Dementia Care – Medical – Social Collaboration

Prof. Helen Chiu
The Chinese University of Hong Kong
President, Hong Kong Psychogeriatric Association
Past President, International Psychogeriatric Association

New terminology – Hong Kong

DSM-5 – Major Neurocognitive Disorder

Global prevalence of dementia

ADI, 2009

- 4.7% globally for people aged 60 or over
- 35.6 million people with dementia in 2010, no. will double every 20 years
  65.7 million in 2030
  115.4 million in 2050

Prevalence of dementia in Hong Kong

Chiu et al, 1998 –

- 6% for people aged 70 or above

Lam et al, 2007

- 8.9% mild dementia for people aged 70 or above

Some Typical BPSD

- **Psychotic symptoms (Hallucinations/Delusions)**
- **Depression**
- **Apathy**
- **Anxiety**
- **Agitation**
- **Aggression**
- **Wandering**
- **Sundowning**
- **Disinhibition**
- **Catastrophic reactions**
- **Sleep disturbance**

BPSD

- **Affective symptoms more common in mild dementia**
- **Agitation and psychosis more common in moderate state**
- **Visual hallucination more common in dementia with Lewy bodies (DLB), in around 80%**

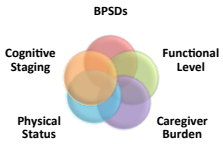
but is around 20% in AD

Dementia Care

What are the needs of people with dementia?

7

5 Domains of Dementia



Patient Needs

- Medical
- Social
- Financial
- Family
- Daily living
- Others…

8

Specialist Care for Dementia

- Psychogeriatric team –
  - Multidisciplinary assessment and treatment
  - Inpatient, outpatient, outreach to Homes
  - Expertise in diagnosis, management of dementia and BPSD, wholistic care plan
- Geriatric team –
  - Expertise in diagnosis, management of dementia and physical comorbidities,
  - end of life care, wholistic care plan

Primary care for dementia

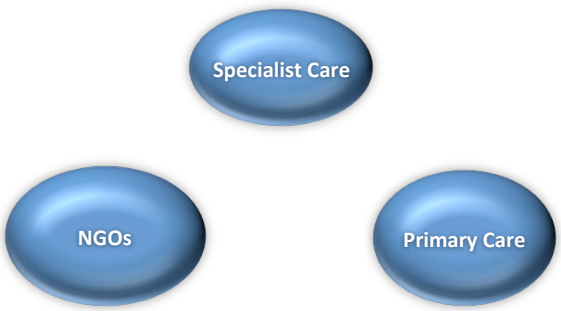
- Detection and early diagnosis
- Management of non-complex cases
- Public education, especially in regard to risk reduction

10

Social care

- Cognitive enhancement programs
- Physical activities
- Social activities
- Day care
- Home care
- Respite care
- Carer training

Dementia Care



Existing Problems

Specialist care – long waiting time, cannot download cases; inadequate manpower (Multidisciplinary)

Primary care – lack of training for diagnosis and management of dementia

Social care – no direct contact with specialist care, difficult to provide care to dementia patients without support and training

13

Complex dementia

- **In dementia care, complex cases in diagnosis are usually those not due to Alzheimer's diseases or Vascular dementia, e.g. Dementia with Lewy bodies, Frontotemporal Dementia**
- **Complex cases for management include those with BPSD or more difficult physical co-morbidity**

14

Dementia with Lewy bodies

- **Fluctuating cognition**
- **Visual hallucinations**
- **Parkinsonic features**
- **REM sleep behaviour disorder**
- **Sensitivity to antipsychotics**

15

Frontotemporal dementia

1. **Behavioural variant – Disinhibition, apathy, loss of empathy, Perseveration, Dietary changes, Socially inappropriate behaviours**
2. **Language variant Prominent decline in language ability, e.g. word finding, object naming or word comprehension**

16

Primary care

Diagnosis of non-complex cases of dementia

Management of non-complex cases or stabilized complex cases

⟷

Specialist Care

Diagnosis of complex cases

Management of complex cases

Stabilized complex cases can be discharged to primary care after a certain period

17

Social care

Most cases of dementia and carers require some training or support programs

NGOs are well placed to provide such programs and to implement some behavioural programs to maintain patients in the community as well as to monitor patients' progress

18

Specialists will need to provide training to primary care and social sector and good channels of mutual referrals required

Formulation of care plan by specialist care