

## Editorial

# Primary care and dementia: time to act

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Dementia continues to be a global problem with increasing prevalence. It is estimated that about 24.3 million people suffer from dementia worldwide and predicted that this number will double every 20 years. Over 60% of people with dementia live in developing countries and, in many cases, families are the predominant care givers.<sup>1</sup> Family doctors and primary care need to play their part so that those who suffer from this condition and their families can receive the optimum care they deserve.

In many high and medium income countries care is provided for those suffering from dementia in a more systematic way than low income countries, however, the expectation and experience of many service users is different from the optimum. In 2008 an all-party United Kingdom Parliamentary Committee examined the care provided for people suffering from dementia in UK nursing homes and noted that many nursing home staff lacked adequate training to support those suffering from dementia in a person-centred way.<sup>2</sup> The challenges and gaps in care for those with dementia can be better addressed through an integrated primary care service focusing on the person suffering from dementia as a human being needing biopsychosocial care using a person-centred approach.

Diagnosing dementia is often challenging and requires accurate classification to support good quality planning, so that potentially reversible conditions can be diagnosed and treated. This approach ideally requires access to a workforce with a range of skills including the opportunity to refer to specialist services when appropriate which primary care can manage and orchestrate. Good quality care requires access to neurologists, geriatricians, psychiatrists, district nurses, social workers, occupational therapists, family support workers and specialist housing with an opportunity for respite for caregivers. There are a number of good secondary care specialist guidelines available to help in the management of dementia.<sup>3</sup> Because of the sheer numbers of people who suffer from dementia access to care is limited and will continue to be limited as long as dementia care continues to be a specialist lead service.

The WHO recognises the need to improve and provide better access for those suffering from dementia and suggests a 'scaling up' approach which they define as a deliberate effort to increase the impact of health service interventions that have been successfully tested in pilot projects and should involve the following tasks:

- the identification of a set of interventions and strategies for health service delivery
- planning of activities and services
- looking at obstacles and difficulties preventing the achievement of the desired goal.

The Wonca Working Party on Mental Health plans to implement a scaling up agenda for dementia within a primary care context as we believe that there can be no mental health without primary care.<sup>4</sup> Primary care can improve the quality of care that people who suffer from dementia receive and can specifically be involved in making the diagnosis. Primary care can contribute to the identification and diagnosis of dementia through:

- good history taking with special reference to neurological and vascular disorders taking into account previous contact and what is already known about the patient
- physical and neurological examination
- specialist investigations including haematological and radiological tests
- making a formulation
- the identification and treatment of reversible conditions
- developing appropriate care plans that may include referral to specialist medical and social services.

In the United Kingdom efforts are being made to integrate dementia care into primary care through the Quality and Outcomes Framework (QOF).<sup>5</sup> The minimum expectation for primary care is to have a dementia disease register in every practice and for sufferers to have been reviewed at least once in every 15 months. We know that this is still not optimal but it is a start.

Many people suffering from dementia may exhibit behavioural problems which need to be assessed including the assessment of their ability to undertake the activities of daily living (ADL). The Wonca Working party on Mental Health proposes to address the gaps and inconsistencies in primary care dementia identification and management by developing a culturally sensitive dementia guideline that will clearly state what intervention is appropriately delivered in the primary care setting and make recommendations as to what should be the minimum standard that we should expect globally for dementia sufferers and their primary carers. It will recognise that there may be variation depending on resources and local style of service. It will collate the current evidence that supports the primary care management of dementia and will benchmark best practice in nursing and community homes.

The population of the world is growing older, people are living longer, the prevalence and incidence of dementia will increase. It is time for all of us to come together to address this issue – especially those of us working in primary care and in the community.

If you already have dementia guidelines in your area of practice which you feel could be useful as a resource for others or you would like to join the Wonca dementia guideline development team, please contact [dementia.wonca@googlemail.com](mailto:dementia.wonca@googlemail.com).

## REFERENCES

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