Introduction

The second edition of *Dementia Revealed* was published in July 2014 and was produced by Hardwick Clinical Commissioning Group and NHS England. It is designed to develop general practitioners’ (GPs’) and nurse practitioners’ understanding of dementia and dementia care. The authors clearly state that it is not a protocol or guideline, but an educational tool.

Review

*Dementia Revealed* gives a detailed overview of the different issues that GPs could face in a consultation about /with a patient with dementia. A lot of information is included, but it is divided clearly, allowing readers to go to the relevant areas as they need to. Each major section has a ‘key points’ box at the end to ensure that salient points are emphasised. While the information is presented well the document is probably too long to use during a consultation. It comes across as a document that should be read beforehand and referred back to if needed. The structure of the toolkit follows the journey a patient would take from the initial cognitive screening tests to what they should expect at a memory clinic, diagnosis and the common medications used. The focus is on the patient and their family and how the process of diagnosis and prognosis will affect them and what we can do to support them. I found that it made the information more manageable.

The language in the toolkit makes it accessible to most healthcare staff and would allow them to share it with patients and families if they wished to. It defines dementia and the main sub-types in non-medical terms but includes the ICD-10 classification. It explains all abbreviations. The lack of medical jargon is good: for example when discussing prevention of dementia it says ‘what is good for your heart is good for your head’. The language is also holistic and patient centred. For instance, when they discuss behavioural and psychological symptoms of dementia (BPSD) they say ‘the approach to psychological symptoms should be an empathetic one that of discovering what the patient is experiencing, what their needs are and how best to cater for them’ and ‘If a patient is not disturbed by hallucinations, do not be in a rush to medicate them away.’ When they discuss end of life care the place of death section is well written and focuses on the patient and their family.

The document also offers clinical information for initial assessment. It discusses how cognition is assessed and offers useful advice on how a GP could go about making an assessment. It discusses the different types of tests and offers some information about the most common ones. It then moves on to discuss ECGs and brain scans. It includes which...
blood tests to do, highlighting their importance. It also explains what should be done in primary care and what can be referred on for specialist input, such as brain scans, and ‘Brain scans (CT or MRI) are not essential for a clinical diagnosis of dementia.’

The section on medication discusses the different anti-Alzheimer’s drugs and gives a brief overview of their use. It also discusses when they should be stopped, and avoiding medication with anticholinergic effects e.g. amitriptyline and drugs for bladder instability. In discussing BPSD there is information on the symptoms that could manifest and explanations that ‘challenging behaviour needs to be seen as a manifestation of unmet needs’ and suggests ways that this could be addressed, before it moves onto medications that can be used, and those which should be avoided. This section will help GPs greatly as they may be unfamiliar with managing BPSD; by helping expand their knowledge they may feel more confident in dealing with them.

It also includes the social issues that many patients and their carers experience, especially regarding finances, as well as the legal issues that surround a vulnerable adult. These are common concerns for many people so it is helpful that the basic information is included for the GP to be able to offer advice and support. Social and legal information also helps GPs stay up to date with a system that is constantly changing.

It also offers information in the appendices on coding relevant to GPs, the Abbreviated Mental Test Score (AMTS), the General Practitioner Assessment of Cognition (GPCOG) and other assessment scales, plus other sources of information so anyone who is interested can read further.

**Conclusion**

Overall, this is a useful toolkit for GPs. A possible improvement could be to include example conversations so that GPs could have a framework to refer back to for difficult consultations and case scenarios for GPs to develop their skills in this area. As a trainee starting my first job in old age psychiatry I found the information useful and relevant to the patients I am now taking care of. It presents the information clearly and uses accessible language. I think that any GP, no matter how much experience they have, would learn something new and useful from this document.