DUDLEY DEMENTIA GUIDELINES

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Review due: July 2012

Introduction

Dementia is a long-term condition which primarily affects people over the age of 65 (late-onset dementia) but can also occur in people under the age of 65 (young-onset dementia). The prevalence and incidence rises with age, such that up to 49.6% of people over the age of 90 have it to some extent.[ii] It is a progressive, irreversible disease characterised by the global deterioration in intellectual function, behaviour, and personality.[iii]

The most common symptoms are:

- Memory loss
- Loss of higher executive functions (mental arithmetic, identifying and forming patterns, ability to follow complex orders)
- Language impairment
- Sleep disturbance
- Mood disturbance
- Self-neglect
- Disinhibition

Risk factors

Non-modifiable risk factors

- Age
- Gender (♀>♂)
- Genetic factors (e.g.: people with Down's Syndrome develop dementia 30-40 years earlier than the normal population) **see Learning Disability Dementia Pathway Information sheet on Appendix 7**

Modifiable risk factors

- Obesity
- Diet with less than 2 portions of fresh fruit or vegetables daily
- Smoking
- Alcohol
- Lack of exercise
- Lack of mental stimulation
- Diabetes
- Hypertension
- Hypercholesterolaemia
- Head injury

Types of Dementia

- Alzheimers – 50% of late-onset dementia cases
- Lewy-body dementia – second most common cause of late-onset dementia. Often patients also have parkinsonian gait, fluctuating levels of cognition, and can also suffer from visual hallucinations.
- Vascular dementia (multi-infarct or arteriosclerotic) – 20% of late-onset dementia cases
- Amnesiac dementia or Korsakoff's dementia – secondary to excessive alcohol
- Rarely, dementia can be caused by AIDS.

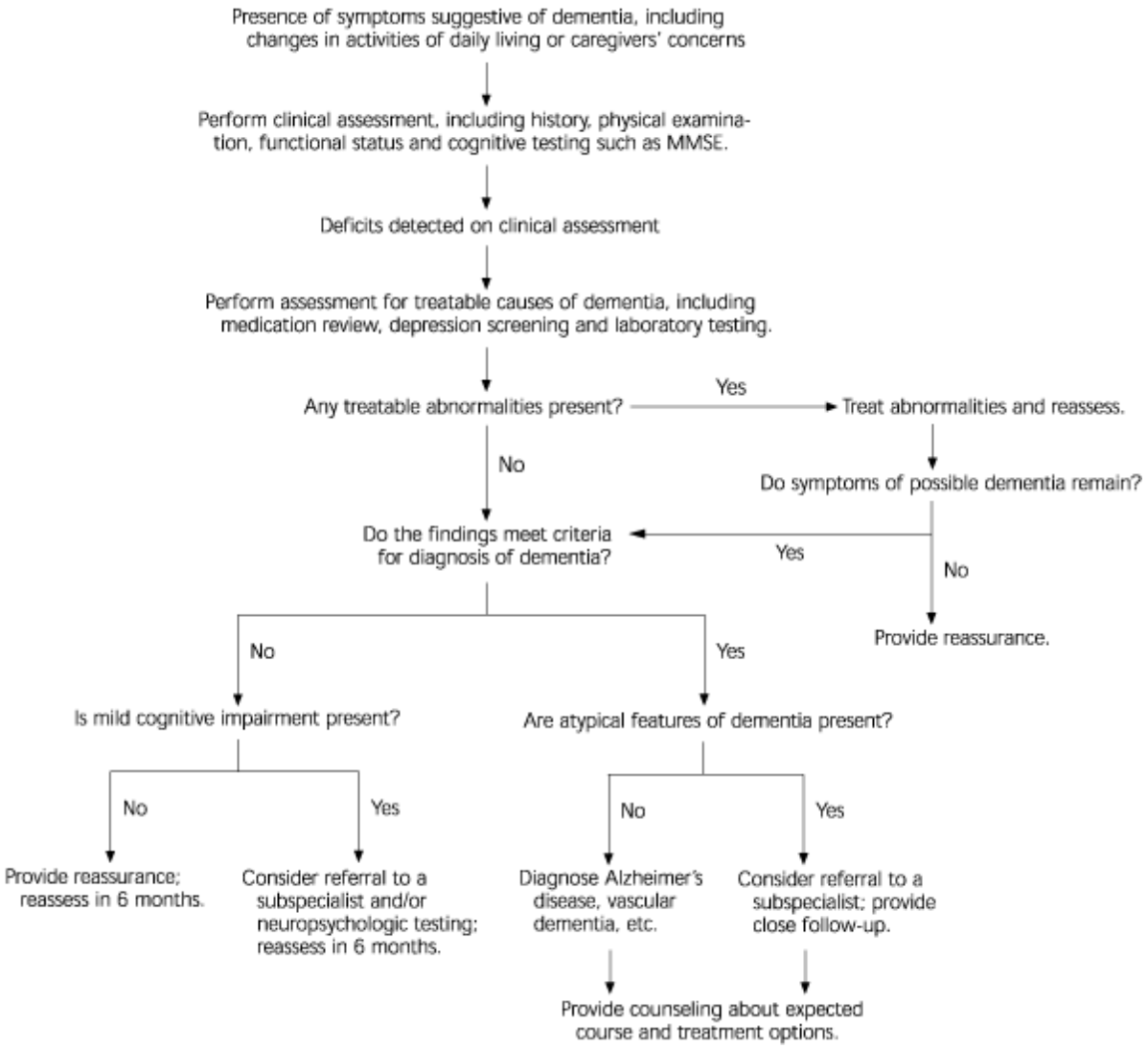
Presentation

Patients developing dementia often present with family, friends, carers, or neighbours reporting problems with activities of daily living, memory problems, etc. Sometimes patients present themselves having noticed memory problems. Health care professionals who have known the patient for a period of time may also notice that the patient's mental state is deteriorating.

Prevalence rates for Dudley

Alzheimers UK have estimated, based on prevalence rates, that Dudley should have 3916 people with dementia in 2010, rising to 5261 by 2021. Currently we have 1400 with a confirmed diagnosis, meaning there is possibly nearly twice as many people out there without a confirmed diagnosis. Dudley PCT's UK ranking in terms of diagnosis: expected prevalence is 140/169

Diagnostic Work-Up of Dementia[iv]



Symptom history

- How long has it been going on for?
- Is there a gradual deterioration or is it step-wise (stable, then drops, then stable, etc)
- What problems have been noted – it is very useful if the presenting parties can write down specific problems and examples so that this can be compared against going forward, and can be included in the referral letter.
- Remember to ask about cognition, consciousness levels, hallucinations
- Any physical health problems? TIAs can contribute to vascular dementia, parkinson's disease increases the risk of dementia, acute or sub-acute confusional state may be due to underlying infection. Malignancy is a rare but important cause of dementia-like symptoms
- Any suggestion of depression or anxiety?
- Any neurological features – seizures, dysphasia, myoclonus, etc

Past medical history

- Vascular disease, parkinson's, alcoholism,

Medication history

- Is the patient on any medication that may be causing these symptoms?
- Compliance – is the patient still safe to take their own medication? Is there a risk of overdosage?
- Any alternative therapies including over the counter preparations including vitamins homeopathic remedies etc.

Social history

- Social support – is the patient safe in their home environment? Is respite care required to protect the patient pending formal diagnosis and treatment?
- Carer support – is a referral for carers assessment required?
- Smoking
- Alcohol intake
- Any illicit drugs?

Family history

- Any family history of dementia, vascular disease, or parkinson's disease?

Initial examination by GP (these guidelines are best standard guidelines)

- **Physical examination** looking for underlying infection, or malignancy.
- **Cardiovascular examination** - vascular disease and risk factors (pulse, BP, carotid bruits, heart sounds, pedal pulses),
- **Neurological examination** – exclude neurological conditions such as Parkinson's disease and cerebral pathology
- **MMSE** (see appendix 2) – this will take about 15 minutes to complete so you may like to arrange a separate appointment to do this. There is a lot of debate regarding the best dementia screening tool, but MMSE is the tool that NICE use in their 107 guidance, and that the local old age psychiatrists use. Adding **clock-drawing and digit-symbol testing** to this will improve sensitivity to vascular dementia (see appendix 2)

MMSE

NICE Tag 11 http://www.nice.org.uk/nicemedia/live/13419/53619/53619.pdf

- The examination has been validated in a number of populations.
- Scores of 25-30 out of 30 are considered normal; NICE classify 21-24 as mild, 10-20 as moderate and <10 as severe impairment.
- The MMSE may not be an appropriate assessment if the patient has learning, linguistic/communication or other disabilities (e.g. sensory impairments).[6]

General impression – dressed appropriately, hygiene, demeanour and manner of patient, any obvious behavioural issues or cognitive problems?

Investigations[v]

- Bloods: FBC, Us and Es, LFTs, TFTs, fasting glucose, fasting lipids, B12, folate, ferritin, bone profile, ESR, CRP.

- Urine dipstix, and MSU if positive
- Consider HIV and syphilis screening if this is suspected
- CXR if clinically indicated – to exclude respiratory infections and lung cancer
- ECG if cardiac abnormalities suspected
- If you suspect vascular dementia a GP should arrange CT scanning in the following circumstances:-

- atypical presentation
- rapid unexplained deterioration
- unexplained focal neurological signs or symptoms
- history of recent head injury
- urinary incontinence
- gait ataxia early in the illness (2)

Referral

If the MMSE is below expected (see above) refer the patients into the dementia service. If vascular dementia is suspected refer to the geriatricians.

If the person has a Learning Disability, refer to the Learning Disability Specialist Health Dementia Service **(see appendix 7)**

Referral letter (see Appendix 5)

The following should be included:
- Patient's details – name, DOB, address, age
- Presenting history – with as much detail and specifics as possible
- Duration
- Any risk factors
- Past medical history
- Drug history
- Family history if there is any
- Examination findings – include copy of MMSE and other tests done
- Results of investigations
- Details of carer
- Name of referrer

Dementia specialist nurse

Assessment includes:

- cognitive testing
- measuring the person's level of functioning
- risk

using informant questionnaires to evaluate cognitive decline (http://www.patient.co.uk/doctor/Informant-Questionnaire-on-Cognitive-Decline-in-the-Elderly-(IQCODE).htm)

The patient will be seen and assessed by the dementia nurse specialist **(see appendix 6**), and then formally discussed at a multidisciplinary meeting including the old age psychiatrists, dementia nurse specialist, and psychologist.

The old age psychiatrists will see patients who may be suitable for antidementia medication or where further confirmation of diagnosis is required. Appropriate patients will be commenced on anti-dementia medication (donepezil, rivastigamine, and galantamine) as per NICE guidance.[vi]
http://www.nhsdudley.nhs.uk/Formulary/documents/dementia%20drugs%20esca-approved%20version%20Feb%202011.doc

The geriatricians will accept referrals for vascular dementia direct from the GP. Treatment will be to control the underlying risk factors and treat the vascular disease.
http://pctnet.dudley.nhs.uk/documents/cms/528-2007-11-7-4306486.pdf

Each patient will be assigned a dementia adviser. The role of this person will be to inform and support the patient and their carer(s) throughout their illness. A carer's assessment will be done by the dementia adviser. The patient and their carer(s) will have ongoing lifetime support from the dementia liaison team and dementia nurse specialist.

The primary aim of treatment for progressive dementia is to maintain independence, function, and a good quality of life for as long as possible.

Central Register

The new Specialist Nurse will maintain a Central Register of all patients in Dudley with Dementia. This will include the following:

- Name
- NHS number
- DOB
- M/F
- Ethnicity
- Referral date
- Appointment date
- Date assessed
- Who the referrer was
- Outcome of appointment/assessment
- MDT meeting outcome
- Referral to dementia advisor and who allocated
- Anti-dementia medications
- Any referrals declined

The register will enable all patients diagnosed with dementia to be tracked and ensure reviews are undertaken. As it develops it will enable partner organizations to be aware of who is diagnosed with dementia and has the potential to prevent hospital admissions and early discharge by sharing knowledge of who has an existing diagnosis and a dementia advisor.

Dudley MBC – Dementia Gateway Services

The Dementia Gateway services are based:

- Brett Young in Halesowen
- Brettell Lane in Stourbridge
- Roseville in Coseley

This reflects provision in the north, central and southern parts of the borough.

Dementia Gateway Services are focusing on 4 key areas:

- Preventative - sign posting to other support services in an effort to keep people "out of services for as long as possible" i.e. utilizing Telecare.
- Respite- A menu of Day Time Respite Care options to support the Carers to remain fit and well in their caring role is being identified.
- Longer term-There are places for people to purchase that sit within the "longer term" building and facilitating regular attendance to meet needs
- End of life- working with the specialist palliative care team to support people at end of life

There is a social worker designated to support the service area. Work is also being undertaken with colleagues in the ACCESS TEAMS (community and hospital) and locality teams) to establish clear referral routes into the Dementia Gateway services.

Effectively the gateways will provide a 'one stop shop' for people with dementia, their families and carers – enabling all their needs to be met by a team of multi-disciplinary professionals. Once in the new system each individual will be assessed on a regular basis (see below), to ensure that nobody slips through the net. The approach will streamline the individual's journey on the dementia care pathway and ensure that the appropriate services are accessed and regularly reviewed

Dementia Advisers

- DACHS have appointed three Dementia Advisers to be based in the gateway centres.
- This will enable everyone in Dudley that is diagnosed with Dementia to be allocated a Dementia Adviser and have a personalised care plan –annual review
- The Dementia Advisers will be a point of contact for patients, family and carers and as a minimum will undertake 6 monthly contact reviews.

Non-pharmacological approaches

Clinicians should encourage all patients to continue to do what they are able to do, to maintain a routine, and to engage with mental stimulation such as puzzles. Carers should be encouraged to allow patients to continue activities as much as possible (often the carer takes responsibility of activities the patient can do as it is quicker for them to do it, or they feel that they are helping), advised about the importance of this, and advised about the importance of maintaining a routine, keeping a calendar, and providing and encouraging mental stimulation.

DVLA Guidance - Driving

On diagnosis, the patient and their carers should be advised to notify the DVLA[vii] and their insurance company. Failure to notify the insurance company could result in them not being covered in the event of a claim.

For up-to-date guidance on driving and dementia please see
http://www.dft.gov.uk/dvla/medical/ataglance.aspx

Power of attorney

When it is appropriate and prior to significant deterioration it is prudent to discuss power of attorney with the patient and relatives.
NB: GP's should be aware that signing legal documents carries risk and can be challenged later by relatives in court.

For a patient to have capacity they must

1. Understand what is being said to them
2. Retain that information for a period of time
3. Be able to reach a reasonable judgment (which you may not agree with)

In case of fluctuating capacity then several visits may need to be made to assess capacity and an opinion reached.
Bear in mind that a patient may have capacity for one decision and not have capacity for a different decision. All this needs to be documented to provide evidence for a possible legal challenge to your opinion.

Dementia annual reviews

These should take place once a year, but the patient should be seen as required if there is a marked deterioration or further problems**.** The assessment details from the clinical nurse specialist for dementia who assessed the patient should be used as a reference. Where possible the review should include input from the main carer.

A gold standard annual review would cover:

- Repeat MMSE (unless the patient is so demented this is not possible)
- Weight, height, BMI
- Pulse
- Blood pressure (if possible)
- Annual blood tests (this may not be appropriate in severely demented patients who are entering palliative care or end of life phases of their illness) FBC, Us and Es, LFTs, TFTs, fasting glucose, fasting lipids
- Diet
- Mental state (dementia patients are prone to depression, which can make the dementia appear worse)
- Driving if applicable
- Physical review as appropriate
- Carer support (check that a carers assessment has been undertaken or refer to dementia advisor) and ensure carer is on carers register

(see appendix 2)

End of Life

It is natural for dementia to worsen, and life expectancy is currently 7 years from time of diagnosis. As the patient enters the final stages of their illness it is appropriate to discuss with their family and carers their expectations, further support needed, any significant problems. A medication review should also be carried out to ensure that only medication essential to reduce distress and improve the patient's comfort and sense of wellbeing are continued.

End of life care should always be a multidisciplinary approach. District nurses, out-of-hours, social services, carers, and secondary care may all be involved and communication is essential. The Liverpool care pathway should be initiated when the patient appears terminally ill. It is important to plan terminal care with the family or carers, and patient if possible, in terms of where they wish to die, who they want present, etc.

Useful Links

Dudley Alzheimer's Society (Dudley Branch)

Castlemill
Burnt Tree,
Tipton,
West Midlands
DY4 7UF
0121 521 3030

Dudley MBC and Dudley PCT hold a SLA with Dudley Alzheimer's Society to provide a range of services to meet the needs of individuals diagnosed with dementia and their families/carers. This includes dementia support, monthly social club, carers education/friendship group, carers respite, family support service and younger people with dementia.

Mental Health Promotion Programme

To direct patents who may value support and information around stress and the positive steps you can take to look after your mental health visit www.dudley.nhs.uk/emotionalhealth

Road to Relaxation is a self help tool for relaxation, for a **free** copy or download of the CD or booklet contact: **01384 366039** or visit www.dudley.nhs.uk/emotionalhealth

The Expert Patients Programme

The Expert Patient Programme is running a bespoke programme for carers of people with Dementia culminating in a market place experience where carers will be able to meet the Dementia Nurse, Dementia Advisors, Telecare, Falls Team, Keep Safe Keep Well services. This is a collaboration between Dudley PCT, Dudley Alzheimer's Society and will be hosted in the new Dementia Gateways Centres.

Expert Patients Programme aims to help you take more control of your health by learning new skills to manage your health condition better on a day to day basis. Specific courses are also available for carers.

If you would like to find out more about our Expert Patients Programme (EPP), have an informal chat or register on a course you can call the office between 9am and 5pm Monday to Friday, there is an answer-phone service for times when we cannot cover the phones.

Telephone: 01384 321808
Email: epp@dudley.nhs.uk
Address: EPP, Dudley PCT, St Johns House, Union St, Dudley, DY2 8PP
Fax: 01384 366485 (please call or email before sending a fax as it is located outside our office)
Register online for a course: Complete the online registration form

The Dudley Stop Smoking Service

The Dudley Stop Smoking Service is an NHS stop smoking service that helps anyone who lives, works or is having treatment in Dudley and is ready to stop smoking
Telephone 01384 322054
Free phone 0800 0850652

NHS Dudley Health Trainers

Whatever health changes you are planning to make, talking to a health trainer could be just the thing you need to get you started.

Based in your local area, Health Trainers are local people that can support you to lead a healthier lifestyle and they offer:

- A personal health plan
- Healthy lifestyle advice and guidance
- Support to achieve your goal
- Appointment at a time and place to suit you

For more information or to book an appointment please contact 01384 321790 or email healthtrainers@dudley.nhs.uk

The Physical Activity Team

For all enquiries and further information on physical activity please contact the Physical Activity Team on:
Tel: 01384 366598
Fax: 01384 366611
Email: rama.patel@dudley.nhs.uk

The Weight Management Team

Lose weight, feel great!

NHS Dudley offers you a range of adult services to help you loose weight and feel great. All of our services are free of charge and are run at a variety of locations and times within the Dudley borough. If you would like further information about any of our programmes, or if you would like to enrol then please make an appointment to see your GP/Practice nurse. Alternatively you can contact the weight management service co-ordinator at NHS Dudley on 01384 322123 or email weight.management@dudley.nhs.uk

The Dudley Food and Nutrition Team

Welcome to the Food and Nutrition Team. We are on hand to support you to understand the key healthy eating messages and improve your access to healthy foods. We will provide help and guidance to enable you to make positive changes to your diet. If you would like further information, please contact the team who will be happy to help
Address: 2nd Floor, St John's House, Union Street, Dudley, DY2 8PP
Telephone: 01384 366111 (Switchboard)
Email: nutrition@dudley.nhs.uk

Visit the Team's Website at http://www.nhsdudley.nhs.uk/sites/Healthy-Living-Infection-Prevention-and-Control

Mini-Mental State Examination[viii]

Maximum score	Score	
		Orientation
5	__	What is the (year) (season) (date) (day) (month)?
5	__	Where are we: (state) (county) (town or city) (hospital) (floor)?
		Registration
3		Name three common objects (e.g., "apple," "table," "penny"): Take one second to say each. Then ask the patient to repeat all three after you have said them. Give one point for each correct answer. Then repeat them until he or she learns all three. Count trials and record.
	__	Trials: ___
		Attention and clalculation
5		Spell "world" backwards. The score is the number of letters in correct order.
	__	(D___L___R___O___W___)
		Recall
3		Ask for the three objects repeated above. Give one point for each correct answer. (Note: recall cannot be tested if all three objects were not remembered during
	__	registration.)
		Language
2		Name a "pencil" and "watch."
	__	Repeat the following: "No ifs, ands or buts."
1	__	Follow a three-stage command:
3	__	"Take a paper in your right hand, fold it in half and put it on the floor."
1	__	Close your eyes.
1	__	Write a sentence.
1		Copy the following design.
		
	__	
	Total score: __	

Draw a clock, and set the time at 1.50 (10 to 2)

Match the symbols with the numbers:

0	1	2	3	4	5	6	7	8	9
▌	●	▲	+	O	M	!	X	=	W

7	4	0	1	8	6	2	5	9	3	7
X										

Appendix 2

Suggested Dementia Annual Review as part of QOF

Date……..

Name:…….. DOB:……

Physical Review

Weight……..…kg Height……m BMI…….…….kg/m2

Pulse…….bpm reg/irreg BP……..mm/Hg

MMSE……/30 or unable to do due to severity of dementia

Blood test review (if appropriate) (FBC, Us and Es, LFTs, TFTs, fasting glucose, fasting lipids)

Medication review

Carer report

- Diet
- ADLs
- Mobility
- Toileting and continence
- Sleep patterns
- Any behavioural problems
- Mental state (dementia patients are prone to depression, which can make the dementia appear worse)
- Driving if applicable – ensure DVLA and insurance company aware
- Carer support (carers assessment completed via social services)
- Ensure carer on carer's register

Appendix 3

Personalised Care Plan **(to be completed by dementia nurse/advisor)**

Date……..

Name:…….. DOB:……

Main carer……Relationship……

Phone number……

Other carer……Relationship……

Phone number……

Dementia Adviser……. Phone number……

……..'s personal goals for this year:

Aim	How often?	Achieved?
Eg: Attend day centre	*Monday and Thursday*	
Eg: Do crossword	*5 times a week*	
Eg: Do the ironing	*1 hour a week*	

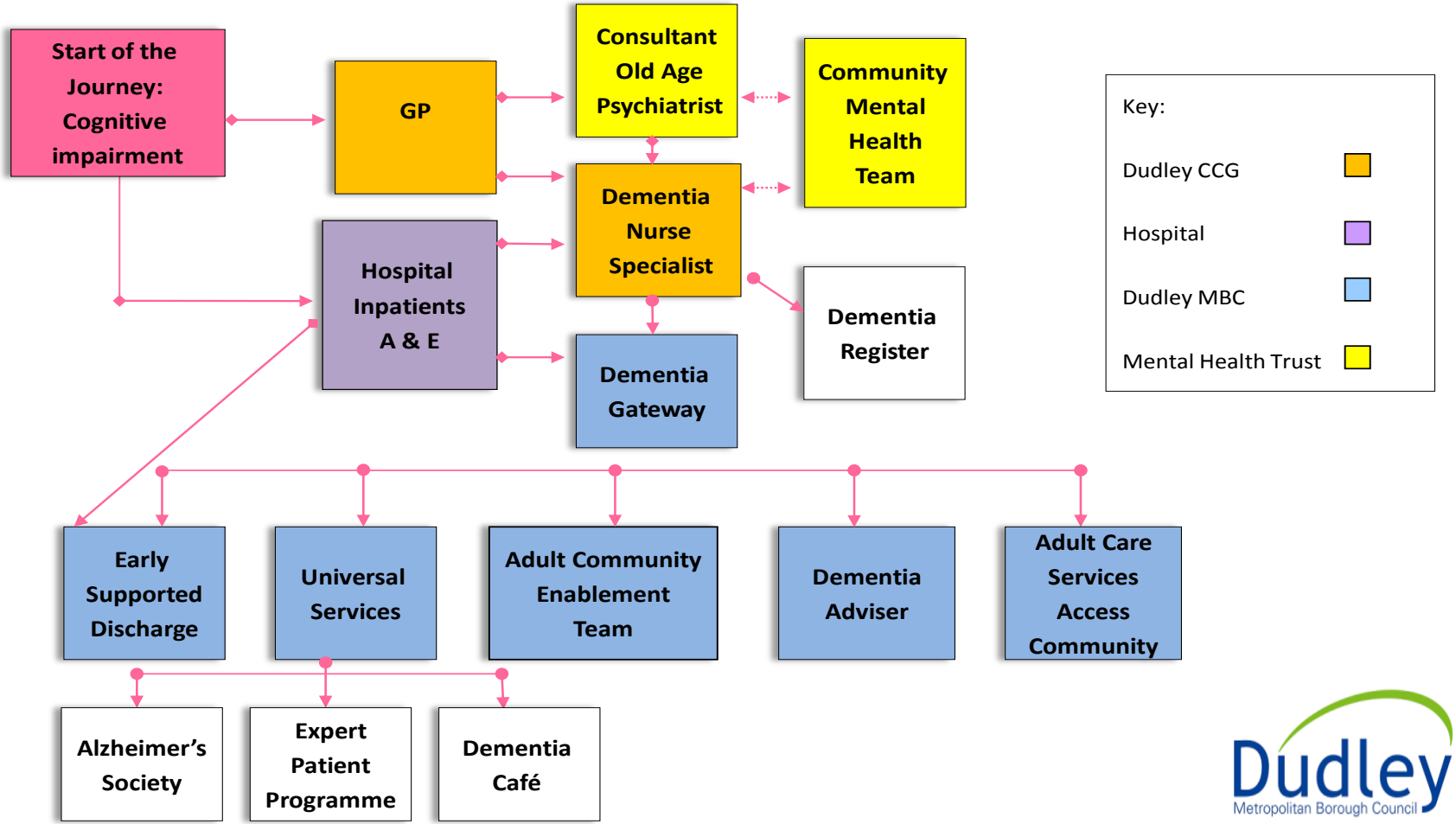
Please contact …… on ……
if there are any concerns.

Review due……..20…..

Appendix 4

WHAT DOES THE DUDLEY INTEGRATED DEMENTIA PATHWAY LOOK LIKE?

NHS
Dudley Clinical Commissioning Group



Dudley
Metropolitan Borough Council

Appendix 5

Referral Form for Dementia Assessment

Please indicate if for: Clinical Nurse Specialist for Dementia ☐

OR Older Adults Psychiatrist (if complex needs e.g. physical aggression) ☐

PATIENT INFORMATION

Forename: _____ **Surname:** _____

Address: _____

_____

Postcode: _____ **NHS No:** _____

Sex: M ☐ F ☐ **Date of Birth:** _____ / _____ / _____

REFERRAL INFORMATION

Presenting History	
Duration	**Any Risk Factors** **Falls** ☐ **Neglect** ☐ **Mental Health** ☐ **Other** ☐
Past Medical History including Mental Health and Cardiovascular	
Drug History **Allergies**	**Family History (if any)**
Investigations results (please enclose): • MMSE results or other cognitive impairments • Blood results: FBC, Us & Es, LFTs, TFTs, fasting glucose, fasting lipids, B12, folate, ferritin, bone profile, ESR, CRP • Other findings/results	
Name of Carer: **Phone numbers:** **Relationship to Patient:**	
Name of GP/Consultant: **Department or Practice address**	

Date completed _____

PLEASE RETURN TO

OLDER ADULTS PSYCHIATRY TEAM, BUSHEY FIELDS HOSPITAL, DY1 2LZ

Appendix 6

Specialist Nurse/s

The specialist nurse and service will provide assessments for all adults with a possible diagnosis of early Dementia. This will include:

- To accept all referrals from primary care and Dudley Group of Hospitals that have completed the dementia identification guidelines/protocols and correct referral forms to include the patient's history, a physical examination and other appropriate investigations. A review of medication that may be adversely affecting cognitive functioning would also be appropriate.

- Under Consultant supervision the nurse will be able to assess and then agree diagnoses of "straight forward" cases of dementia and where appropriate break the diagnosis well to the person and their family

- To see all patients where possible in their own home and undertake an assessment to include cognitive testing, measuring the person's level of functioning and risk.

- To attend a weekly multi-disciplinary team meeting with the old age psychiatrist/s and psychologist for older adults in DWMHT. This will include discussion of the assessments previously undertaken.

- To initiate personalised care plans of all dementia patients

- To refer all patients diagnosed with dementia to the Dudley Dementia Advisors in order to ensure ongoing support for patient and family/carer

- To liaise with the Dudley Dementia Advisors and the new Dementia Resource centres (frequency to be determined but geographical base may be in resource centres).

- Referrals for carers assessment as per Dudley Carers Strategy to be undertaken by the social workers aligned to the dementia gateway centres

- To provide clinical interventions and advice aimed at improving patient outcomes and personalisation of services for dementia sufferers across the Trust

- To maintain a register of all dementia patients in Dudley.

- To provide information for users and carers relating to the diagnosis, prognosis and options for future which may be provided in partnership with Alzheimer's Society or other.

- To be central in supporting and coordinating the Dudley Dementia pathway and ensuring that it is integrated and patient centred

Appendix 7

Learning Disability Dementia Pathway Information Sheet

What is a Learning Disability?

People with Learning Disabilities are not an homogenous group. However, there are a number of features of learning disability which have gained widespread acceptance across professional boundaries within the UK.

1. A substantial intellect deficit (actual or estimated IQ of below 70) coexisting with:
2. Significant deficits in adaptive/social functioning (communication, self-help, domestic, health and safety, applied academic, leisure and work skills and:
3. Occurring before the age of 18.

All three criteria must be met for a person to be considered to have a Learning Disability

Prevalence rates and presentation of dementia among people with learning disabilities with and without Down's syndrome

People with Down's syndrome make up 15% of all people with learning disabilities. There has been a dramatic increase in life expectancy such that more than 50% will live beyond 50 years of age. In adults with Down's syndrome, the prevalence of dementia is between 10% to 25% for those between 40-49 years of age, 20% to 50% in those between 50-59, and between 30% to 75% 60 years of age. Therefore, people with Down's syndrome are at high risk of developing dementia at a much earlier age. Average onset is approximately 50, with death after onset on average at 58 years.

Dementia can present atypically in people with Down's syndrome. Behavioural and/or personality changes, rather than functional memory decline can be the early signs of developing dementia some years before the full clinical picture of dementia. Memory and orientation are reported as being affected early, with language, visuo-spatial skills and praxis becoming affected later in the disease process.

For those with other forms of learning disability without dementia, the prevalence is also higher, with reports of over 13% at 60 years and over 18 % at 65 years. This compares to 1% of 60 to 65 year old and 13% 80 to 85 year olds in the general population.

Referral into LD Dementia Service Pathway

Referrals to the service are considered on the basis of whether:

- The person is over the age of 18 years, who live in the Dudley borough and/or who are registered with a Dudley GP.
- The referred person has a learning disability defined above.
- The referrer has concerns that the person has shown early signs of dementia. These include:

Changes in memory
Changes in finding the right words or understanding what people are saying
Changes in mood, personality, behaviour, mobility
Changes in ability to complete self-care/domestic tasks and solve small problems
Changes in ability to learn new things

- In addition, referral for baseline screening for all adults with Down's syndrome over 35 years of age, (with or without early signs concerns), is advised to establish a baseline to compare future suspected changes in functioning.

Referral procedure and care pathway

Referrals to the Dementia Service are accepted on an open referral system. The Learning Disability Dementia Service Co-ordinator (LDDSC) will clarify if the person is known to the service and the Special Needs Register (SNR). If the person is unknown but has a learning disability diagnosis, a referral to the CTLD will be considered. If a referral is not appropriate for the Learning Disability Dementia Service, a letter will be sent to the referrer and copied to the GP and CTLD, stating reasons with advice/onward referral to the generic older adult services pathway as appropriate.

Upon the acceptance of a referral, the person will remain under the care of the Learning Disability Specialist Health Service. Assessment is undertaken in line with the Learning Disability Specialist Health care pathways. The LDDSC will co-ordinate the process and the inputs into the service from other Learning Disability and mainstream adult health professionals as appropriate and be the main contact point for the client, carer and referrer.

The LDDSC will then action psychological, cognitive and functional assessments and request further assessments from the Learning Disability multi-disciplinary team e.g. Psychiatry, Occupational Therapy, Speech and Language, Physiotherapy, and the Health Access Service or refer to mainstream adult services as appropriate. If dementia is confirmed, the LDDSC will call a multi-professional review and care planning meeting. This could include the provision of information, training and support about dementia and treatment to the client, carer and referrer. Consideration would also be given by the Learning Disability psychiatry team to anti-dementia medication. The LDDSC then commences a 3 monthly monitoring process, updates the SNR and considers onward referral to mainstream adult services as necessary.

If no diagnosis is confirmed, or there are no signs/symptoms of dementia, and the person does not have a diagnosis of Down's syndrome, the person will be considered for future reassessment or discharged from the Dementia Service. Adults with Down's syndrome will continue to be offered regular reviews by the LDDSC as part of the screening programme.

For referral or further information, please contact:

Dr. David Rose
Lead Psychologist for Learning Disability Dementia Services

The Ridge Hill Centre
Brierley Hill Road
Stourbridge
01384 323558

[i] Folstein 1975 J Psychiatr Res [TA]

NICE (November 2006) Dementia guideline

[ii] Hebert LE, Scherr PA, Beckett LA, Albert MS, Pilgrim DM, Chown MJ, et al. Age-specific incidence of Alzheimer's disease in a community population. *JAMA*. 1995;273:1354–9.

[iii] (1) National Collaborating center for mental health 2007: Dementia: A NICE-SCIE guideline on supporting people with dementia and their carers in health and social care

[iv] Early Diagnosis of Dementia KAREN S. SANTACRUZ, M.D., and DANIEL SWAGERTY, M.D., M.P.H., University of Kansas Medical Center, Kansas City, Kansas *Am Fam Physician.* 2001 Feb 15;63(4):703-714.

[v] Royal College of Psychiatrists 2005. Forgetful but not forgotten: assessment and aspects of treatment of people with dementia by a specialist old age psychiatry service

[vi] National Institute for Health and Clinical Excellence. Donezepzil, galantamine, rivastigmine and memantine for the treatment of Alzheimer's disease. Technology Appraisal 111 (amended). 2007. Available at www.nice.org.uk

vii Driver and Vehicle Licensing Agency www.**dvla**.gov.uk

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NICE (November 2006) Dementia guideline

Six Item Cognitive Impairment Test (6CIT)

This PatientPlus article is written for healthcare professionals so the language may be more technical than the condition leaflets. You may find the abbreviations list helpful.

The 6 Item Cognitive Impairment Test (6CIT) Kingshill Version 2000® was developed in 1983,[1] by regression analysis of the Blessed Information Memory Concentration Scale (BIMC).[2] The 6CIT is a useful dementia screening tool in Primary Care. It was used in a large European assessment tool (Easycare©) and with new computerised versions its usage is increasing.

6CIT - Kingshill Version 2000

1. What year is it?

2. What month is it?

3. Give the patient an address phrase to remember with 5 components,
eg John, Smith, 42, High St, Bedford

4. About what time is it (within 1 hour)

5. Count backwards from 20-1

6. Say the months of the year in reverse

7. Repeat address phrase

6CIT score = /28

Many thanks to Dr Patrick Brooke, General Practitioner & Research Assistant in Dementia for his help with the original article.

- **Number of questions** 6
- **Time taken to perform** 3-4 mins
- **Score** The 6CIT uses an inverse score and questions are weighted to produce a total out of 28. Scores of 0-7 are considered normal and 8 or more significant.
- **Advantages** The test has high sensitivity without compromising specificity even in mild dementia. It is easy to translate linguistically and culturally.

- **Disadvantages** The main disadvantage is in the scoring and weighting of the test, which is initially confusing, however computer models have simplified this greatly.
- **Probability Statistics** At the 7/8 cut off: Overall figures sensitivity 90% specificity 100%, in mild dementia sensitivity = 78% , specificity = 100%

The 6CIT is a much newer test than the Abbreviated Mental Test (AMT): it would appear to be culturally and linguistically translatable with good probability statistics, however it is held back by its more complex scoring system. Furthermore it would be nice to see some additional larger population studies using the test.

Document references

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2. Blessed G, Tomlinson BE, Roth M; The association between quantitative measures of dementia and of senile change in the cerebral grey matter of elderly subjects. Br J Psychiatry. 1968 Jul;114(512):797-811.