Looking at Missed Opportunities in Prescribing of Anti-Dementia Medications- An Audit

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Introduction

Population data from 2005 indicate that 380,000 people have Alzheimer's disease in England and Wales. The UK incidence of Alzheimer's disease in people over the age of 65 years is estimated to be 4.9 per 1000 person-years.

Early diagnosis and intervention allow the patient to compensate for the disability, minimize disease-related and medication complications, improve quality of life and optimize the use of resources.

Aims & Objectives

1. To ascertain the number of patients referred to Older Peoples Crisis Team with an existing diagnosis of dementia and not having previously been administered any cognitive enhancing medications.

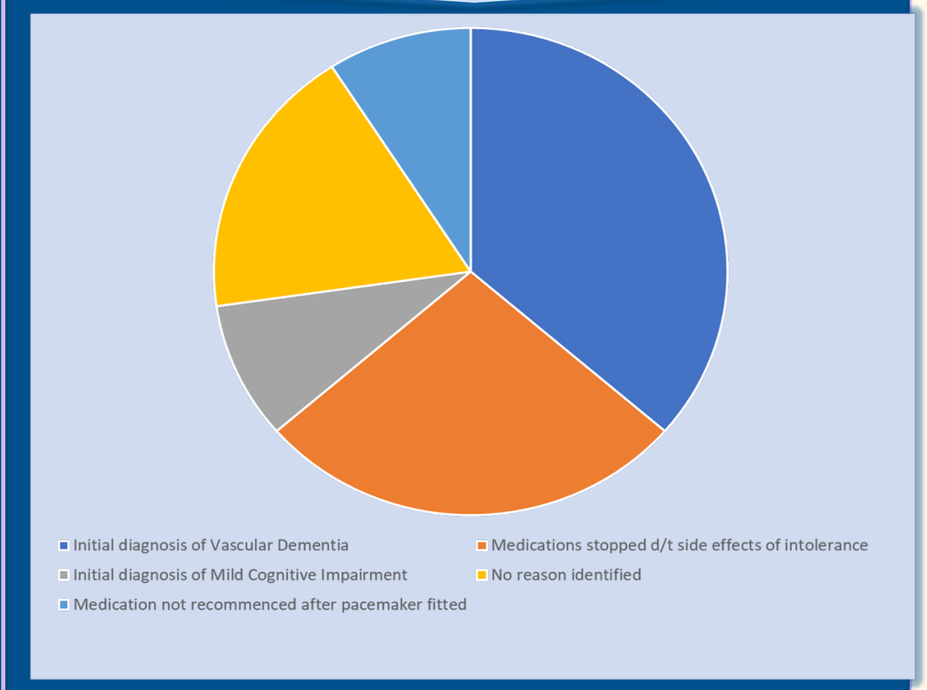
2. To explore the reasons for patients not been prescribed above but were eligible candidates.

3. To look for missed opportunities in the provision of ideal care in terms of treatment for patients with dementia.

Methods & Materials

Retrospective examination of clinical letters for patients having a diagnosis of dementia between 11.08.2020 - 30.01.2020. The letters were obtained from RIO.
All patients referred to the CRHTT-OP during the given time frame were selected for this audit. Any patient without a formal diagnosis of dementia was excluded.

Results



28 patients were identified during the time frame, any patients without a final diagnosis of dementia were excluded (n=1)
Of the remaining 27 16 patients were already started on cognitive enhancers
11 were not on any cognitive enhancers (as described in the chart above).
For 2 patients we could find no reason why they had not been started on cognitive enhancers, both were then started by my team on memantine A further patient had been initially started on donepezil, which had to be stopped due to heart problems, after a pacemaker was fitted, this was not restarted.

Discussion

NICE recommends that in addition to secondary care medical specialists such as psychiatrists, geriatricians, and neurologists, treatment can be initiated by other healthcare professionals (such as GPs, nurse consultants and advanced nurse practitioners), if they have specialist expertise in diagnosing and treating dementia.

NICE also recommends that once a decision has been made to start a drug therapy for dementia, the first prescription may be made in primary care.

Conclusion

We feel by missing prescribing a cognitive enhancer our patients are at a disadvantage in some cases missing out on years of potentially good quality life

Often by the time a patient is referred to crisis team their dementia is now severe, or they have BPSD

We recommend prompt and early treatment with medications where indicated.

We would also recommend considering a diagnosis of mixed dementia rather than pure vascular dementia