

# DEMENTIA

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This Family Practice Skills Course on Dementia builds on the course that the College ran jointly with the Ministry of Health in 2011. The novelty of the 2011 course was the inclusion of Dementia under the Chronic Disease Management Programme.

What about the newness of this Skills Course? We have two new units – namely Unit 2 – Early diagnosis of dementia in primary care setting, and Unit 6 – Community Resources for Patients and Caregivers which are now coordinated by Agency for Integrated Care (AIC). These replaced Unit 5 and Unit 6 which have now been summarised as useful information in Dementia Management in this issue. The remaining papers in this Family Practice Skills Course – Overview and Diagnosis (Unit 1), Behavioural and Psychological symptoms of dementia (Unit 3), and Pharmacological treatment of Dementia (Unit 4) have been updated where needed to information current as of early 2013.

We would therefore like to recommend this Family Practice Skills Course to all Family Physicians. Thanks are due to the Agency for Integrated Care (AIC), Institute of Mental Health (IMH) and Ministry of Health (MOH) for supporting this Family Practice Skills Course.

The first unit in this Family Practice Skills Course gives an overview of dementia and its epidemiology in Singapore. Dementia represents a late stage of disease along the continuum of cognitive impairment. Early diagnosis of dementia is important to allow timely pharmacological and non-pharmacological management. Early diagnosis also allows adequate time for patients and caregivers to cope with the significant emotional and economic costs of the illness. A 4-step clinical approach could be a succinct framework to aid the family physician in evaluating the individual who presents to the clinic with cognitive complaints such as forgetfulness or confusion: (1) Exclusion of delirium as the cause of the forgetfulness or confusion; (2) Establishing the diagnosis of dementia; (3) Assessing for the behavioural, functional, and social problems associated with dementia; and (4) Establishing the aetiological diagnosis of dementia. Management of cognitive disorders requires a multidisciplinary approach including pharmaceutical and non-pharmaceutical management of the patient, caregiver support and provision of long term nursing care.

Unit 2 is a new unit in this Dementia Family Practice Skills Course. Early diagnosis of dementia and the General Practitioner (GP) in Singapore are inextricably linked. As the first point of reference in the community, the GPs are in the vanguard of early detection of dementia and have considerable influence on the subsequent diagnostic process and clinical care that the person with dementia (PWD) receives. A consideration of barriers and enablers of this process can aid the diagnostic process. Early referral for Specialist evaluation is an important step. The GP can also provide additional advice and support to the patient and caregiver during diagnosis. Early person-centred and caregiver interventions has the potential of improving the quality of care and reducing caregiver stress, depression and burden. For those in the early stages of disease, it is also important for them to realise that life does not stop after the diagnosis and there is much to live for. The GP, being at the forefront, will continue to play a pivotal role in initiating this process in the years ahead.

Unit 3 focuses on the behavioural and psychological symptoms of dementia (BPSD). These symptoms are common in dementia. They cause significant distress to people with dementia and their carers. In managing BPSD, medical causes such as delirium must be excluded. Non pharmacological management, such as environmental and behavioural interventions are effective first line strategies. Medication may be useful in moderate to severe BPSD but must be used carefully in view of the risk of side-effects.

Unit 4 deals with pharmacological treatment - a vital part of the multi-pronged strategy of dementia management. All dementia patients should be evaluated for suitability of pharmacological strategies to address the underlying disease, enhance cognitive symptomatology, and treat attendant behavioural complications. Once a definitive diagnosis of dementia has been made, the key factors determining choice of symptomatic treatment are dementia etiology and stage of severity. The pre-requisite to skillful use of symptomatic treatment is a firm knowledge of the pharmacokinetic and dosing properties, side effect profile and expected benefits of such medications. The decision to initiate costly symptomatic treatment should be individualised and always made in conjunction with the patient and caregiver. Patients who are started on cognitive enhancers should be monitored for benefit and side effects.

Unit 5 focuses on the role of primary care physicians in helping caregivers of persons with dementia (PWD). Caregiver interventions have been shown to reduce caregiver depression, burden of care, and improve their health and quality of life. Caregiver support also benefits the PWD. It is important to recognise that caregivers too need care.

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Caregivers of PWD are usually middle-aged daughters and sons followed by spouses. Foreign domestic helpers also play a pivotal role in Singapore. Stressors arising from caregiving change at different stages of the disease. As the disease progresses into the advanced stages, stress from having to deal with behavioural problems can lessen as the burden from coping with functional impairments increases. For this reason, caregiver interventions should be stage appropriate. There is a need to work towards creating a positive experience in the GP consultation with the important elements of early diagnosis, providing stage specific information and interventions, and up-to-date information on dementia resources available in the community.

Unit 6 is another new unit. It gives a description of and access to community resources for patients with dementia and their caregivers coordinated by Agency for Integrated Care (AIC). Dementia is a progressive brain dysfunction that leads to disintegration of ability to look after oneself and the need for community resources to minimise the resulting impact of the progressive disability. The various care services available in Singapore for elderly patients and their caregivers are: hospital based, community centre-based, community home-based, and nursing home based. New services for dementia care are: senior care centres (SCC), integrated community mental health and dementia support networks, and Community Intervention Teams (COMIT). The Mobile Eldercare Locator (MEL) enables users to

search for health and social care services in Singapore based on specified eldercare needs of the individuals. Referral to community centre-based services such as day rehabilitation and dementia day care services and homecare services such as home nursing, home medical, and home therapy services are coordinated by AIC referral team. Family physicians can apply for such services either via hardcopy or online.

A selection of 10 readings from the current medical literature (circa 2011 to 2013) has been shortlisted and the abstracts printed in this issue. They provide additional readings on the subject.

Two other documents complete the dossier of current information on dementia care for the Family Physician. One is the Chronic Disease Management Programme (CDMP) Handbook for Healthcare Professionals 2011 edition. A summary of the handbook has been made as the paper – Useful information in Dementia.

The other document is the MOH Clinical Practice Guidelines 2/2013 which was launched on 5 April 2013. The aim of the guidelines is to provide guidance to healthcare professionals in Singapore to assess, evaluate and manage dementia in their patients. The booklet includes chapters on epidemiology, diagnosis, screening and management of dementia. There is discussion on ethical and legal issues related to dementia, palliative care and young-onset dementia. Useful information on community resources are also provided in this issue of the MOH CPG 2/2013.