

Improving diagnosis and care for people living with dementia

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Improving diagnosis and care for people living with dementia

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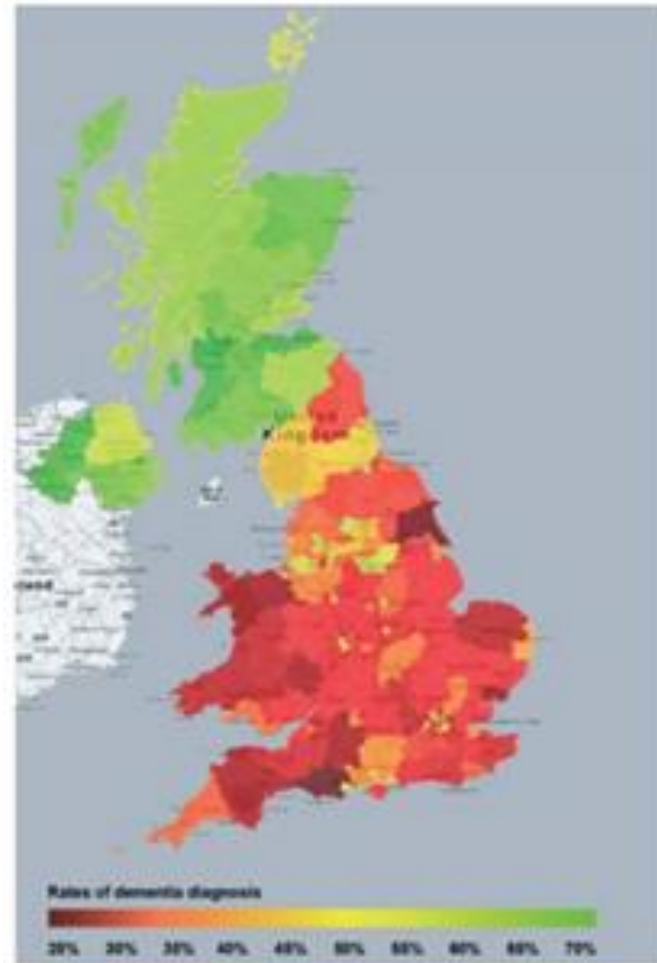
Dementia: “The Quiet Crisis”



“One of the greatest challenges of our time is what I would call the quiet crisis, one that steals lives and tears at the heart of families, but that – relative to its impact – is hardly acknowledged ...

... the level of diagnosis, understanding and awareness of dementia is shockingly low. It is as though we have been in collective denial ... it is a national crisis”.

Dorset: Worst ranking SHA for dementia diagnosis



Diagnosis is the worst in country

By Joanna Codd

DORSET not only has the highest proportion of older people in the country, but also the worst record for diagnosing dementia.

And that is something a Bournemouth University professor of health and social care research is keen to see changed.

After a concerted effort to improve services in Anthea Innes' home country of Scotland,

Help for dementia sufferers

around 60 to 70 per cent people with dementia are now diagnosed.

But the figure for Dorset - excluding Bournemouth and Poole - is only 27 per cent, meaning that many sufferers are not accessing support.

"We want to try and find out why Dorset has such a low rate and how we can address it," said

Prof Innes.

"A lot of people out there are getting no support. If you live in a remote rural area, you are less likely to get access to services.

"GPs will often not give a diagnosis if they think there are no support services. Families often decide not to pass on the diagnosis. There's still a lot of stigma."

She and colleagues have organised an open lecture and discussion this Wednesday.

They are setting up the Bournemouth University Dementia Institute (BUDI) to improve the local picture.

Although numbers of people diagnosed with dementia are expected to rise over the next few years, Prof Innes said: "It's not necessarily on the increase, it's just that people are living longer."

"Not everyone is going to get dementia, but if you want to reduce the risk, you should try to



AWARENESS: Professor Anthea Innes

address some of the risk factors in your thirties.

"Exercise is key, but you've really got to sweat for it to be beneficial in the long term."

● To register for a free place at the lecture, at the university's Executive Business Centre, 89 Holdenhurst Road, Bournemouth, call 01202 961045 or visit dementiameeeting.eventbrite.com. Registration and lunch at 12pm and the event is from 1 to 2.30pm.

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One in 14 over 65 is sufferer

ONE in 14 people over the age of 65 has dementia, rising to one in six over 80s and a third of people over 95.

There are more than 100 types of dementia, but the most common is Alzheimer's - vascular dementia accounts for about a fifth of cases.

Two-thirds of sufferers are women, perhaps because they tend to live longer.

Two-thirds of people living in care homes have dementia.

At least 17,000 people under the age of 65 are thought to have dementia in this country.

People can reduce their risk of developing dementia by eating healthily, not smoking, leading an active lifestyle, and having regular blood pressure and cholesterol checks from middle age.

Interprofessional workshops

‘Improving diagnosis and care for people living with dementia’

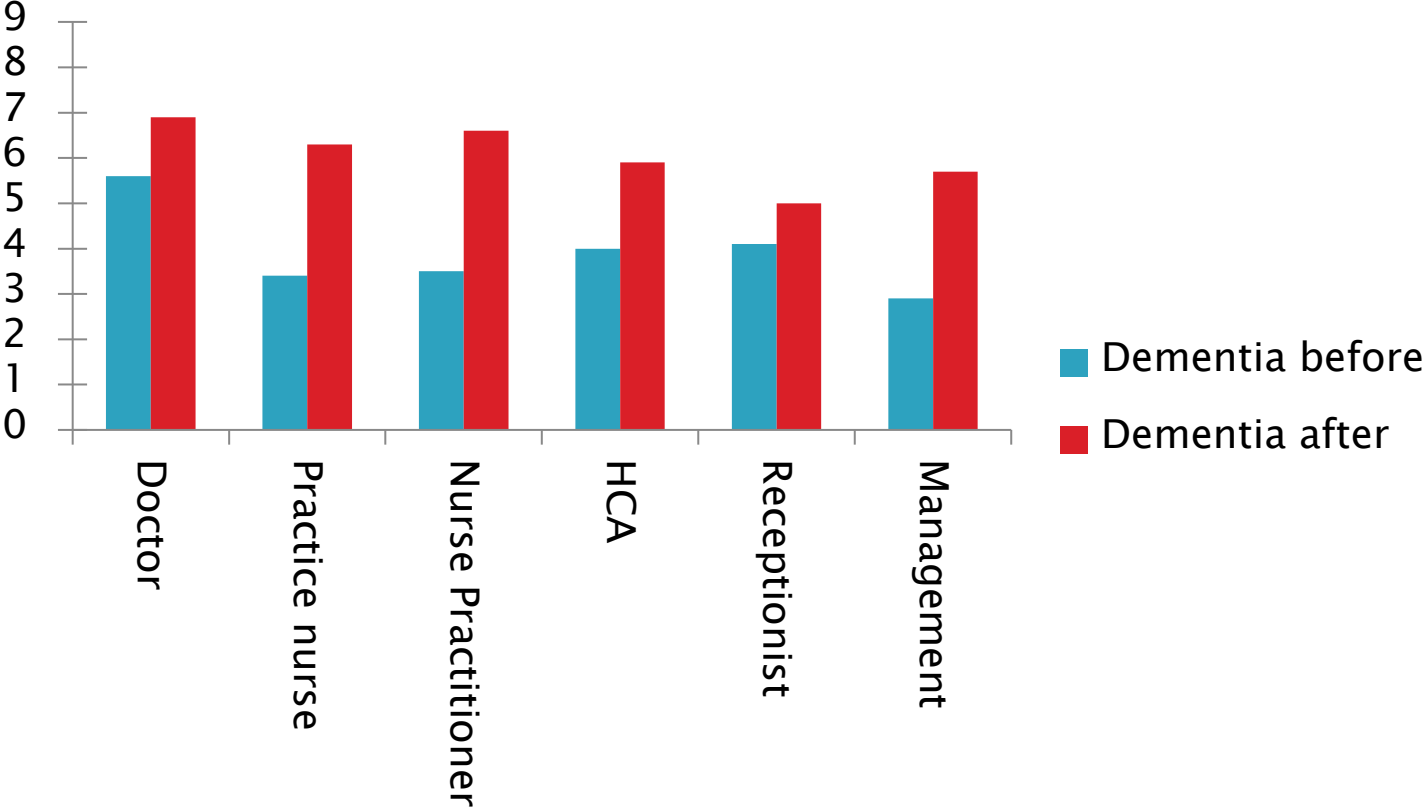


55/100 Practices

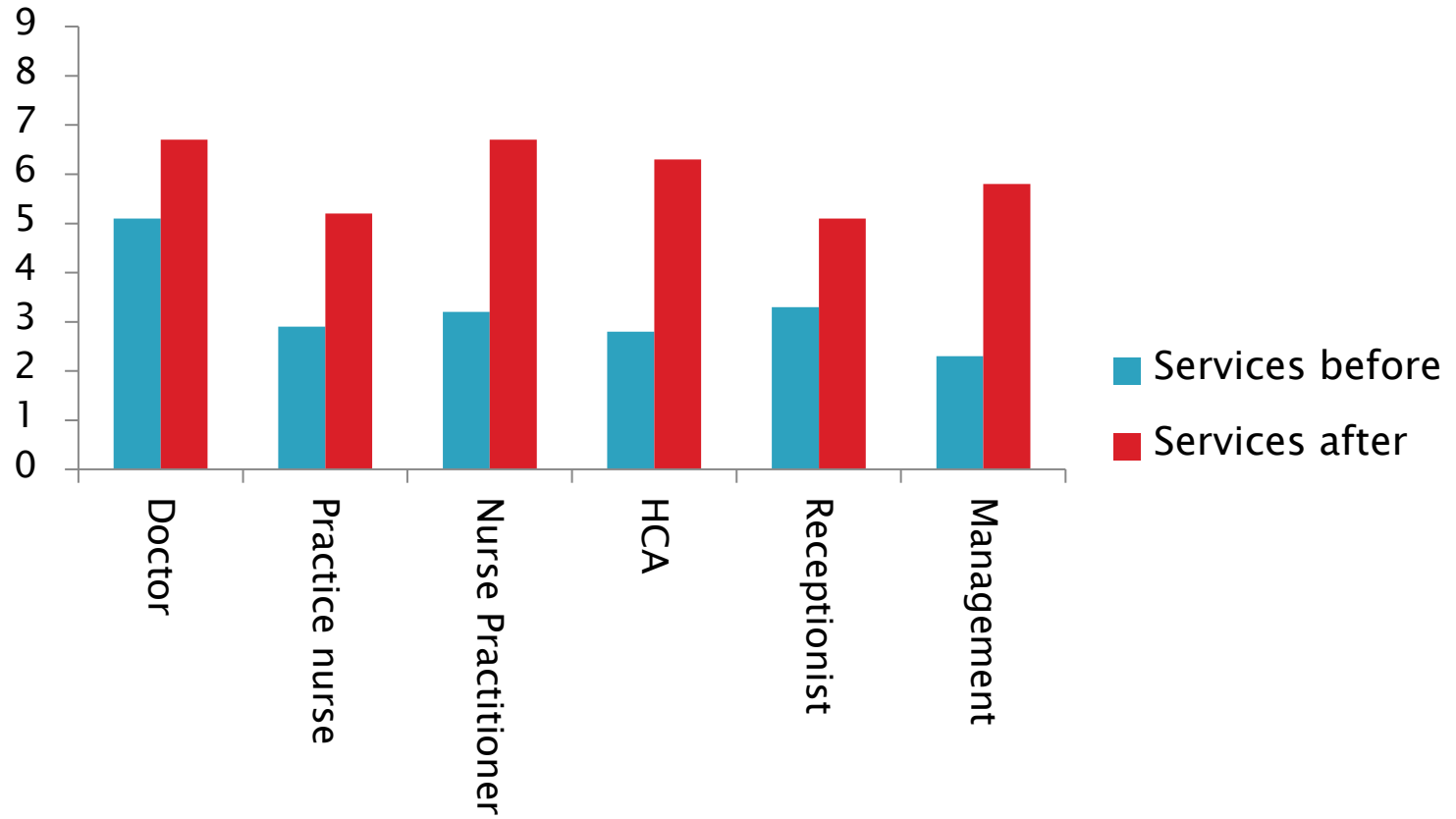
>379 Participants

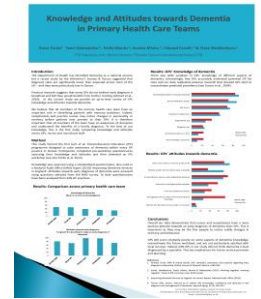
- GPs 178
- Nurses 76
- Receptionists 36
- HCAs 18
- Managers 32
- Secretaries 13
- Other 26

Impact on knowledge: Dementia



Impact on knowledge: Local services





Knowledge and attitudes towards dementia in primary health care teams

Forde, Odetoyinbo, Monks, Mistry, Farrell & Wedderburn

RCGP Conference, Harrogate, 2013

1. To provide an up-to-date analysis of GPs knowledge and attitudes towards dementia.
2. To compare Dorset GPs with national averages to see if there are patterns that can account for Dorset's relatively low diagnostic rates.
3. To compare knowledge and attitudes across different members of the primary health care team (GPs, nurses and nonclinical staff) as everyone can play a role in identifying patients with memory problems.

Interprofessional Learning



“we are a team and dementia is a team disease”

“all teams play a critical role, not just clinical”

“feel I know more about dementia by listening to others questions and discussion”

“highlighted disparity of knowledge between clinical and nonclinical staff”

“useful to see same problem from different angles”

“we don’t often hear much about each others role in the care of patients”



Working together, learning together: A Study of Interprofessional Education in Primary Care

Forde, Wedderburn, Farrell, Mistry, Monks & Odentoyinbo

International Association for Medical Education, Prague, 2013

RCGP Conference, Harrogate, 2013

Thank you

