Patients with dementia deserve better diagnosis and treatment

With NICE reconsidering treatments available to patients with dementia, nurses have the chance to improve their clinical practice and awareness of the condition, says Linda Nazarko

It would take a city the size of Leeds to accommodate the 700,000 UK citizens who have dementia. Most, however, will never be formally diagnosed because we have a shamefully poor record on recognising and detecting the condition.

“Dementia” is used to describe a collection of symptoms – including a decline in memory, reasoning and communication skills – and a gradual loss of skills needed to carry out daily activities. Diseases such as Alzheimer’s cause structural and chemical changes in the brain that lead to dementia symptoms.

Dementia is terminal. If most people who had a terminal disease such as cancer were undiagnosed, there would be an outcry. Diagnosis of dementia matters – without it, an individual can be deprived of the opportunity to make decisions about treatment and care.

‘Without diagnosis, an individual can be inappropriately treated and deprived of the chance to make decisions about treatment and care’

inappropriately treated because professionals do not know what is wrong and what care is appropriate. In such cases the person with dementia is deprived of the opportunity to make decisions about treatment and care.

People with dementia in the UK are diagnosed later than those in most European countries because they have very limited access to drugs that help slow the progress of the condition.

Two types of drugs are currently available: acetylcholinesterase inhibitors can help with mild to moderate Alzheimer’s while memantine, an NMDA-receptor antagonist, can help in moderate to severe Alzheimer’s. Current guidance from the National Institute for Health and Clinical Excellence recommends that acetylcholinesterase inhibitors are only prescribed to people with moderate dementia and memantine should only be used in clinical trials and not in clinical practice.

NICE is reconsidering its position and is likely to make acetylcholinesterase inhibitors available in early dementia and memantine in advanced dementia – good news for patients, their families and clinicians. It also means nurses and other health professionals must improve the diagnosis, care and treatment of people with dementia.

Dementia awareness must be improved along with our ability to diagnose and our clinical practice. These can help slow deterioration and improve quality of life. Diagnosis enables staff to work with the person and their family, ascertain wishes and plan care, which could result in greater patient involvement.

Dementia affects a person’s ability to interpret the world and communicate with others; this can make the world a very frightening place. Patients can develop symptoms such as apathy, agitation, depression and anxiety, hallucinations and delusions, which affect their quality of life and make it difficult for carers to provide care.

Around 90% of people with dementia develop neuropsychiatric symptoms at some time; around 60% develop behaviours that may be considered challenging. Often people with neuropsychiatric symptoms are prescribed antipsychotics or neuroleptics and, in the absence of alternatives, they can worsen dementia, decrease quality of life and double the risk of death. In addition, newer drugs are no more effective than placebos.

Increased availability of dementia drugs can reduce the incidence of behavioural problems; they help people with dementia to understand what’s happening and respond appropriately. Combined with new and flexible multidisciplinary approaches to care, they can improve quality of life.

Improving access to dementia treatments will make a real difference to some people but more must be done. Drugs only help a small proportion of people for a limited time so more effective treatments are needed. And, given that the number of people with dementia is set to double in the next 30 years, we need a huge campaign aimed at reducing the risks of the condition.

LINDA NAZARKO OBE, MSc, PGDip, BSc, RN, FRCN, is research fellow at London South Bank University, a lecturer at King’s College London (visiting) and nurse consultant for Ealing and Harrow Provider Services