SLAGM

SRI LANKAN ASSOCIATION OF GERIATRIC MEDICINE

MANAGEMENT OF DEMENTIA AT A SPECIALIST SETTING

ASSESSMENT

- Investigate for potentially reversible causes Eg: Vit B12, TFTs, S.Ca
- Cognitive assessment (MOCA/ACEIII/MMSE/ RUDAS)
- Consider further investigations (e.g. structural imaging/ EEG /CSF studies/ etc) if dementia is not well established and the subtype is not clear
- Diagnose dementia subtype (if possible)
- Consider further neuropsychological testing if necessary
- Consider specialised investigations (e.g advanced neuroimaging, CSF biomarkers)

CARE COORDINATION

- Provide information - diagnosis, management, prognosis, available services.
- Involve multidisciplinary team to identify needs and plan care
- Discuss future decision making in relation to healthcare, well-being, finances and other legal matters.
- Assessment of capacity in situations related to medical decision making.
- Involve carer and family in care planning
- Offer assessment and support for carers
- Offer advice on driving
- Link to other services

INTERVENTIONS TO PROMOTE COGNITION, INDEPENDENCE AND WELLBEING

- Group cognitive stimulation therapy (CST)
- Reminiscence therapy
- Cognitive rehabilitation
- Occupational therapy to support functional ability.

PHARMACOLOGICAL INTERVENTIONS FOR COGNITIVE SYMPTOMS

- Review medications that may worsen cognitive impairment
- The decision to commence cognitive enhancers should be made by a specialist
- Offer AChEI for mild/moderate AD and DLB.
- Offer Memantine for severe AD, and for moderate AD if AChEI are contraindicated or poorly tolerated, or in addition to AChEI.
- Do not offer cognitive enhancers for VaD in the absence of co-existing AD or DLB, and for FTD.
- There is no proven efficacy for nutraceuticals in the absence of nutritional deficiencies.

MANAGEMENT OF BPSD

- Assess for any underlying cause/s (e.g. Pain, delirium, environmental factors)
- Manage the underlying cause whenever possible
- Offer behavioral/psychological/environmental interventions as first line treatment
- Consider antipsychotics only if there is significant risk of harm or severe distress.
- Use the lowest effective dose of psychotropic medications, for the shortest required time
- Re-assess regularly, consider stopping medications if there is no clear benefit/ symptoms no longer present
- Try to avoid neuroleptics in suspected DLB / PD

REVIEW AND FOLLOW-UP

- Regular medication review – side effects, necessity, continuation of treatment
- Severe BPSD/ neurological symptom/ significant co-morbidity and follow up at a specialist clinic
- Others can be followed up at non-specialist setting

- AChEI – Acetyl Cholinesterase Inhibitors
- AD – Alzheimers' Dementia
- VaD- Vascular Dementia
- DLB – Dementia with Lewy Bodies
- FTD – Fronto Temporal Dementia

FOR FURTHER INFORMATION, HTTPS://WWW.NICE.ORG.UK/GUIDANCE/NG97