

*THE NURSE LED
MEMORY CLINIC
PROJECT – A STITCH
IN TIME SAVES NINE*

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WICKING

DEMENTIA RESEARCH
& EDUCATION CENTRE



DEMENTIA MATTERS

1. The year 2010 marks the first of the baby-boomer generation turning 65 years of age. By 2020 there will be around 75,000 baby boomers with dementia in Aus.
2. In 2010 just over 1% of population have dementia (256,275 Aus, 6,569 TAS)
3. By 2050 more than 3% will have dementia (1.1 million Aus, 26,300 TAS).

(Access Economics 2009 and 2010 – Projected figures rounded)

DEMENTIA – A DISABLING DISEASE

1. **Cognitive impairment** - memory, thinking, orientation, comprehension, calculation, learning capacity, language and judgement.
2. **Behavioural and psychological symptoms** – anxiety, phobias, depression, paranoia, delusional, wandering, disruptive, agitated, inappropriate dressing/undressing, repetitive behaviour, physical and verbal aggression, resistance to personal care assistance, inappropriate sexual behaviour.
3. **Functional limitations**
IADL's – communication, walking, using the telephone, finding their way, handling money.
PADL's - personal care, eating, drinking, continence.

DEMENTIA UNDERDIAGNOSED

- 50%+ people with dementia wont have diagnosis noted in medical records (Okie 2011)
- 70% of early dementia or cognitive decline cases is missed - with diagnostic delays from symptom onset of up to 3 years (Bond et al. 2005; Ganguli et al. 2004; Valcour et al 2000).
- Up to 30% of moderate dementia is undiagnosed (Valcour et al. 2000). Access Economics (2009) estimates that this equates to 260 000 people Australian-wide.
- After diagnosis many people with dementia & their carers do not receive appropriate referrals to support services (Stirling et al. 2010).

*BARRIERS TO
DIAGNOSIS OF
DEMENTIA*

- *It takes time, knowledge & resources to effectively diagnose*
- *Often believe it to be the domain of experts*
- *Worry about upsetting clients when no cure*

(Van Hout et al. 2000; Milne et al. 2000; Turner et al. 2004; Merl & Bauer 2007; Abbey et al. 2008)

*NURSE-LED MEMORY
CLINIC*

1 DAY PER WEEK

- A two – visit model
- People can self-refer or be referred by an health practitioner or health care provider.
- GPs are asked to provide health summary information.
- Clients are asked to attend with a carer, close relative or friend.
- The first visit focuses on assessment, the second on referral and support.

*NURSE
PRACTITIONER
ROLE*

- Request pathology
- Refer to Geriatricians, Neuropsychologists
- Clinical leadership – future planning
- High order communication skills
- Risk factor prevention
- Expand scope of practice to diagnose dementia
- Expand formulary ?Cholinesterase inhibitors (not initiation)

*ASSESSMENTS
CARRIED OUT
ARE...*

- ACE_R Australian Version
- Trail assessment
- Neuropsychiatric Inventory
- IQCODE – carer report
- SAPS (Hawthorne, Sansoni et al. 2006). Client satisfaction survey (patient and carer)
- List of Services used
- Nurse practitioner diary
- Nurse practitioner referral records

CLINIC RESULTS SO FAR

- We had 65 initial responses from the general public and one from a GP in the initial 2 weeks following the project launch
- So far 32 assessments completed:
 - About 50% have been the worried well – they have been given reassurance and risk factor reduction education
 - About 25% have some cognitive impairment, but no failure to function, so may be developing a dementia or MCI - risk factor reduction education, Cognitive rehabilitation program with AATas and suggest re-assessment in 12 months
 - 25% have an undiagnosed dementia leads to a referral to a Geriatrician or neuropsychologist for further assessment and review.

REFERRALS

- *We expect GP and health practitioner referrals to make up a greater share of referrals*
- *3 GP's have started referring to the clinic, with regular referrals coming in now from AATAs*
- *3 couples have attended, where one of the partnership has clear concerns about their partner, and coming together has been an effective way to have an assessment completed.*
- *falls assessment are completed if there has been a fall in the last 12 months, and about 6 people referred to a physio for balance and strength review.*

*IMPORTANT
FOCUS OF
THE PROJECT*

This research project aims to:

- Support General Practitioners in the process of gathering vital cognitive function information to enable, where indicated, a timely diagnosis of dementia.*
- Explore the potential of a primary health care Nurse-Led assessment clinic.*
- Trial the development of an innovative role for Nurse Practitioners Aged Care.*
- Provide screening and referral services.*

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THANK YOU

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NURSE PRACTITIONER PROJECT AGED CARE MODELS OF PRACTICE PROGRAM 2011 - 2014

- *Department of Health and Ageing*
- *2.6 year project*
- *Provides one-off seed funding to develop, test & evaluate different models of practice for nurse practitioners in aged care.*

PROJECT OUTCOMES:

- *Improved access to primary health services for older persons, particularly those with dementia.*
- *Improved access to dementia and other mental health services for patients in RACF and community settings with improved patient outcomes.*
- *Increased health care system capacity to support the rapidly increasing numbers of people with dementia and their carers.*
- *Demonstration of a sustainable, and professionally supported, combination ACNP role which adds value to the specialist dementia services with the provision of cost-effective holistic primary care, while providing independent practice opportunities.*