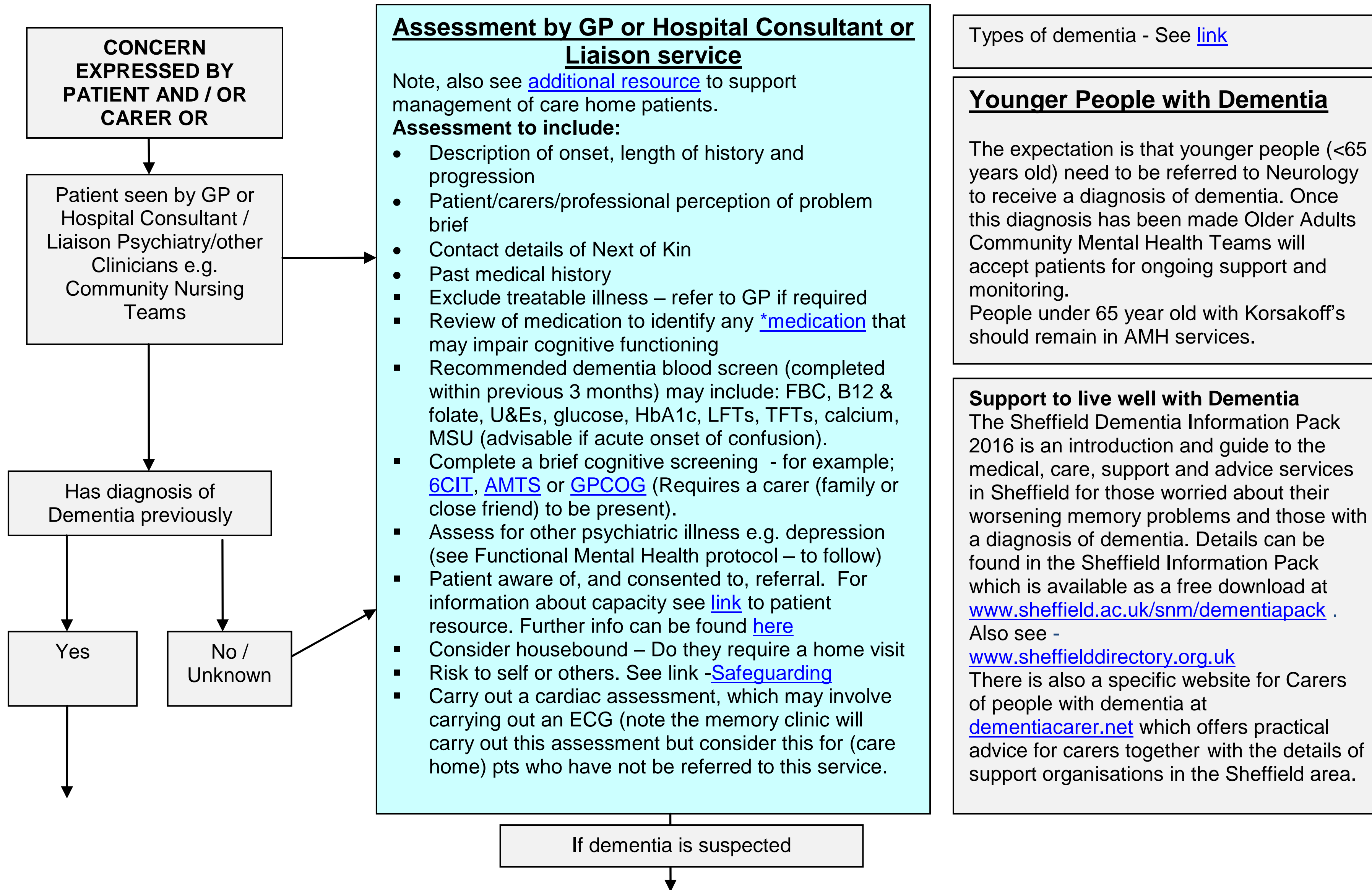
Sheffield Health and Social Care NHS
NHS Foundation Trust

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



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
- Patient/carers/professional perception of problem brief
- Contact details of Next of Kin
- Past medical history
- Exclude treatable illness – refer to GP if required
- Review of medication to identify any *medication that may impair cognitive functioning
- Recommended dementia blood screen (completed within previous 3 months) may include: FBC, B12 & folate, U&Es, glucose, HbA1c, LFTs, TFTs, calcium, MSU (advisable 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 Functional Mental Health protocol – to follow)
- Patient aware of, and consented to, referral. For information about capacity see link to patient resource. Further info 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) pts who have not be referred to this service.

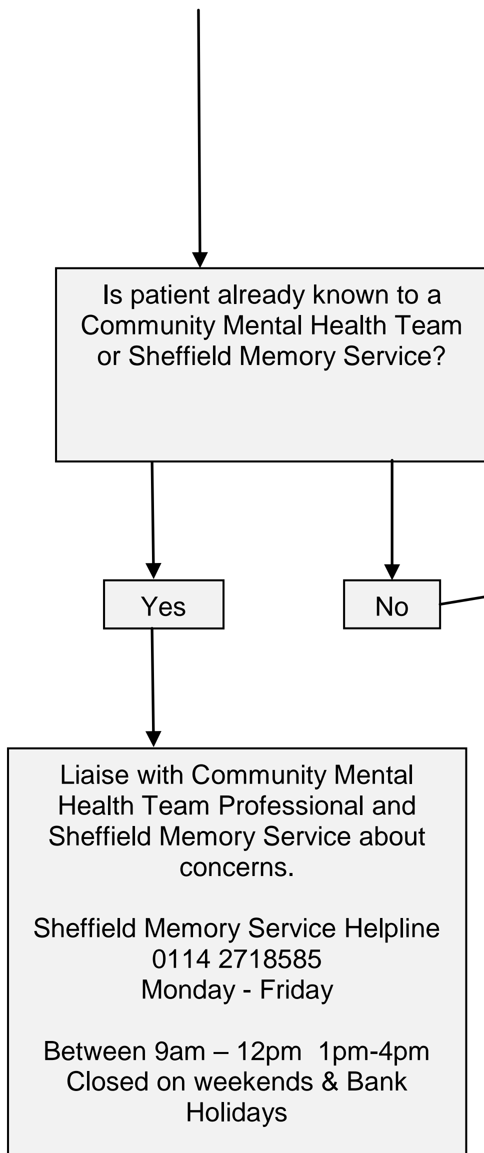
If dementia is suspected

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.

Support to live well with Dementia
The Sheffield Dementia Information Pack 2016 is an introduction and guide to the medical, care, support and advice services in Sheffield for those worried about their worsening memory problems and those with a diagnosis of dementia. Details can be found in the Sheffield Information Pack which is available as a free download at www.sheffield.ac.uk/snm/dementiapack .
Also see - www.sheffielddirectory.org.uk
There is also a specific website for Carers of people with dementia at dementiacarer.net which offers practical advice for carers together with the details of support organisations in the Sheffield area.



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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.

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 below cut-off (local cut off recommendations brackets) on cognitive screening test used.

or

- Patient scores above cut off but requires further specialist investigation

and

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

- Behavioural / psychological symptoms
- Complex / multiple problems / dual diagnosis needing specialist assessment
- Monitoring of response to cognitive enhancer drug treatment – See shared care guideline

State clearly if concerns around safety – e.g. self-neglect, breakdown in care situation, safety concerns either to patient or carer.

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/ Fax 305 0601

West Community Mental Health Team – (0114) 226 3600/ Fax 226 3601

Southeast Community Mental Health Team – (0114) 226 3965/ Fax 228 0246

Southwest Community Mental Health Team – (0114) 226 3131/ Fax 226 4090

*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)
- Treatment should be continued only when it is considered to be having a worthwhile effect on cognitive, global, functional or behavioural symptoms. (good practice would be to use the same screening tool used at diagnosis / referral to support review)
- 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 non-cognitive symptoms or challenging behaviour of dementia unless the person is severely distressed or there is an immediate risk of harm to them or others. Any use of antipsychotics should include a full discussion with the person and carers about the possible benefits and risks of treatment. The lowest effective dose should be used and the need for continuing treatment reassessed frequently. See link for supporting information. Note - risperidone only one licensed in AD