National Strategy on Dementia
Submission of the Faculty of Old Age Psychiatry

Background

The Faculty of Old Age Psychiatry welcomes the establishment of a National Dementia Strategy and sees it as an essential step in the development of adequate and coordinated dementia care in Ireland.

Old Age Psychiatry services play a key role at all stages of dementia care, from detection, assessment and diagnosis right through to care for people with established dementia of all types, at all stages of dementia and in all clinical contexts. Specifically, the management of behavioural and psychological symptoms of dementia (BPSD) is one of the main roles of Old Age Psychiatry services. We also have a broader remit in dementia by raising awareness and informing public health policy.

Old Age Psychiatry services deliver care for people with dementia in domiciliary and clinical settings, such as outpatient clinics, Memory/Cognitive Disorder Clinics, Day Hospital, acute general hospitals (Consultation-Liaison Psychiatry), acute and long-stay psychiatric inpatient facilities and public and private nursing homes. Therefore, Old Age Psychiatrists and nurses and allied healthcare professionals working within Old Age Psychiatry teams have a unique and expert insight into the clinical realities and everyday needs of people with dementia, their families and carers. Furthermore, our services are unique, not only in delivering complex healthcare packages in diverse clinical settings, but also in actively interfacing with all aspects of the healthcare system, including Primary Care, Public Health and healthcare professionals functioning in acute hospital and long-term care settings.

There are currently approximately twenty public community-based Old Age Psychiatry services covering different geographical areas of Ireland, along with a small number of
private services in Dublin. Despite recommendations from as far back as 1999 (An Action Plan for Dementia: O’Shea and O’Reilly, 1999) and before, calling for the provision of one multi-disciplinary Old Age Psychiatry team for every 10,000 people over age 65, large areas of the country remain without the services of such teams and, where services are in place, they are frequently under-resourced in terms of physical infrastructures such as inpatient treatment facilities and lacking in the required number and type of multi-disciplinary personnel. Based on the calculation of one Old Age Psychiatry service per 10,000 older people, then the current number of teams should be increased to approximately 46 nationally.

Outline of submission

Following this brief introduction, we will address the seven main areas covered in the Consultation Questions document for the National Strategy on Dementia. We see all of the seven areas outlined below as being integral and overlapping in the development of dementia services and a coherent National Dementia Strategy. Under each of the seven headings we have included specific comments and some detail on the key roles and input of Old Age Psychiatry services. We conclude with our main recommendations.

Awareness

- Primary prevention and ways of avoiding or delaying the illness
- Public awareness about dementia
Even when individuals with dementia present for assessment and diagnosis of dementia at an early stage, considerable disease progression may already have taken place. Therefore, the importance of primary prevention of dementia must be stressed. For example, management of established risk factors for dementia, such as vascular risk factors, depression and social isolation are likely to help prevent the development or worsening of cognitive impairment and dementia. Old Age Psychiatry services are integral in these primary prevention measures, in terms of identifying and modifying risk factors and raising awareness of such risk factors among patients, healthcare professionals and the general public.

Following on from the last point, and regarding public awareness, we also believe that this is an extremely important part of any National Dementia Strategy, in order to help encourage individuals and their families to seek help when they are concerned about the possibility of dementia, to help raise awareness among healthcare professionals and members of the public and to help destigmatise dementia. Again, Old Age Psychiatry services are frequently involved at local and national levels in raising such public awareness.
Early diagnosis and intervention

- Early diagnosis
- Specific training in dementia for health care professionals
- Appropriate services for people with early-onset dementia, including people with Down Syndrome

We believe that early diagnosis of dementia is vital, in order to institute treatments as soon as possible and in order to make legal and other personal arrangements in good time. Early diagnosis can be facilitated by the adequate provision of Old Age Psychiatry services and the provision of adequately resourced regional Memory/Cognitive Disorder Clinics throughout Ireland. Old Age Psychiatry teams are among the key professionals involved in establishing and running the small number of existing Memory/Cognitive Disorder Clinics in Ireland. The other most relevant medical specialties involved include Geriatric Medicine and Neurology, and Old Age Psychiatry and these specialties should work collaboratively on a regional basis in the establishment and running of such clinics.

Research in Ireland and worldwide has demonstrated a lack of training in dementia diagnosis and treatment in such important areas as Primary Care and in the acute general hospital setting (Cahill et al, 2006 and 2008; Royal College of Physicians (UK), 2011). We recommend the establishment of dementia training for all healthcare professionals, regardless of the clinical context in which they work, in order to aid with earlier diagnosis, initiation of appropriate treatment and to help meet the specific needs of people with established dementia.

Early onset dementia and dementia in people with Down Syndrome poses unique problems for individual sufferers, their families and carers, because of difficulties with
diagnosis and management of complex behavioural and neuropsychiatric problems in
individuals who may still be of working age and in employment, with dependent families.
The needs of people with early onset dementia are largely unmet in this country and
existing and new Old age Psychiatry services should be adequately resourced to address
this.

Community-based services

- Dedicated and flexible community-based services

Existing Old Age Psychiatry services are community-based in orientation and very
flexible in nature, catering to the needs of patients in their own homes and in all clinical
settings. Old Age Psychiatry services thus interact on a constant basis with community-
based services such as Primary Care, Public Health and voluntary agencies. Flexible and
community based services, such as those provided by Old Age Psychiatry teams, are to be
strongly encouraged as they are likely to be more comprehensive, cost-effective and
patient-friendly than traditional hospital and outpatient clinic based services.

Long-stay residential care
• Psychosocial approaches to complement existing medical and neurological models of service delivery
• Dementia-specific residential care units

The model of working for Old Age Psychiatry services is very much multidisciplinary and routinely employs psychosocial approaches to complement the traditional medical model.

Regarding dementia specific residential care units, we strongly recommend the establishment of such units, to help meet the complex needs of people with dementia, especially when it is complicated by significant BPSD. Existing Old Age Psychiatry services are ideally placed to help inform the development of such units and to provide expert multidisciplinary care for their residents.

**Acute care**

• Awareness, ownership and leadership of dementia in acute hospitals

Acute hospitals are not geared up to meet the needs of people with dementia. The National Audit of Dementia Care in General Hospitals (UK, 2011) found very significant deficiencies regarding dementia care in the areas of general awareness, knowledge of dementia and management expertise, with the majority of staff acknowledging the need for more training in the area of dementia care in the acute hospital. These results mirror the everyday clinical experience of dementia care in acute hospitals in Ireland.

Furthermore, superimposed episodes of acute confusion or delirium and the acute onset or worsening of BPSD frequently complicate acute hospital admissions of people with dementia. Individuals with significant cognitive impairment and dementia are frequently not diagnosed or treated until they develop problematic behaviour secondary to delirium or behavioural BPSD.
Delirium in the acute hospital is associated with poor general outcomes and elevated mortality rate. Despite calls for many years for increased attention to be focused on the active management and prevention of delirium (Meagher and Leonard, 2008), very little real progress has been made. Therefore, we strongly recommend the establishment of fully resourced Old Age Psychiatry Consultation-Liaison services to cater to the needs of people in acute hospitals who have dementia and delirium. This will facilitate the coordination of care before, during and after hospital admission and ensure the optimal use of psychotropic medication and other therapies. It will also help in the development of dementia friendly hospital environments with adequate dementia training for staff across all disciplines.

Community/Acute/Long-stay residential care

- Case management models of integrated care
- End of life care services for people with a dementia
**Case management models** of integrated care are highly commendable and should be routinely developed, in view of the complex nature of dementia, affecting as it does all aspects of physical, psychological and social health and well-being. Old Age Psychiatry services are ideally placed to inform the development of such case management models of care, in view of our multi-disciplinary working in home-based and in all clinical contexts.

We support the development of **end of life care services** for people with dementia, similar to the Palliative Care model of community and hospital based care for people with cancer. Old Age Psychiatry services frequently interact with Palliative Care services in this regard, but there is a need for a more structured and adequately funded system. Old Age Psychiatry services are actively involved in long-term placement panels linked to the Nursing Home Support (‘Fair Deal’) Scheme. The ageing of our population will inevitably lead to an increased need for such placement panels with an associated requirement for the input of Old Age Psychiatry services. Again, this highlights the need for fully resourced Old Age Psychiatry services throughout Ireland.

**Research**

- Information systems on the number of people with dementia, severity of disease, placement patterns and quality of life
Information on the above factors is clearly essential in the planning of nationwide services. Old Age Psychiatry services are actively involved in all forms of clinical audit and research, thus contributing to the evidence base on the epidemiology, neuroscientific basis and clinical features of dementia.

We also recommend the creation and maintenance of a National Registry for Dementia, to develop a database for information on care, treatment and outcome.

Summary of recommendations

- The Faculty of Old Age Psychiatry welcomes the establishment of a National Dementia Strategy and sees this development as essential in the provision of equitable and accessible high quality dementia services for people all over Ireland.

- In order to help with the implementation of a workable National Dementia Strategy, we strongly recommend the setting up of fully staffed Old Age Psychiatry services throughout Ireland, with access to physical infrastructures such as adequate Day Hospital and acute admission facilities. One Old Age Psychiatry service should be set up to cater to the needs of every 10,000 older people.

- We also recommend the setting up of regional multi-disciplinary Memory/Cognitive Disorder clinics, giving nationwide access to aid with earlier diagnosis of dementia and timely introduction of appropriate treatments. Such clinics would work collaboratively with Primary Care, Public Health and existing specialist services such as Old Age Psychiatry, Geriatric Medicine and Neurology.
• In view of the large proportion of older people in acute general hospitals who are suffering from dementia and delirium, we also recommend the funding of dedicated Old Age Psychiatry Consultation-Liaison services that would work in collaboration with the acute hospital services and existing community based Old Age Psychiatry.

• Consideration should also be given to the appointment of a Lead in Dementia Care within the Department of Health to drive policy, service structure and excellence in dementia care nationally. We have requested a Clinical Programme for Dementia with our geriatrician colleagues and this would facilitate close working with the Department of Health.

• We recommend the creation and maintenance of a National Registry for Dementia, to develop an information database on the epidemiology of dementia care in Ireland.

References


National Audit of Dementia Care (General Hospitals). Royal College of Physicians (UK), 2011.


A Vision for Change. 2006. The Stationery Office. [URL deleted]

www.dohc.ie/publications/vision_for_change.html