

General practitioners' views on the early diagnosis of dementia

Judy Renshaw, Peter Scurfield, Louise Cloke and Martin Orrell

SUMMARY

This study investigated the views on the early diagnosis of dementia from over 1000 general practitioners (GPs) from 12 Health Authority areas in England and Wales. Almost half of the GPs did not believe it was beneficial to make an early diagnosis, yet most admitted they needed more training in the area. In areas where there had been specific efforts to contact and educate local GPs, the GPs were far more likely to believe in the value of early diagnosis.

Keywords: general practitioners; dementia; diagnosis.

Introduction

IN the United Kingdom, primary care is uniquely situated to achieve early diagnosis and management of dementia in the community.¹ Yet there is evidence of underdiagnosis,² under-response to established dementia, and inadequate management.³

A recent survey found that nearly two-thirds of general practitioners (GPs) did not give a memory test and around 40% did not offer a diagnosis when consulted by patients with memory problems.⁴ In a parallel survey of nearly 700 GPs, 71% felt that they had not had adequate training in the management of dementia and more than half were dissatisfied with community services for dementia.⁵ Iliffe¹ found that 60% of GPs lacked confidence in making a diagnosis of early dementia and many found it difficult to advise about support services or to coordinate such services. A recent study found that most GPs felt they had little to offer dementia patients, early referral was unhelpful, and the problem was mainly social.⁶

The aim of the present study was to investigate the relationship between GPs' views on the value of early diagnosis and the characteristics of the local mental health services.

Method

The Audit Commission has been undertaking a national study of mental health services for older people, with fieldwork in 12 areas of England and Wales.⁶ These were selected to be varied in size, geographical location, and urban/rural characteristics. A range of measures was used to assess the specialist mental health services for older people. These included a postal survey of GPs consisting of six statements about dementia plus space for comments. Questionnaires were sent to 1827 GPs in 611 practices via their practice manager and after six weeks a reminder was sent.

Results

Replies were received from 1005 GPs: a response rate of 55%. Only 52.3% of GPs felt that early diagnosis was beneficial and only 54.4% felt it was important to look objectively for early signs of dementia. Comments included 'dementia is untreatable so why diagnose?' and 'early diagnosis will lead to wasteful plans and miseries'. Table 1 shows the relationship between the presence of specific service characteristics (e.g. a memory clinic) and the strength of GPs' views on whether it was beneficial to make an early diagnosis of dementia (varying from strongly agree to strongly disagree). In services that had made special efforts to contact and educate GPs about dementia, the local GPs were very significantly more likely to believe in the value of early diagnosis. Most GPs (74.6%) had ready access to specialist advice but

J Renshaw, project manager; P Scurfield, project officer; and L Cloke, project assistant, Health and Social Services Studies, Audit Commission, London. M Orrell, MRCP, reader in psychiatry of ageing, Department of Psychiatry and Behavioural Sciences, University College London

Address for correspondence

Dr Martin Orrell, Department of Psychiatry and Behavioural Sciences, University College London, Wolfson Building, 48 Riding House Street, London W1N 8AA. E-mail m.orrell@ucl.ac.uk

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Table 1. Service characteristics in relation to GP's views about the benefit of making an early diagnosis of dementia.

Service characteristic	Student's <i>t</i> -test	Significance (two-tailed)	95% confidence interval
Consultants in CMHTs	1.13	0.26	-0.08–0.27
Keyworkers in CMHTs	1.32	0.17	-0.05–0.27
Memory clinic	0.45	0.65	-0.14–0.22
Anti-dementia drugs	0.45	0.65	-0.14–0.22
Care programme approach	1.39	0.16	-0.06–0.33
Efforts to contact and educate GPs	5.17	<0.001	0.27–0.61

only half (50.2%) felt local services for dementia were satisfactory. Only 47.6% of GPs said they had received sufficient training in the diagnosis and management of dementia and only 43.9% used specific tests or protocols to aid diagnosis. Over 200 comments identified need for more support for carers and families, more respite care, and more day centres and social activities for people with dementia.

Discussion

This survey covered a wide range of areas across England and Wales. In terms of the limitations of the study the response rate, though probably adequate, was low overall and may have introduced some bias. Measures to improve the response rate could have included direct contact with each GP. The questionnaire was brief but limited in the areas it covered and the GPs' responses to the questions may not always reflect their clinical practice.

Only half of the GPs felt that early detection and diagnosis of dementia was important and many were unsure. This illustrates the experience of many carers who find GPs reluctant to diagnose or refer early cases of dementia. It may also reflect the feelings of many GPs that local services for dementia were unsatisfactory or that they had not had adequate training in the diagnosis and management of dementia. Special efforts by mental health professionals to make contact with local GPs and to provide education appear to be very effective in convincing GPs of the value of early diagnosis. Some services had monitored GP referral patterns and targeted their efforts on practices where referral rates were low. GPs may be more likely to look for and diagnose dementia if they have regular contact with specialist mental health professionals in their area. Thus psychiatrists and community teams making contact with GPs and letting them know about the services available could lead to users and carers gaining access to help more quickly.

Health care for this group needs to be coordinated with social support services to provide the full range of practical help that users and their carers need. The Audit Commission's auditors will be following up the national study⁶ in all areas of England and Wales during 2000 to see how effectively the agencies are working together and how far they provide a quality service for users and carers that represents value for money.

References

1. Iliffe S, Haines A, Gallivan S, *et al.* Assessment of elderly patients in general practice. 1. Social circumstances and mental state. *Br J Gen Pract* 1991; **41**: 9–12.
2. O'Connor D, Pollitt P, Hyde J, *et al.* Do general practitioners miss dementia in elderly patients? *BMJ* 1988; **297**: 1107–1110.
3. Iliffe S. Can delays in the recognition of dementia in primary care be avoided? *Ageing & Mental Health* 1997; **1**: 7–10.
4. Alzheimer's Disease Society. *Right from the start; primary health care and dementia*: London: Alzheimer's Disease Society, 1995.
5. Wolff LE, Woods JP, Reid J. Do general practitioners differ in their attitudes to dementia. *Int J Geriatr Psychiatry* 1995; **10**: 63–69.
6. Audit Commission. *Forget-me-not: mental health services for older people*, London: Audit Commission, 2000.