



Care of Patients with Dementia in General Practice

Guidelines



Royal Australian College
of General Practitioners

NSW HEALTH
Working as a Team

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The Mind's Decay

*Some of God's people have to go that way,
Who once were loving, witty, joyful, sage,
Showing the Spirit's gifts in rich array,
Now aged babes;
Like ships adrift from reason's anchorage,
No hand upon the rudder of the will,
Abandoned derelicts, yet floating still.*

ELIHU

Foreword

The project to develop these guidelines was funded by the NSW Department of Health under the *NSW Action Plan on Dementia 1996-2001*.

The purpose of the project was to provide general practitioners with a resource for the care of people with dementia that encourages early intervention, ongoing management throughout the course of the disease and partnership with carers and other service providers. The project was funded following advice from the General Practitioner Working Group on Dementia and aimed to address some of the issues raised in the Mid-Plan Report on the *National Action Plan for Dementia Care 1992-1996*.

The project aimed to bring together the Royal Australian College of General Practitioners (RACGP), representing practising doctors, and two university departments of general practice to address the important and so far somewhat neglected issue of quality care of patients with dementia in the community, including support for their families and carers. It did this by establishing these guidelines, and then testing them in general practice.

The objectives were:

1. To develop guidelines for the diagnosis and ongoing management of people with dementia in general practice in partnership with carers, families and relevant services.
2. To field test these guidelines in general practice.

An advisory committee of GPs and other relevant stakeholders such as geriatricians, psychogeriatricians, nurses, and carer consumer representatives was established to oversee the project, and met three times during the course of the project. A half-time project officer was employed to work under the guidance of the grant holders and the advisory committee.

The team conducted a review of the literature and current guidelines and liaised with practitioners in related disciplines. Draft guidelines specifically related to the usual working procedures of general practice were developed with input from the advisory committee and three focus groups of general practitioners. These were then field tested by 17 general practitioners who used them in their practices to audit their current management of 119 patients against the guidelines. They then provided feedback about the usefulness of the guidelines with these patients, and their comments were used in finalising the guidelines.

A further survey by the NSW Department of Health of eight GPs unconnected with the trial indicated satisfaction with the format of the guidelines.

Subsequently the guidelines have been updated from time to time when new information has come to hand.

The guidelines have been endorsed by the Royal Australian College of General Practitioners.

Advisory committee

An advisory committee was established to oversee and provide input to the project. As well as meeting formally three times during the course of the project members were able to provide input on an ad hoc basis throughout the project period.

Members

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Using these guidelines

These guidelines are directed to the care of patients with dementia who are living at home or with family, rather than to those in facilities such as hostels or nursing homes, though they may apply to some of these.

The guidelines are arranged in 3 parts with increasingly detailed content in each part:

- Summary guidelines (Part 1)
- Full practical guidelines in a format suitable for general practice (Part 2)
- Background and supporting evidence (Part 3).

For convenient access, each part of these guidelines follows the same format, consisting of the following 3 sections:

- Patient presentation
- Assessment
- Management.

This means that the general practitioner can simply refer to the summary guidelines (**Part 1**) for **brief information** regarding assessment, for instance. If required, **more detailed information** can be found in the assessment section of the full guidelines (**Part 2**), and **background and supporting evidence** for this information can be found in the assessment section of **Part 3**.

It is recognised that in practice these aspects of care are not undertaken separately but rather, are part of an iterative process often taking place over a long period of time.

These are at present consensus guidelines, since the process of gathering formal evidence to support them is still to be done. They rely heavily upon previous guidelines issued in a number of countries, only one of which claims to be evidence based (*see references*).

The guidelines were updated in December 2002.

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