40% lost friends

48% said they were a burden to family

19% said they were a burden to friends

61% felt lonely

77% felt anxious or depressed

Two thirds of people say they were living well with dementia
Dementia “i” statements

- I was diagnosed in a timely way
- I know what I can do to help myself and who else can help me
- Those around me are well supported and are in good health
- I get the treatment and support, which are best for my dementia, and my life
- I feel included as part of society
- I understand so I make good decisions and provide for future decision making
- I am treated with dignity and respect
- I am confident my end of life wishes will be respected. I can expect a good death.
- I know how to participate in research
Key challenges

Improvements in health and care

Raising awareness and supporting dementia friendly communities

Better research
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Diagnosis of dementia

- On average, in England, **55%** of people with dementia receive a diagnosis.

- There is significant variation across the country.

- NHS England have a **national ambition** that two thirds of people with dementia receive a diagnosis and **post diagnostic support**.

Dementia: state of the nation report

Effective post diagnostic support

- The quality of post diagnostic support is key eg Cognitive Stimulation Therapy, life story work

- RCGP Roadmap
  enquiries@dementiaroadmap.info

- Dementia advisors published in 2013

- The Dementia Guide
Dementia Diagnosis and post diagnostic support
Sliding doors - Mr Smith aged 79

What can happen........

Becomes distressed and agitated one Saturday night

Seen by on call GP and admitted to hospital

Diagnosed with delirium secondary to UTI

History of two years memory loss, wife not managing well

Sedated on admission, discharged to care home
<table>
<thead>
<tr>
<th>What can happen........</th>
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<tbody>
<tr>
<td>Becomes distressed and agitated one Saturday night</td>
<td>Identified as having dementia two years ago</td>
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<tr>
<td>Seen by on call GP and admitted to hospital</td>
<td>Supported by a Dementia Advisor</td>
</tr>
<tr>
<td>Diagnosed with delirium secondary to UTI</td>
<td>Wife notices he is “not himself” one Tuesday</td>
</tr>
<tr>
<td>History of two years memory loss, wife not managing well</td>
<td>GP who knows him visits and prescribes antibiotic for a UTI</td>
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<tr>
<td>Sedated on admission, discharged to care home</td>
<td>Recovers – no need for hospital admission</td>
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Clinical Commissioning Group visits

Three things

Clinical Leadership
Links with social care
Taking charge
DEMENTIA REVEALED: WHAT PRIMARY CARE NEEDS TO KNOW
A Primer for General Practice

Dr Elizabeth Barrett
Professor Alistair Burns
April 2014

Dementia Revealed
What Primary Care Needs to Know
A Primer for General Practice

Prepared in partnership by NHS England and Hardwick CCG with the support of the Department of Health and Royal College of General Practitioners

Dr Elizabeth Barrett, Shires Health Care – Hardwick CCG
Professor Alistair Burns, NHS England
July 2014

Every GP practice has direct access to the Dementia Prevalence Calculator on NHS England’s Primary Care Website. The information is completely transparent so every GP practice and CCG can see every other GP practice and CCG.

Dementia prevalence calculator: practice view
http://www.primarycare.nhs.uk/register.aspx
Easy to remember

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Managing symptoms - drug treatments for dementia

Anti Alzheimer drugs
  Donepezil (Aricept)
  Galantamine (Reminyl)
  Rivastigmine (Exelon)
  Memantine (Ebixa)

Antidepressants
Antipsychotics
National Audit of antipsychotics in dementia 2012

Key findings on the prescription of antipsychotics for people with dementia in England.
Report for the audit period 2006 to 2011.
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Easy to remember
Early identification of dementia

**Primary Care**

- Innovation in detection of dementia in primary care
- NHS Health check
- Case finding in Primary Care for at risk groups

**Memory Clinics**

- National Network
- Four fold increase in activity in two years; half of people seen in early stages
- 75% of clinics asking about research
Prevention of dementia

- Level at which a diagnosis of dementia is made
- Natural history resulting from vascular dementia
- Theoretical intervention to ameliorate decline

If death occurs here, dementia has been “prevented”

Dementia could be said to be “delayed” by this much by the intervention

Dementia diagnosed
Easy to remember

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Non drug alternatives to treatment - examples

For memory and cognition
- Cognitive stimulation
- Reminiscence

For behaviours which challenge
- ABC assessment – antecedents, behaviours, consequences
- Aromatherapy/massage
- Bright light therapy
- Recreational activity, tai chi
- Simulated presence
- Multi-sensory stimulation
- Music therapy
- Other therapies: eg doll therapy, pets

Ann Corbett, Alistair Burns, Clive Ballard
Don’t use antipsychotics routinely to treat agitation and aggression in people with dementia
BMJ 2014;349:g6420
“Change page”
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Easy to remember
Treatment of medical conditions

General Hospitals

- 25% of people in hospital have dementia
- Dementia detection incentivised by Commissioning for Quality and Innovation (CQUIN)
- Health Education England: 100,000 staff to have training
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www.dementiapartnerships.com
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At end of life

Available at www.dyingmatters.org
Alistair.burns@nhs.net

07900 715549

@ABurns1907