

Dementia and memory problems: A guide for clinicians, patients and carers

Memory problems are common with increasing age; as many as 1 in 5 people over the age of 80 will develop a form of dementia. Increasingly the diagnosis is being made in people under the age of 65 and this is referred to as Young Onset dementia. When people have dementia, memory may be the first thing they notice problems with but other problems include poor concentration and difficulty finding the right words. People make mistakes with paying bills or lose items in the house. Some people may lose a bit of confidence in doing the things they used to enjoy. People with dementia can behave in a way that is unusual for them; they may feel frustrated, frightened or angry about what is happening to them.

What are the causes of memory problems?

Becoming forgetful does not necessarily mean someone has dementia. Anything which makes people generally unwell can cause problems with memory. This includes infection, medications and alcohol. If someone is depressed or under stress their memory can be affected too.

Types of Dementia

There are many different types of dementia but the common ones are Alzheimer's disease, vascular dementia, and dementia with Lewy bodies. Dementias may run in some families but the vast majority are not genetic. Dementia can be associated with other conditions such as Down's Syndrome and alcohol dependence. These dementias have slightly different causes and symptoms. For contact details of organisations that can give further information about different types of dementia turn to page 4.

Why is it important to get the diagnosis right?

Dementia is a progressive illness and getting the diagnosis right can take some time. However getting it right can make a huge difference to people's ability to plan for the future. For example people may want to appoint an advocate or power of attorney to ensure their views are represented throughout the progression of their illness. For some people there may be treatments available which will slow down the progression of the illness.

Primary care

If someone is worried they have dementia or another memory problem they can contact the Alzheimer's Society or other voluntary organisations (see page 4) but they should also seek help from their GP (family doctor). Seeing a GP is often the first step for many people so this stage of care is often referred to as "Primary Care" This page tells you what sorts of things you can expect from primary care. It's important to note that it may take time for some of the results of the examinations and tests mentioned below to be returned.

Social Care

Health Care

Local Authority Adult Services

Social care
 Assessment of need /Day centre care
 Respite / care Home/ Dementia Care Home
 Housing – Adaptations
 Financial advice & support, carer assessment

Local Support

Neighbourhood & Community,
 wider family

Primary Care

GP regular review of your health, optimise other risk factors, ensure all needs are being met

Nurse

Other professionals, therapists

Voluntary Sector

Support
 Advice & Information
 Carers Groups & family support groups
 Respite care, advocacy and or befriending,
 campaigning, carers

Carer support and family

Individual Care Plan

Named responsible person
 & organisation for care
 co-ordination & planning

Secondary Care

You may be referred to either old age psychiatry or **memory clinic**: further diagnostic tests may be required to help decide on the best treatment for you. This could include brain scan, specialist psychology assessment, treatment, counselling around diagnosis.

Community Teams: assessment, support and treatment, day hospital
 Specialist nurse teams, i.e. Admiral Nurses, special counselling, young onset dementia services

Treatment & Medication

Memory clinics, counselling, other therapies, see protocol for depression

Cholinesterase inhibitors

Memantine

Other medication for symptomatic treatment

Drug	Purpose	Starting dose (max)	Most common side effects
Donepezil (mild-moderate Alzheimers) (Aricept)	To help improve symptoms of dementia	Start dose 5mg/day (10mg daily)	Nausea, vomiting, dyspepsia, loss of appetite, diarrhoea, insomnia, agitation, headache.
Rivastigmine (mild-moderate Alzheimers) (Exelon)	As above	1.5mg twice daily (6mg twice daily)	Nausea, vomiting, dyspepsia, loss of appetite, diarrhoea, insomnia, agitation, headache.
Galantamine (mild-moderate Alzheimers) (extended release) (Reminyl XL)	As above	8mg once daily (24mg once daily)	Nausea, vomiting, dyspepsia, loss of appetite, diarrhoea, insomnia agitation, headache.
Memantine (mod-severe Alzheimers) (Ebixa)	As above	5mg each morning (10mg twice daily)	Dizziness, confusion, headaches, hallucinations, tiredness

Assessment and Access to Services

Finding out if someone has dementia

GPs will usually want to look at medical notes, ask about medical history and ask to talk to those people around someone who thinks they may have some of the symptoms of dementia e.g. family or close friends

Some symptoms of dementia

- Forgetfulness when patient is in clear consciousness
- Confusion
- Poor concentration
- Abnormal thoughts or hallucinations
- Changes in mood and day-to-day behaviour
- Language difficulty
- Difficulty with day-to-day tasks

Exploring symptoms further

A GP will then check that symptoms aren't caused by something else

The 5 Key Tasks for your GP are:

1. Check any existing medication
2. Identify or exclude depression
3. Exclude other physical causes of confusion including late and early onset alcohol abuse
4. Refer to a specialist if dementia is still a possibility
5. Consider needs of patient and carer in all cases

Methods of assessment used by a GP and staff in Primary Care Services

- Consider needs of carer and patient: how might this diagnosis affect them? Should the family be referred to social services and could voluntary organisations help? See page 4 for contact details.
- Use a cognitive rating scale such as Mini Mental State Examination (MMSE) and a depressive rating scale such as Geriatric Depression Scale (GDS) and an alcohol use disorder rating scale such as (FAST) or (AUDIT)
- Obtain a fuller picture from carers/family obtaining consent where appropriate. Are there any environmental or social triggers?
- Exclude a treatable cause/exacerbating factor such as depression, acute confusion (eg infections, constipation or Wernicke's Encephalopathy), medication or alcohol abuse (Treat and review 1/12)
- Physical examination, medication review, blood tests (FBC, U&Es LFTs Ca TFTs B12 and folate, glucose). You might consider ESR, ECG and VDRL if appropriate.

After visiting Primary Care GPs can refer people to Secondary Care services e.g. speech and language therapists and neurologists for further help to differentiate language problems or confusion/aphasia/dementia

Supporting people with dementia

If a GP thinks a diagnosis of dementia is likely he or she may refer onto a specialist but will still be there to support patients with a diagnosis. People will probably continue to visit their own GP for regular reviews to follow their progress. The following page explains who may be involved in supporting someone with a diagnosis of dementia. There are a lot of organisations out there and to prevent people having to go through an assessment every time they meet someone, the organisations involved work closely together and share important information e.g. about any medication, with your permission. This is called a "Single Assessment Process".

Useful Organisations that can help with Dementia and Memory Problems

GP Referral

GPs can refer patients to Manchester Mental Health and Social Care Trust Older Age services including Mental Health Teams and other services e.g., day resources and memory clinics. The GP may also consider referral to other secondary care services as appropriate, e.g., neurologists or speech and language therapists if there is an acquired language disorder.

Adult Social Care Services (formerly Social Services)

Contact Centre 0161 255 8250

Support groups

Alzheimer's Society support groups 0161 274 4918

Post diagnostic support group (Admiral nurses – clinical support for carers) 0161 275 9115 available via memory clinics or community mental health teams

Other Groups

Signposting and Advice

Citizens Advice Bureau 0845 1221112
Manchester Advice 0161 234 5600
MIND in Manchester 0161 272 8205

Campaigning and Public Involvement

MACC/Manchester Older Peoples Network 0161 834 9823
Manchester Carers Forum 0161 629 9859
Manchester Patient & Public Involvement Forums 0845 4504247

Advocacy

North Manchester Link-Age Advocacy and Information Project 0161 795 3591
The Generation Project (Clayton, Bradford and Beswick only) 0161 230 6789
Age Concern (Central and South Manchester) 0161 833 3944
Patient Advice and Liaison (PALS) Central M/cr Primary Care Trust 0161 958 4117
PALS North Manchester Primary Care Trust 0161 861 2507/8
PALS South Manchester Primary Care Trust 0161 945 7973
PALS Manchester Mental Health and Social Care Trust 0161-882-1100

Care homes

A list of care homes can be obtained from Adult Social Care Services 0161 255 8250

Services

These services offer a range of information and low-level support to individuals and their carers

African Caribbean Mental Health Services	0161 226 6334
Age Concern Manchester	0161 833 3944
Alzheimers Society – Manchester branch	0161 274 4918
Carers Centre	0161 835 2995
Catholic Welfare Society	0161 839 7492
Citizens Advice Bureau	0845 122 1112
Crossroads Care	0161 445 9595
First Asian Support Trust	0161 740 3399
Irish Community Care	0161 205 9105
Longsight and Moss Side Project	0161 226 4632
Manchester Black Health Agency	0845 450 4247
Manchester Care	0161 205 6640
Manchester Care and Repair	0161 872 5500
Manchester Jewish Community Care	0161 740 0111
North West Dementia Centre	0161 275 5682
Young Onset Dementia Service	0161 273 3049
Wai Yin Kwan Wai (Chinese Mental Health) Project	0161 237 5908

Specialist Services

Admiral Nurses	0161 275 9115
Manchester Community Alcohol Team	0161 611 3663

Policy/documents

Alzheimer's Society: General information/advice sheets www.alzheimers.org.uk
Forget me Not, Audit Commission 2000 www.audit-commission.gov.uk/reports/
Health & Social Care Strategy, Manchester Joint Commissioning Executive 2001 www.northmanchesterpct.nhs.uk/mmhjce/WEBSITE/memb/home_page.htm
Moving Out of the Shadows: A Report on Mental Health and Wellbeing in Later Life, Help and Care Development Ltd, January 2005 www.bgop.org.uk
National Service Framework for Older People www.dh.gov.uk/PublicationsAndStatistics
Nat. Service Framework for mental health www.dh.gov.uk/PublicationsAndStatistics
Dept. of Health, Better Services for Vulnerable People, 1997 www.dh.gov.uk/PublicationsAndStatistics
Royal Commission on Long Term Care, With Respect of Old Age, 1999 www.archive.official-documents.co.uk
Information advice sheets www.alcoholconcern.org.uk

Comments/updates on this protocol can be sent by email to: admin.support@jct.manchester.nwest.nhs.uk

Protocols can be viewed on North Manchester PCTs website: <http://www.northmanchesterpct.nhs.uk/mhjce/protocols/dementiaandmemory.pdf>