

Face Dementia

As part of the **Face Dementia Practice Improvement Program**, this collation of resources is designed to empower general practitioners, practice nurses, and their teams, to enhance the identification, assessment, and management of mild cognitive impairment (MCI) and dementia in primary care. Through evidence-based strategies and practical resources, we aim to equip you with the knowledge and tools necessary to detect and diagnose MCI and dementia.



Visit [the Face Dementia website](#) to access the following:

- Short videos for GPs, practice nurses and receptionists
- Flowcharts and checklists
- How to access:
 - RACGP CPD approved education
 - Problem-solving with a geriatrician sessions
 - Risk identification tools for your patient management system

Upcoming Face Dementia Training Sessions:

- Diagnosing MCI and Dementia
- Supporting people with MCI and Dementia to live well
- Practical tips for tricky issues

View dates and sign up for training [here](#):





Cognitive Assessment Tools

for MCI and Dementia

The links below provide direct access to three commonly used cognitive assessment tools. These may also be uploaded to your practice management system for ongoing use:



S-MMSE

&

CDT

MOCA

RUDAS

For additional diagnostic support, please visit:



PHN Dementia
HealthPathways

Dementia
Pathways Tool

[1] Molloy DW, Alemayehu E, Roberts R. Reliability of a standardized Mini-Mental State Examination compared with the traditional Mini-Mental state Examination. *American Journal of Psychiatry*, Vol. 14, 1991a, pp.102-105.

[2] Nasreddine, Z. S., Phillips, N. A., Bédirian, V., Charbonneau, S., Whitehead, V., Collin, I., Cummings, J. L., & Chertkow, H. (2005). The Montreal Cognitive Assessment, MoCA: a brief screening tool for mild cognitive impairment. *Journal of the American Geriatrics Society*, 53(4), 695–699. <https://doi.org/10.1111/j.1532-5415.2005.53221.x>

[3] Storey, J. E., Rowland, J. T., Basic, D., Conforti, D. A., & Dickson, H. G. (2004). The Rowland Universal Dementia Assessment Scale (RUDAS): a multicultural cognitive assessment scale. *International psychogeriatrics*, 16(1), 13–31. <https://doi.org/10.1017/s1041610204000043>



Face Dementia

THE ROLE OF RECEPTIONISTS IN DEMENTIA CARE

Receptionists have an essential role in supporting patients who present with cognitive changes.

Face Dementia offers a short video series to support a whole-of- practice approach in caring for patients with mild cognitive impairment or dementia.



Detecting Dementia - The role of medical receptionists - (2.5 minutes)



Supporting people living with Dementia - The role of medical receptionists (2.5 minutes)



Detecting Dementia - Raising the Issue in General Practice (5 minutes)



<https://facedementia.au/en/general-practice/videos/>



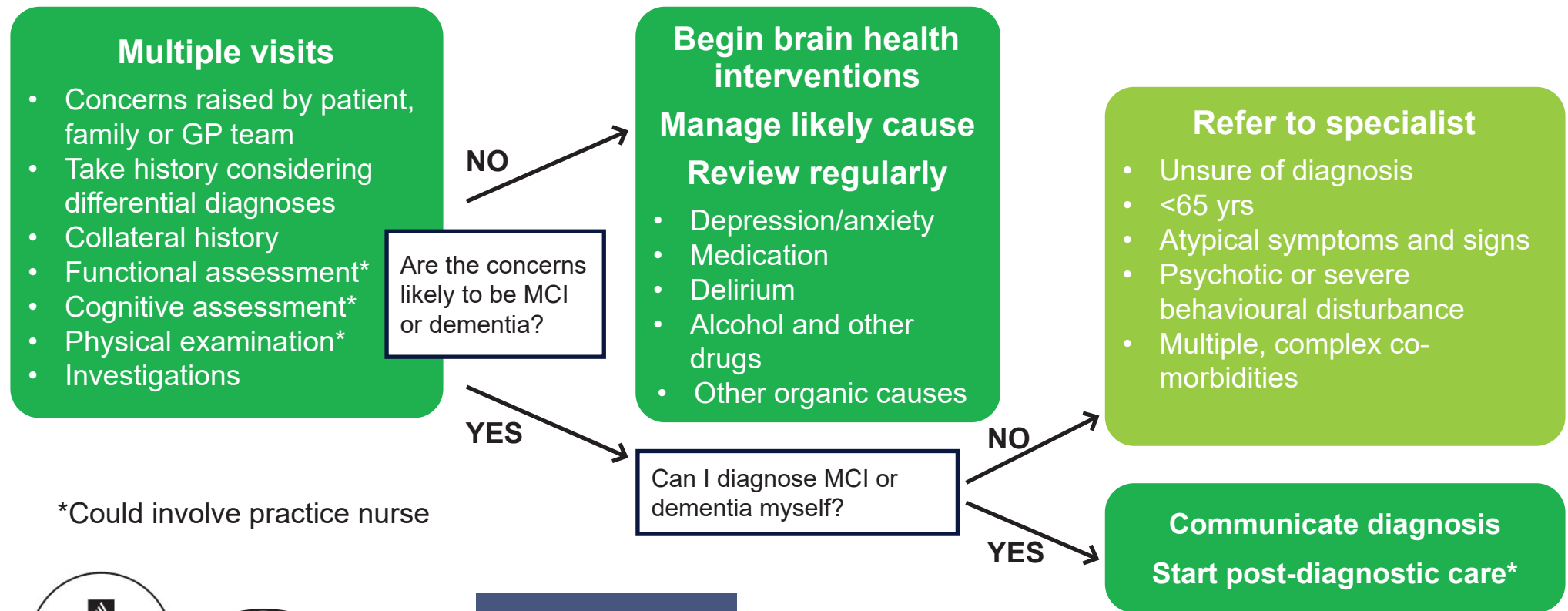
Assessing for MCI and dementia

To download:

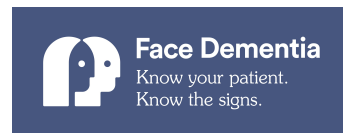


Dementia
Training
Australia

<https://facedementia.au/en/general-practice/resources/>



*Could involve practice nurse



Learn more at our training session: Demystifying Dementia: A Stepwise Approach to Diagnosing and Initiating Post Diagnostic Care

MCI immediate post-diagnostic review (6-8 weeks)

- ☐ **Goals for care*** – consider person with MCI as well as family/care partners
- ☐ **Education*** – answer questions about MCI, prognosis and risk reduction
 - Refer to [Dementia Australia: Thinking Ahead](#) small group program for MCI
- ☐ **Brain health*** – discuss exercise, staying cognitively and socially active, limit alcohol and drugs, stop smoking, healthy diet
 - Ask patients to complete [CogDRisk](#) – will give them personalised recommendations for reducing risk
 - [BrainHQ](#) or [Cognifit](#) – evidence based computerised training (payment required)
- ☐ **Medications** – review current medications, especially those with anti-cholinergic load
- ☐ **Legal planning*** – will, enduring powers of attorney (legal/financial, lifestyle, medical), advance care directive
- ☐ **GP management plan or Team Care Arrangement*** – update or develop considering MCI diagnosis

MCI regular review

- ☐ **Reassess cognition and function*** – update or develop considering MCI diagnosis
- ☐ Revisit items on the immediate post-diagnostic checklist as required

* Practice nurse may assist with these tasks.

To download:



<https://facedementia.au/en/general-practice/resources/>

Dementia immediate post-diagnostic checklist (6-8 weeks, cover over multiple visits)

- ☐ **Goals for care*** – consider person with dementia as well as family/care partners
- ☐ **Education*** – answer questions about the diagnosis, prognosis and treatments
 - Refer to [Dementia Australia](#), [Forward with Dementia](#)
 - Provide local dementia information (produced by each PHN)
- ☐ **Brain health*** – Discuss exercise, staying cognitively and socially active, limit alcohol and drugs, stop smoking, healthy diet
- ☐ **Medications** – What to start and what to stop?
 - Consider starting specific medications for dementia
 - Review and consider stopping current medications, especially those with anti-cholinergic load
- ☐ **Driving** – discuss driving and planning for driving cessation (See [Austroads - Dementia](#))
- ☐ **Legal *** – will, enduring powers of attorney (legal/financial, lifestyle, medical), advance care directive
- ☐ **GP management plan or Team Care Arrangement*** – update or develop considering dementia diagnosis
- ☐ **Family/care partner support***

* Practice nurse may assist with these tasks.

To download:



<https://facedementia.au/en/general-practice/resources/>

Dementia regular review checklist



Possible referrals (offer repeatedly). Your PHN's dementia pathway will list local services.

DOMAIN	Ask about	General Practice Team	
Cognition	Memory Planning Judgement Communication	<ul style="list-style-type: none"> ○ Encourage physical activity, mental stimulation & social engagement ○ Enduring power of attorney 	<ul style="list-style-type: none"> ○ Local dementia activity group ○ Dementia Australia (programs for people with dementia)
Function	Daily function Social participation Hobbies Meaningful activities Driving	<ul style="list-style-type: none"> ○ Encourage rehabilitative strategies to maintain skills and continue usual activities ○ Home hazards assessment ○ Family education 	<ul style="list-style-type: none"> ○ My Aged Care ○ Home Medication Review – Webster pack ○ Occupational Therapy – meaningful engagement, home safety ○ Speech pathology (communication)
Mental health	Depression Anxiety Hallucinations Delusions Paranoia	<ul style="list-style-type: none"> ○ Mental Health Treatment Plan ○ Family/carer education ○ Consider medications 	<ul style="list-style-type: none"> ○ Dementia Australia (family education) ○ Old age psychiatrist
Behaviours	Agitation Frustration Apathy	<ul style="list-style-type: none"> ○ Family/carer education de-escalation/ distraction/meaningful engagement strategies ○ Consider psychosocial and psychotropic management 	<ul style="list-style-type: none"> ○ Dementia Support Australia ○ Dementia Australia (family education) ○ Old age psychiatrist
Physical health	Walking Balance Coordination Hearing Vision Dentition Swallowing Continence	<ul style="list-style-type: none"> ○ Management of other chronic conditions ○ Medication review ○ Review falls risk ○ Review diet, eating and monitor weight ○ Frailty assessment 	<ul style="list-style-type: none"> ○ Exercise physiology, physiotherapy ○ Local seniors exercise or falls prevention program ○ Continence aids support ○ Speech pathology (swallowing)
Carer needs	Stress Mood Social support	<ul style="list-style-type: none"> ○ Encourage carer to self-care, take breaks, consider respite ○ Involve extended family 	<ul style="list-style-type: none"> ○ Dementia Australia ○ Local Dementia Support Groups ○ Forward with Dementia ○ Carer Gateway

Potential MBS Items for Team Based MCI and Dementia Detection, Diagnosis and Care in General Practice			
General Practice Team member	Interaction	MBS	Frequency
GP	Consult – Initial concern raised	23 < 20 min 36 > 20 min	As required
Practice Nurse	75+ Health Assessment Obtain overview of patient health status - medical-psycho-social Preventative health screening Medications, Falls, Driving, Cognition Identify risk of chronic disease Recommendations – education and support health maintenance Includes GP review	705 45 min+	Yearly
GP	Consult - Follow-up/ review	23 < 20 min 36 > 20 min	As required
Practice Nurse	GPMP Chronic Disease Management Care Plan Identifying impact of cognitive impairment in self- management of chronic disease Carer support Education Includes GP review	721	New = yearly
Practice Nurse	Team Care Arrangement Building the health care team GP Allied Health referrals (EPC)	723	Yearly
GP	Consult – Follow-up/ review	23 < 20 min 36 > 20 min	As required
Practice Nurse	GPMP Review Reviewing and developing strategies to support health self-management and independence Carer support Education Includes GP review	732	3 monthly (Can be <3 months if clinically indicated)
Practice Nurse / GP	Team Care Arrangement Review	732	3 monthly (Can be <3 months if clinically indicated)
GP	Consult - Follow-up/ review	23 < 20 min 36 > 20 min	As required
Practice Nurse	Review for patients with GPMP; 5x 10997 (can be used in conjunction with other MBS item or alone)	10997	5 yearly
GP	Domiciliary Medication Management Review (DMMR) (Home medication review) Referral to community pharmacy or accredited pharmacist for DMMR Developing written medication management plan with patient Provide written medication management plan to pharmacy chosen by patient	900	12 monthly, only if item 245 does not apply in the same 12 month period

Other opportunities

Diabetes Cycle of Care – support diabetes self-management MBS 2517; MBS 2521 > 20 min | Mental Health Care Plan – psychology support MBS = 2700 20-40 min

PATIENTS ELIGIBLE FOR DEMENTIA RISK ASSESSMENT

Walrus Walkthrough

Step 1

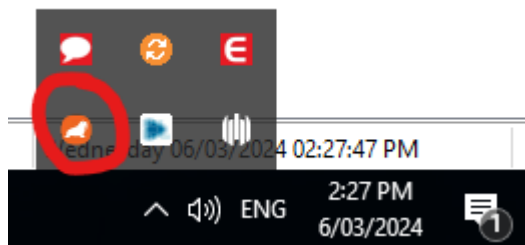
Login to Walrus using your POLAR credentials.

Haven't downloaded Walrus to your PC yet? Follow the [instructions here](#).

Step 2

When viewing the patient file, navigate to the Walrus window.

If Walrus is not showing, you can locate the Walrus application as seen below in the "show hidden icons" tab (refer to *Walrus Instructions to configure Walrus to always show on your screen by default*).



Step 3

On your Walrus toolbar, you will see different icons.

If the corner triangle on the top left of the icon is:

Red = Urgent action suggested

Orange = Semi urgent action suggested

Green = no action required

Select the Risk Icon on your Walrus toolbar, as per below:



Step 4

Here you will see the different risk calculation results of the current patient, with the *Dementia Risk* showing up if the patient indeed meets the criteria to be considered for a dementia risk assessment.

Risk			
	Blood Pressure recording required		OPEN
	BMI recording required		OPEN
	CVD Risk: At Risk		OPEN
	Dementia Risk	CogD URL Pathology	
	HbA1c testing is due for diabetes monitoring care		OPEN
	Hospitalisation (HARP) Risk: Low		OPEN
	Lipids test required		OPEN
	Waist Circumference recording required		OPEN

WALRUS	Alan Abbott		30/06/1945	78 yo	⚙️ ✕

The *CogD* button will take you to the online Cognitive Health and Dementia Risk Assessment to complete with the patient.

The *URL* button will take you to the FaceDementia website with General Practice Resources.

The *Pathology* button will take you to the pathology request form within your clinical software.

Notes

Patient Eligibility: To receive a prompt, the patient needs to be:

1. Age ≥ 40
2. RACGP Active
3. Clinic Active
4. No active Dementia/Alzheimer's diagnosis

Risk Profile: Depending on the patient's age and indigenous status, a combination of these factors will trigger the Dementia Prompt:

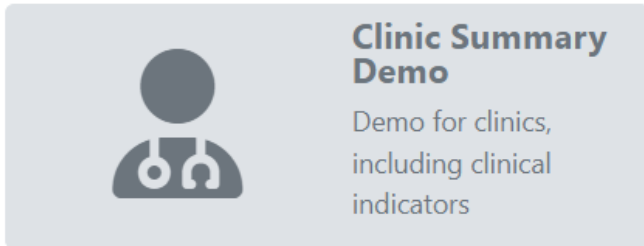
1. Smoking Status = Smoker
2. Alcohol Consumption = 43+ drinks per week
3. Diabetes Type 1 (Active or Inactive) **OR** Type 2 diagnosis (Active Only)
4. Active Diagnosis = Depression **OR** Atrial fibrillation **OR** Stroke **OR** Hypertension **OR** Insomnia **OR** Traumatic Brain Injury

PATIENTS ELIGIBLE FOR DEMENTIA RISK ASSESSMENT

Clinic Summary Filter

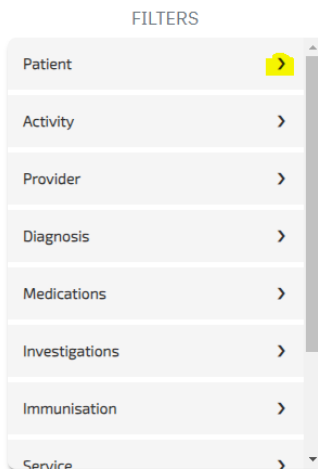
Step 1

Open the Clinic Summary Report

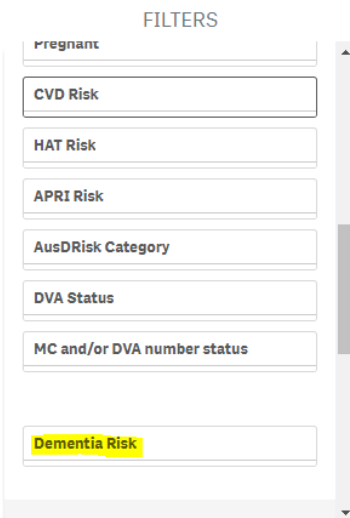


Step 2

On the filters down the left-hand side, click the small arrow next to 'Patient' to expand all the patient filters,



And scroll all the way down to Dementia Risk



Step 3

Select 'Yes' for Dementia risk and give it a 'tick'.



This will recalculate your Patient Count to only include those with a dementia risk as per the below eligibility criteria (see Notes).

How would I use this?

You can now navigate any of these reports using this filter. You can either go straight to the Patient List and use that, or you could identify which of these patients are due for a careplan or a health assessment and make a note to include dementia screening in that service.

Notes

Patient Eligibility: To be included as having a 'Dementia Risk', the patient needs to be:

1. Age ≥ 40
2. RACGP Active
3. Clinic Active
4. No active Dementia/Alzheimer's diagnosis

Risk Profile: Depending on the patient's age and indigenous status, a combination of these factors will trigger the Dementia Prompt:

1. Smoking Status = Smoker
2. Alcohol Consumption = 43+ drinks per week
3. Diabetes Type 1 (Active or Inactive) **OR** Type 2 diagnosis (Active Only)
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