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4 – Dementia Investigation in General Practice in Collaboration with a Dementia Clinic.

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According to the Alzheimer Report 47 million people worldwide are living with dementia in 2015, reaching 75 million in 2030 and 131 million in 2050 (1). Primary care physicians play a central role in diagnosing and managing dementia, yet early dementia is often difficult to diagnose and to distinguish from normal ageing in primary care (2). The role of primary care physicians for timely dementia detection and treatment can be cost-effective since it may improve symptoms enough to reduce healthcare costs and keep patients living in the community for longer (3, 4). Insufficient time, difficult access and communication with specialists and community services, low reimbursement, and lack of interdisciplinary teams may explain why dementia evaluations are not done more in primary care. Also, dementia management in Europe varies greatly. In some countries primary care physicians are allowed to establish a dementia diagnosis and start reimbursed specific drug treatment while in other's only secondary care specialists are allowed to diagnose and treat dementia (5).

We have explored dementia management attitudes of primary care physicians beyond national guidelines across 25 European and Mediterranean countries in a one-page key informant survey with 445 practising primary care physician respondents from 25 member countries of the European General Practice Research Network (EGPRN) Table 1. The survey included questions about general attitudes of primary care physicians concerning dementia diagnosis and management in each respondent's country. National coordinators from the 25 countries were contacted face to face during EGPRN meetings and Wonca Europe conferences in 2013-2015 to help with the recruitment of a strategic, demographical and geographical representative sample of physicians from every country.

Our dementia management survey shows that most primary care physicians claimed that they were engaged in dementia work-up. In many countries they also prescribed dementia drugs such as donepezil/rivastigmin/galantamine and memantine, but the degree of their engagement varied greatly between the 25 countries. The Mini-Mental State Examination (MMSE) was the most popular cognitive test and the ClockDrawing Test (CDT) was the second most popular test to screen for cognitive impairment. In many countries MMSE was mandatory before a prescription of dementia drugs would be reimbursed by the health insurance. Most primary care

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physicians seemed to be willing to start dementia work-up with time constraints as the major barrier (6-8).

We found a statistical significant association between primary care physicians' right to start dementia drug treatment and being responsible for dementia management (odds ratio 3.45; 95% CI, 2.28- 5.23 ($p<0.05$)), and also a significant but somewhat weaker association between primary care physicians' right to start dementia drug treatment and to establish the diagnosis of dementia on their own (odds ratio, 1.64; 95% CI, 1.11-2.41 ($p<0.05$)).

Our survey study may have implications for health care planning and future research in how to manage cognitive impairment facing our ageing global population. We saw a high variability of national rules for the right to start or continue dementia specific drug treatment across 25 Eurasian Countries. There was also a difference between official rules and the primary care physicians' attitudes regarding dementia management. High variability of primary care physicians' attitudes towards dementia workup was also found along with consistent association between national rules and primary care physicians' level of proactivity in dementia workup.

According to this 2015 audit to 445 European and Mediterranean primary care physicians most seemed willing to start dementia work-up with time constraints and restrictive official rules as the major barriers. Primary care physicians that were not entitled to prescribe dementia drugs were more inclined to refer patients with suspected dementia to secondary care.

Take Home Messages

- High variability of national rules for right to start or continue dementia specific drug therapy across 25 European General Practice Research Network (EGPRN) countries
- Big difference between official rules and primary care physicians' attitudes regarding dementia management.
- High variability of primary care physicians' attitudes towards dementia management across 25 (EGPRN) countries
- Consistent association between national rules and primary care physicians' attititudes regarding dementia management

Original Abstract

http://www.woncaeurope.org/content/ab402-%C2%A0-%C2%A0-%C2%A0-%C2%A0-dementia-investigation-general-practice-collaboration-dementia-clinic

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Country	Population million people	Population 65 years old or over %	Dementia prevalence %
Austria	8.6	18.3	1.73
Belgium	11.3	17.8	1.77
Bulgaria	7.2	19.6	1.49
Croatia	4.2	18.4	1.53
Denmark	5.8	18.2	1.53
Finland	5.5	19.4	1.71
France	66.4	18.0	1.85
Germany	81.2	20.8	1.92
Greece	10.8	20.5	1.77
Hungary	9.8	17.5	1.50
Ireland	4.6	12.6	1.08
Israel	8.5	10.3	1.10
Italy	60.6	21.4	2.09
Malta	0.4	17.9	1.26
Norway	5.2	15.9	1.56
Poland	38.0	14.9	1.31
Portugal	10.4	19.9	1.71
Romania	19.9	16.5	1.26
Slovenia	2.1	17.5	1.57
Spain	46.4	18.1	1.75
Sweden	9.7	19.4	1.82
Switzerland	8.2	17.6	1.73
The Netherlands	16.9	17.3	1.47
Turkey	77.7	7.7	0.44
United Kingdom	64.8	17.5	1.65
TOTAL	584.1		1.55

*Values are given in percent (%) and absolute numbers (n).

†Data for dementia prevalence by the Alzheimer Europe Association, 2013.