



Identification and actions to support people with cognitive impairment by Community Pharmacists in North Somerset

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“Diagnosing dementia: any appropriately skilled clinician can make the diagnosis and brain scanning not always needed” Alistair Burns, National Clinical Director for dementia, NHS England, October 2014

Avon LPC designed this project to determine whether it is feasible and acceptable to patients and GP’s for pharmacists to assess memory, identify dementia, provide information and referral to specialist services in the community pharmacy setting.

Locally in North Somerset it was estimated that in April 2013 only 45% of people predicted by the Dementia Prevalence Calculator had a diagnosis of dementia recorded in GP records. The National target by 2015 is to diagnose 66.6% of people predicted with dementia.

The Pharmacists

- Enrolled on local courses - University of Manchester focal point on Dementia and “Alzheimer Society Dementia Friends”
- Attenders’ invited to participate
- Mini-Cog training
- Met with local GP’s to agree how to share information
- Trained their support staff to identify people struggling with their memory
- Received details of Local services and information resources
- Trained to enter all data on PharmOutcomes, a web based data service record developed by the Pharmacy Services Negotiating Committee to nationally collect, collate and analyse data

Avon Results

17 pharmacies recorded
152 Mini-cog results identified
27 (21.6%) positive for dementia

Banwell Village Pharmacy detailed results : The project ran for 4 weeks in my pharmacy, we recorded

- ◆ 64 people were asked about their memory,
- ◆ 20 patients agreed to private discussion and assessment,
- ◆ 16 Mini-Cog tests identified 6 (37.5%) positive for dementia.

The principal aims

- To make pharmacies more dementia aware and support local dementia friendly community initiatives
- To increase early identification of dementia locally
- To provide information on the condition and signposting to local support organization’s to people with dementia
- To make dementia medication interventions, using the format of a medication use review

Service specification

Lead questions:

1. “Have you noticed a change in your memory which is affecting your daily life?”
2. “Have you already discussed this with your GP?”

Actions

A 3 tier service was tested.

Tier 1 - patient engagement using two screening questions

Tier 2 - Mini-COG assessment with appropriate GP referral, and patient and carer information.

Tier 3 - a medication review intervention to identify possible culprit drugs and any problems with adherence.

At each level reassurance that not all memory problems are caused by dementia, information and local signposting was offered.

All patients were followed-up at after 4 to 8 weeks to find the views about the service acceptability and quality

Conclusion

This service has demonstrated Community Pharmacists can:

Use their clinical skills in partnership with GP’s to improve patient care.

Identify people not previously known to be concerned about memory problems

Provide reassurance that not all memory problems are caused by dementia

Improved:

- ✓ Awareness of dementia within the participating pharmacies and their local communities
 - ✓ Access to information
 - ✓ Access to local support services
- Raised awareness of drugs that can contribute to memory problems.

Drug interventions	Problem	Suggestion	Outcome
Oxybutynin 92 yrs.	Increased risk of falls	Stop	Compliance aid for vital medication
Oxybutynin 82 yrs.	Contributing to memory loss	Stop	Referral for investigations
Solifenacin 77 yrs.	No benefit	Stop	Stopped
Hyoscine 63 yrs.	Infrequent use	Simeticone trial	Stopped and trial started
Tolterodiline 80 yrs.	Stopped but on repeat	Remove from repeat	Removed
Glycopyrronium 87 yrs.	Dry mouth and "Tummy Pain"	Stop due to CV risk	Assessed = 999 + Pacemaker
Codeine 87 yrs.	Word finding problems	Stop and review	Tummy pain relieved by GTN
Amlodipine 94 yrs.	Not taking	Monitor BP and stop	Compliance aid for vital medication
Furosemide 94 yrs.	Not taking	Monitor BP and stop	Compliance aid for vital medication
Citalopram 42yrs	Ineffective	GP review and self refer to Cruise	New SSRI initiated, Support from Cruise very helpful
Lactulose/Stericulia 81yrs	Lactose intolerant	Macrogol	Macrogol started and referral
Levothyroxine 86 yrs.	Under replacement	Dose increase	Review of procedure missed review
Levothyroxine 65yrs.	Under replacement	Dose increase	Closer monitoring
Indometacin 69yrs	High risk NSAID & No GI protection	Add PPI & consider lower risk NSAID	Omeprazole & Ibuprofen started
Allopurinol 69yrs	Dehydration	Encourage fluids	Keeps forgetting - reminder prompt on PMR
Took Dogs Tablets 66 yrs.	Risk of poisoning	Contacted poisons unit at GP request	Low dose cf body weight increase fluids
Alcohol excess 66 yrs.	Dehydration	Reduction and increase social activities	Has reduced intake and getting out more
Loratadine 80 yrs.	Stopped recently	Restart & Doublebase gel	Risk of skin damage reduced
Dry mouth 81 yrs.	Sjogrens syndrome not confirmed	Dry mouth products	Prescribed and used regularly and referral
Bendroflumethazide 71yrs	Continance problem, can I stop?	Home BP OK Review and stop - pelvic floor exercises explained	Stopped and she is back at Zumba

More details available from: psnc.org.uk/avon-lpc Your area / North Somerset / Dementia Identification Service

Presented:
Clinical Pharmacy Congress
24th and 25th April 2015

