Sheffield Health and Social Care NHS
NHS Foundation Trust

NHS Sheffield Clinical Commissioning Group

DEMENTIA PROTOCOL

PRIMARY CARE AND ACUTE TRUST GUIDELINES FOR REFERRAL TO OLDER ADULT SECONDARY MENTAL HEALTH SERVICES OF PEOPLE WITH A SUSPECTED DEMENTIA

CONCERN EXPRESSED BY PATIENT AND / OR CARER OR PROFESSIONAL

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Patient seen by GP or Hospital Consultant / Liaison Psychiatry/other Clinicians e.g. Community Nursing Teams

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Has diagnosis of Dementia previously

↓

Yes / No / Unknown

↓

If dementia is suspected

Assessment by GP or Hospital Consultant or Liaison service

Note, also see additional resource to support management of care home patients.

Assessment to include:

- Description of onset, length of history and progression and impact of daily life (include cognition, behaviour and psychological symptoms)
- Patient/carers/professional perception of problem
- Contact details of Next of Kin (interpreter needed?)
- Past medical history
- Exclude treatable illness - refer to GP if required
- Review of medication to identify any *medication that may impair cognitive functioning
- Weight and Height (BMI)
- Recommended dementia blood screen (completed within previous 3 months unless there has been an acute change in presentation then repeat) may include: FBC, B12 & folate, U&Es, glucose, HbA1c, LFTs, TFTs, calcium, MSU (required if acute onset of confusion).
- Complete a brief cognitive screening - for example; 6CIT, AMTS or GPCOG (Requires a carer (family or close friend) to be present).
- Assess for other psychiatric illness e.g. depression (see Older Adult Mental Health protocol)
- Patient aware of, and consented to, referral. For information about capacity see here. Assessment form can be found here.
- Consider housebound – Do they require a home visit
- Risk to self or others. See link -Safeguarding
- Carry out a cardiac assessment, which may involve carrying out an ECG (note the memory clinic will carry out this assessment but consider this for (care home) patients who have not been referred to this service.

Types of dementia - See link

Younger People with Dementia
The expectation is that younger people (<65 years old) need to be referred to Neurology to receive a diagnosis of dementia. Once this diagnosis has been made Older Adults Community Mental Health Teams will accept patients for ongoing support and monitoring. People under 65 year old with Korsakoff's should remain in AMH services.

Learning Disabilities
Adults with a diagnosis of Learning Disabilities will be assessed for dementia by Community Learning Disability Team (CLDT) and referred to; Neurology (if they are under 65) and to the Memory Clinic (if they are 65 or over) for scans and follow up as per Learning Disabilities Dementia protocol. Adults over 65 where there is no formal diagnosis of LD will be seen by the memory clinic to assess for dementia following the Greenlight Policy.

Resources to support people to live well with Dementia
The Sheffield Directory for local dementia support, groups and services in Sheffield -
www.sheffielddirectory.org.uk/dementia

- **Community dementia support referral routes** for: 1) people with low/medium needs (community dementia support including local groups and follow up calls); 2) people with higher dementia-related needs (e.g. you may be concerned about their ability to cope; they may be regularly presenting at their GP); 3) non-medical advice to professionals around dementia.
- www.alzheimers.org.uk/find-support-near-you

Sheffield Carers Centre – practical, social and emotional support for carers (carer can register themselves or GP can refer) - https://sheffieldcarers.org.uk/contact-us/

Is patient already known to a Community Mental Health Team or Sheffield Memory Service?

Yes

No

Liaise with Community Mental Health Team Professionals and Sheffield Memory Service about concerns.

Sheffield Memory Service Helpline
0114 2718585
Monday - Friday

Between 9am – 12pm; 1pm-5pm. Closed on weekends & Bank Holidays.

Authors – Dr Shonagh Scott, Dr Karen O'Connor, Heidi Taylor
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Date – *next review due Aug 2023*

*Referral to Older Adults secondary mental health Services.

All referrals should be made to the CMHT, they will triage referrals to either the Sheffield Memory Service (SMS) or their assessment and care may stay under CMHT. Ensure referral contains sufficient information to support triage (see above).

Refer if at least one of the following is present:

Completed brief cognitive screening - for example; 6CIT (≥8), AMTS (≤8) or GPCOG (pt score ≤4 or pt score 5-8 and informant score ≤3) **and** *p*atient scores above/below cut-off (local cut off recommendations in brackets) on cognitive screening test used.

or

- Patient scores above/below cut off but requires further specialist investigation. Do not rule out dementia solely because the person has a normal score on a cognitive screening tool

and

- Treatable physical and medication causes of cognitive impairment have been excluded/treated

- Behavioural / psychological symptoms
- Complex / multiple problems / dual diagnosis needing specialist assessment

State clearly if concerns around safety – e.g. self-neglect, breakdown in care situation, safety concerns either to patient or carer (also consider if referral to social services required).

If **cognitive enhancing medication** is indicated– See shared care guideline.

***AUDIOLOGY**– check if there has been a recent test and if not/if further testing required, refer to Audiology Cognition and Hearing service. *See info on P. Portal*

*There maybe circumstances where **a patient presents with symptoms of advanced dementia where waiting to refer through the normal route to achieve a formal diagnosis of dementia would not benefit the patient** whilst achieving a diagnosis would enable better support. GP's should always endeavour to utilise secondary care resources but if there is strong clinical suspicion and a corroborative history a diagnosis of "dementia unspecified " or "dementia syndrome" could be made. Tools such as DiaDem can be used to support this and secondary care can be contacted to discuss if needed. See link if patient is in a care home.

Urgent referral to Community Mental Health Team Older Adults – Phone Sheffield Care Trust's 24 hour switchboard on (0114) 2716310
North Community Mental Health Team - (0114) 305 0600
West Community Mental Health Team – (0114) 226 3600
Southeast Community Mental Health Team – (0114) 226 3965
Southwest Community Mental Health Team – (0114) 226 3131

*Examples of medication that may impair cognitive functioning

- Anticholinergic medication **may** effect cognitive function (See link – consider prescribed and OTC)
- Diuretics – watch for electrolyte disturbance
- Benzodiazepines
- Opioids (consider prescribed, OTC / other)
- Dopaminergic medication may worsen cognitive impairment – discuss with PD specialist

Cognitive enhancers/medication management

- Primary care will be asked to prescribe under local prescribing arrangements (see link to shared care guideline)
- Decline of cognitive function alone should not be a reason to stop cognitive enhancers. Studies have shown clear evidence of harm from discontinuing cholinesterase inhibitors in people with moderate Alzheimer's disease, with a substantial worsening in cognitive function upon cessation. See Shared care for further considerations around this. Also see NICE TA217 for further information- Donepezil, galantamine, rivastigmine and memantine for the treatment of Alzheimer's disease

Behavioural support

See link for non-pharmacological support to manage challenging behaviour.
Avoid the use of antipsychotics for Behavioural and Psychological. Symptoms of Dementia (BPSD) unless the person is severely distressed or there is an immediate risk of harm to them or others (or if the patient is experiencing psychosis).
Any use of antipsychotics should include a full discussion with the person and carers about the possible benefits and risks of treatment. See NICE patient decision aid to support discussions. If prescribed, the lowest effective dose should be used and the need for continuing treatment reassessed frequently. See link for supporting information. Risperidone (and some preparations of haloperidol in some circumstances) are licensed in the UK for the short term treatment of BPSD.