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