Dementia diagnosis in practice

General practitioners **Steph Daly, Hilton Koppe** and **Marita Long** discuss the challenges for GPs in diagnosing dementia and present three simple frameworks to guide that process

Making a diagnosis of dementia is complex and can be very challenging for health professionals. GPs are often the first port of call for someone experiencing concerns about memory, but making a diagnosis of dementia takes time. A full assessment takes much longer than a standard 15-minute appointment.

Other challenges to making a diagnosis include:

- Stigma and fear about a diagnosis of dementia for the person.
- Complex family dynamics, such as the person and or their partner not wanting anyone to know about the diagnosis or being fearful of what a diagnosis may mean.
- Adult children of the person with dementia in disagreement or having differing understandings of the situation, and family members having different agendas.
- GPs may have their own biases that affect their decision about whether or not they should refer someone for a memory assessment.

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Results from research by the Wicking Centre for Dementia Research and Education potentially reflects the fact that GP education in Australia includes little formal education in dementia, including at undergraduate level. The study, involving 500 GPs, registrars, supervisors and medical educators who completed the Dementia Knowledge Assessment Scale (Annear *et al* 2015), found that GPs' knowledge of dementia can be quite poor (Tierney *et al* 2019; Mason *et al* 2020; Casey *et al* 2020). Therefore, continuous professional education for GPs is a vital opportunity for improving knowledge about dementia.

Research shows that the education programs that we have developed with our colleagues Dr Allan Shell, Professor Dimity Pond and Dr Margaret Winbolt as members of Dementia Training Australia's (DTA) GP Education Team, do make a real 'on-the-ground' difference to GPs' confidence, knowledge and attitudes (Tierney *et al* 2019, Mason *et al* 2020; Casey *et al* 2020). We hope the *Dementia in Practice* podcast series we present (see article on pp16-17) will have a similar impact.

Diagnosis, treatment and intervention

Some GPs may feel that, because there is no curative treatment for dementia, there is little point to giving a diagnosis of dementia (Mason *et al* 2020). While it is true that there may be no cure, there definitely are treatments and interventions available to improve the quality of life for the person living with dementia and their family and carers.

As DTA Director and GP Education Team Manager Dr Margaret Winbolt explains, "While dementia is, by definition, a progressive condition, there is much to be gained by ensuring the diagnosis is received in a timely manner, enabling the instigation of care and support strategies which maintain optimal quality of life for people living with dementia and their family and carers. At the forefront of this are general practitioners."

For these reasons, it's important that GPs are aware of the process for making a diagnosis of dementia and doing so as early as possible in the person's dementia journey.

A thorough assessment of a person with possible dementia involves taking a history, performing a targeted examination and ordering some investigations (see box left). The examination and investigations account for only about 20% of the information needed to make a diagnosis of dementia. The remaining 80%, and the most important aspect

Examination and investigation

Examination can include blood pressure, pulse, temperature and a focused neurological examination.

Investigations can include but are not limited to a non-contrast CT brain scan, a urine test to rule out infection that could be affecting cognition, and blood tests to check such things as thyroid function, electrolytes, calcium, vitamin B12, and cholesterol and blood sugar levels.

Cognitive impairment screening tests, such as the Australian-developed GPCOG (http://gpcog.com.au/) can provide GPs with additional information and a structured approach to assessing a person for possible dementia. However, they are not diagnostic tests and their limitations should be recognised.

Links to cognitive screening tests (along with other resources) are available in the show notes section accompanying the *Dementia in Practice* podcast series at: dta.com.au/general-practitioners/#podcast

of making a diagnosis, comes primarily through taking a detailed patient history. Unlike with some other chronic conditions, GPs need to take a history from the person being assessed as well as a detailed collaborative history from their family or carers. This is vital in order to understand the person and their situation. Gaining consent before taking that collaborative history is essential, as it keeps the person with dementia central to the diagnostic process and respects their autonomy.

The GP Education Team has developed some useful frameworks that can be used by GPs to overcome some of the challenges in making a diagnosis of dementia.

Framework 1: The Five Domains of Dementia

This framework was developed by Hobart geriatrician Dr Jane Tolman and is used by the DTA GP Education Team with her permission.

The framework can be used as a guide when taking a patient history as part of a comprehensive assessment for making a dementia diagnosis. It's helpful to ensure that the patient and collaborative history covers the following five domains:

- Cognitive decline (eg, is the person forgetting appointments, perhaps having some memory problems or word-finding difficulty?).
- Functional decline (eg, is the person struggling to manage their finances, struggling to use their microwave, or follow a recipe when cooking?).
- Psychiatric symptoms (eg, is the person experiencing anxiety, depression and/or hallucinations?).
- Behaviour changes (eg, is the person showing behaviour changes, such as repetitive questioning, disinhibition or calling out?).
- Physical decline (eg, has there been any change in the person's ability to walk, talk, eat or drink, are they incontinent?).

Resources to support diagnosis and management

GP dementia resources, training and education support: Dementia Training Australia (DTA) provides resources to support GPs in recognising, diagnosing and managing dementia. All DTA programs reference evidence-based best practice and contemporary research: www.dta.com.au/general-practitioners

Frameworks for diagnosis: The authors' discussion during the *Dementia in Practice* podcast episode ***Diagnosing Dementia in General Practice: Part 1, S1, EP4.1*** provides a detailed description of the frameworks described in the accompanying article and is available on the DTA website at: www.dta.com.au/general-practitioners/#podcast

Management plans: Dementia-specific management plans for each of the stages of dementia are also freely available to download from the DTA website at: www.dta.com.au/gp-management-plans/

Dementia: 14 Essentials of Management: This step-by-step guide provides practical points for professionals in general practice (GPs and practice nurses) to guide management (Brodaty *et al* 2013): https://bit.ly/detect-early-Brodaty. An accompanying **one-page desktop summary sheet** provides a useful prompt for GPs on what is important when providing care for patients with dementia: https://bit.ly/14-essentials

The **GPCOG** (http://gpcog.com.au), developed by Australia's Dementia Centre for Research Collaboration, is a reliable, valid and efficient test to administer when screening for dementia specifically in a primary care setting. It takes less than four minutes to administer the patient assessment and two minutes to interview the family carer. It's also invaluable in multicultural patient settings, as is the **Rowland Universal Dementia Assessment Scale (RUDAS):** https://bit.ly/rudas-resources

Dementia Pathways Tool: This online tool aims to enhance access to information about dementia for primary health care professionals, including GP assessment and management: https://bit.ly/dementia-pathways

Dementia Outcomes Measurement Suite (DOMS): A suite of validated tools for the assessment of various aspects of dementia by health care professionals: https://dementiaresearch.org.au/resources/doms/

The RACGP Aged Care Clinical Guide (Silver Book) Dementia: https://bit.ly/racgp-silverbook-dementia

GP supervisor teaching plans: *Diagnosing Dementia* and *Understanding Dementia Teaching Plans* for GP supervisors are available through General Practice Supervisors Australia: https://gpsupervisorsaustralia.org.au/teaching-plans/

Dementia Australia Detect Early website: Resources and tools for GPs and pharmacists to help detect and manage dementia at the early stages: https://detectearly.org.au/

Forward With Dementia website: Information and resources from an international partnership of clinicians, researchers, people with dementia and carers across five countries, including Australia, to better support people with dementia and carers after diagnosis. This includes resources and tools for healthcare professionals to improve communication of the diagnosis and post-diagnostic support: www.forwardwithdementia.org/au/

Dementia Australia: The organisation has a selection of other resources for GPs and practice nurses on its website at: https://bit.ly/gp-practice-nurses-resources

Demystifying Dementia: A Practical Course In The Diagnosis and Management Of Dementia: This online Active Learning Module, developed by Dr Allan Shell, discusses the assessment and investigation of the patient who presents with cognitive impairment to a GP: https://bit.ly/thinkgp-dementia

Framework 2: Inclusion and Exclusion Criteria for a diagnosis of dementia

With Dr Tolman's assistance, a further framework, the Inclusion and Exclusion Criteria, was developed for making a diagnosis. This helps the clinician to rule out other possible causes and be more confident in their diagnosis of dementia.

The Four Inclusion Criteria

- There is a gradual onset of short-term memory problems.
- The memory problems are progressive, over months and years.
- There must be some observed failure of function (this may require deeper questioning, for example the person's family might say "Yes, mum is cooking for herself", but you also need to ask, "Is she able to follow a recipe or is she just re-heating a meal?").
- There must be evidence of cortical dysfunction (such as aphasia, which prevents people from communicating, or dyspraxia, which affects movement and coordination and might make it difficult for someone to use a remote control, for example, or agnosia, which is difficulty recognising and naming objects, people, voices, or places).

The Three Exclusion Criteria

The Three Exclusion Criteria include:

- The presence of another organic illness such as thyroid dysfunction, vitamin B12 deficiency or brain tumour.
- Delirium: sudden, acute confusion as a result of other illness such as infection (eg, urinary tract infection) or medication.
- Psychiatric disorders, such as depression and anxiety (these can coexist with, or potentially mimic, dementia so may need teasing out. While GPs are well placed to identify depression and anxiety, it may also require the potential involvement of an old age psychiatrist).

If any of the Exclusion Criteria are identified, it is not possible to make a new diagnosis of dementia until the condition has been treated as well as possible and the person is re-assessed, looking for the presence of the Four Inclusion Criteria.

Framework 3: The Stages of Dementia

The Stages of Dementia framework sets out what might happen during a person's journey with dementia to help clinicians better understand the progressive nature of the disease. (This framework was also developed by Dr Tolman and is used by the DTA GP Education Team with her permission). It describes the stages of dementia using the numbers 1, 2 and 3, rather than 'mild', 'moderate' or 'severe', to avoid negative language which can stigmatise people with dementia and their families.

The core theme for each of these stages is the dignity of the person with dementia and maintaining that dignity throughout their journey with the disease.

- Stage 1: The person living with dementia is likely to still be living at home. The goal of care in Stage 1 is to maintain dignity through independence and optimising of function.
- Stage 2: The person living with dementia transitions to 24-hour care. The goal of care is to maintain dignity through safety.
- Stage 3: The person living with dementia has diminished quality of life and is likely to be in residential aged care. The goal of care is to maintain dignity through emphasis on comfort.

These stages are helpful to guide management of a person's dementia journey, but they're also useful as a guide for GPs to be able to talk to the person with dementia and their family and carers about what to expect – what's called anticipatory guidance.

The stages also highlight the importance of a timely diagnosis. If we can support people with maintaining function and activity in Stage 1 we know that this has the potential to slow the progression of their symptoms and improve quality of life. Stage 2 can be a difficult time for families and the person living with dementia and having time to understand the situation by making the diagnosis earlier assists with this.

It can also help carers and the person with dementia to plan ahead if the clinician explains that in Stage 3 people will need much more care, which often means living in residential aged care. They know that it might be something that's coming, so can better prepare for it.

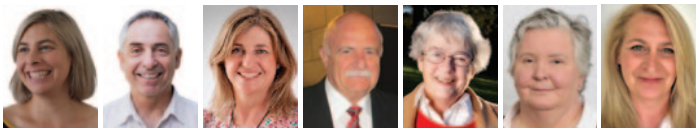
Conclusion

By providing a structured approach to making a timely diagnosis and introducing appropriate management strategies, GPs can offer their patients a path of action – a chance to modify risk factors that may slow down the progression of the disease and also enable people living with dementia and their families the opportunity to make plans for their future.

The DTA GP Education Team has developed dynamic GP management plans that can use the skills of other health professionals, including practice nurses, to address the various stages and domains of dementia. These plans, which will need to be reviewed as the illness progresses, build on the work of Professor Henry Brodaty and colleagues' 14 essential points to guide management of dementia (Brodaty *et al* 2013). These plans also keep the person with dementia central to the process, so they can be involved in decision-making for as long as possible. ■

This article is based on information from the authors' Dementia Training Australia *Dementia in Practice* podcast episodes *Diagnosing Dementia in General Practice: Part 1, S1, EP4.1* and *Diagnosing Dementia in General Practice: Part 2, S1, EP4.2*, freely available at dta.com.au/general-practitioners/#podcast

The reference list for this article is on the *AJDC* website at https://bit.ly/aprmayjun-2022-article-references, or scan this QR code to access.



■ Left to right: Dr Steph Daly, Dr Hilton Koppe and Dr Marita Long are all Australian-based GPs, and members of Dementia Training Australia's GP Education Team, with a special interest in caring for people living with dementia and medical education. The DTA GP Education Team also includes Dr Allan Shell, Professor Dimity Pond, Dr Margaret Winbolt and Rebecca Brown (pictured). Details at: https://dta.com.au/general-practitioners/#gp-educators

Podcasters speak from experience

Dementia Training Australia (DTA) has entered the digital world of podcasting with the launch of its education resource, *Dementia in Practice* – a podcast made by GPs for GPs and others involved in the care of people with dementia.

The world of podcasting is providing a new way to educate, inform and give insight into recognising, diagnosing and caring for people living with dementia.

Hosted by Dr Marita Long, Dr Hilton Koppe and Dr Steph Daly, all members of the DTA GP Education Team (pictured above) – *Dementia in Practice* is an engaging and informative resource.

The GP Education Team are all committed GPs and GP educators with a wealth of knowledge and experience in the care of people living with dementia. The group understands the essential role GPs have in recognising and diagnosing dementia and that they are in a unique position to provide ongoing care and