Dementia and the management of long term conditions

Dr Ana Saiz
Consultant in Old Age Psychiatry
Older Peoples Mental Health Services
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Long term condition is a disease of long duration generally slow progression that requires on-going management and treatment over a period of years or decades.
• 30% of people with LTC will present with mental health problems

• Leading to poor outcomes and poor quality of life

• The most common in older people is dementia

• Depression, anxiety and behavioural problems are also commonly found
Long Term Condition

- Mental health problems and dementia are associated to cardiovascular disease, diabetes, COPD and musculoskeletal disorders

- LTC such as cardiovascular disease and diabetes are risk factors for dementia and MCI

- The risk of dementia is higher if depression co-exists with diabetes

- Severe mental health problems and certain antipsychotic medication can lead to LTC
Long Term Condition

• Stroke doubles the risk of dementia

• Complex underlying mechanism; biological, psychological, environmental and behavioural

• Primary care is the key support

• Only 10% of these people are referred to specialist services
Implications

- Poor clinical outcomes

- Diabetes and cardiovascular disease has poorer outcomes if they co-exist with depression and dementia

- Reduction in person’s ability to manage a physical condition

- Poor adherence to treatment or medical appointments
Implications

• Increases the chances of admission to hospital. Quarter of hospital beds are occupied by people with dementia

• Leads to ineffective treatments by GP’s

• Increases mortality

• It is the biggest cause of delayed discharge

• It is the biggest cause of carer’s stress

• It increases the risk of care home placements
Implications

• More difficult to detect physical conditions

• Less likely to seek medical advice

• Less likely to detect mental health problems in LTC because doctors and patients concentrate on physical issues

• The cost of treating LTC with co-existing mental health problems increases by 45%
What can be done

- Detection is the first step
- Screening for mental health problems and particularly dementia amongst the high risk groups
- In quarter of hospital admissions there was no record of the person’s diagnosis of dementia
- Using registers for specific conditions
- Thinking about the implications of dementia

1. Compliance
2. Care needs
3. Carer needs
What can be done

• Better treatments (more accessible) dosset boxes, spacer’s not inhalers

• Better supervision of diabetes

• Even daily medicines

• Rationalise treatments

• Drugs can have adverse effect on cognition or cause MCI

• Polypharmacy is frequent; average of 8 drugs per resident in Care Homes
What can be done

• The more drugs people with dementia take, the higher the mortality

• 20% of drugs are potentially inappropriate

• Choice of drugs

• Some drugs can exacerbate cognitive disorder

• Try to identify the cause of distress i.e. depression, psychosis, anxiety, insomnia, hunger, boredom...
What can be done

- Management of pain
- Analgesics can cause side effects and impaired cognition
- Choose drugs with less central effect
- Think on non drugs measures
Key issues

- Effective care plans (somebody who will act if deterioration)
- Crisis plans (how to avoid admission)
- Increase carers resilience
- Training in mental health issues is very important
- Integrated mental health specialist within Primary care
- Social care needs to be part of the integrated support
Key issues

• Liaison services in hospitals to identify co-morbidities, refer appropriately and reduce hospital stay

• Growing awareness of palliative care in dementia

• There is a poor understanding of when needed, what it is and what it does

• How to support dying at home

• NHS England plan includes objectives in relation to management of LTC
Services

• Memory service continues to grow; 50% in last 3 years

• Increase identification of cases in the community

• Working towards improving standards (MSNAP)

• CMHT working towards more integration with Primary Care (allocation CPN, forums)

• Liaison services in hospital

• Advance dementia service
Thank you

Dr Ana Saiz
Consultant in Old Age Psychiatry
Older Peoples Mental Health Services
Anna.Saiz@oxleas.nhs.uk

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