

Dementia: Treatment and Monitoring in Mallow Primary HealthCare Centre

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NICE Guidelines

Screen for Reversible Causes : FBC, renal/liver/bone profile/TFTs/Vit B12/folate

Refer to specialist for

1. Diagnosis
2. Prescription
3. Defining subtype
4. Imaging

Pharmacological Intervention:

1. Acetylcholinesterase inhibitors (AChEIs)

Mild to Moderate Alzheimers
Lewy body dementia with behavioural issues
Not in vascular dementia

2. Memantine

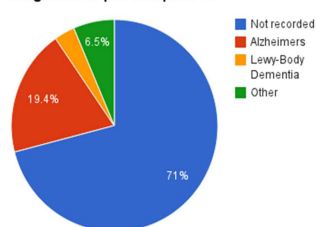
Severe Alzheimers
Moderate Alzheimers only if AChEI contraindicated

	MMSE score for treatment initiation	Increase in MMSE score at 6 months for treatment continuation
Cholinesterase inhibitors (donepezil, galantamine, rivastigmine)	10–24 (inclusive)	≥ 2
Memantine	< 14	≥ 2

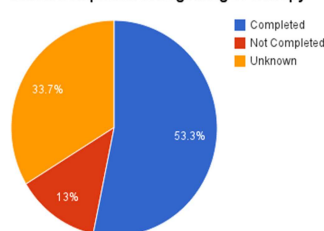
Methods:

Descriptive analysis of dementia treatment and monitoring in MPHCC based on NICE guidelines and Australian guidelines

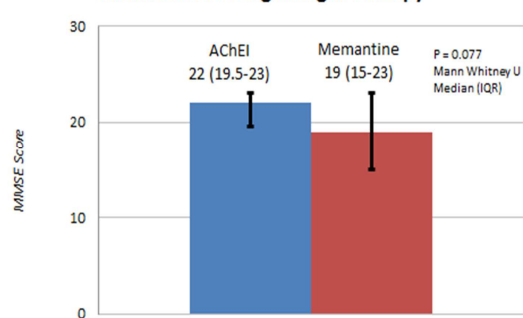
Diagnosis as per Complete GP



MMSE Completion at Beginning of Therapy



MMSE Score at Beginning of Therapy



References

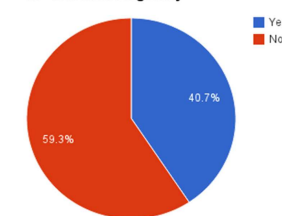
- Dementia and Comorbidities- An overview of diagnosis and management. Keith A Swanson et al 2007
Comorbidity Profile of Dementia Patients in Primary Care- are they sicker? Schubert et al 2005
NICE Dementia guideline- Issued November 2006. Amended March 2011.
Australian Pharmaceutical Benefits Advisory Committee
Solanezumab for the treatment of Alzheimers Disease- Expert Review of Clinical Immunology, February 2012
Enhancing Th2 immune response against amyloid protein by a DNA prime-adenovirus boost regimen for Alzheimer's disease-Immunology Lett. 2007 September 15 Does low-dose acetylsalicylic acid prevent cognitive decline in women with high cardiovascular risk? A 5-year follow-up of a non-demented population-based cohort of Swedish elderly women- BMJ 2012
Chlamydia pneumoniae infection and alzheimers disease:a connection to remember? Medical Microbiology and immunology Nov 2010
www.alz.org

NICE Guidelines

1.Cognitive, Global, Functional and Behavioural assessment to monitor treatment

2. Assessments at 8/52, then 6/12 or sudden change/deterioration
3. No specific cognitive test recommended

BP Checked Regularly



Conclusions

1. Inadequate recording of Diagnosis
2. Only 50% have recorded MMSE on initiation
3. Only 20% have repeat MMSE within 8 weeks
4. Only 25% have further cognitive assessment
5. Memantine initiated too early
6. Inadequate monitoring of Blood Pressure

Recommendations

Establishment of a Protocol

1. Management of CVS Risk Factors
2. Referral for accurate diagnosis
3. Recording of official diagnosis
4. Cognitive assessment
 1. on initiation,
 2. after 8 weeks, and
 3. every 6 months thereafter