

# Memory Assessment Form

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# What makes a good referral

It is essential to have basic information to process referrals seamlessly and quickly



# Essential information required.....

- Basic Demographic information is essential
- Patient consent and Next of Kin
- Reason for referral is important
- Relevant history including medical and psychiatric history
- List of medication, any allergies
- Recent blood tests- Dementia screen
- Urine Screen, ECG, Chest X- Ray if possible

# MMSE / Other Cognitive tests

Important to remember that those interpreting the scores of such tests should take full account of other factors known to affect performance, including

- educational level,
- skills,
- prior level of functioning and attainment, language
- any sensory impairments,
- psychiatric illness or
- physical/neurological problems

# MMSE score range

- 26 and above: No dementia or possibly Mild Cognitive impairment
- 20-26 – Mild Dementia, however we must remember in high functioning individuals with scores of 26 and above might warrant further Neuropsychological testing to rule out dementias.
- 20-10 - Moderate dementia
- 10 and below: Severe dementia and would not be appropriate for treatment with Memory enhancer drugs (NICE TA 111) however.....

# What Cognitive Tests are Available?

- MMSE:
  - 30 points
  - Questions for patients only
  - Paper copy provided with referral assessment form
- GP-COG:
  - 5 questions = 9 marks for patients
    - >8 = cognitively intact
    - <5 = cognitively impaired
  - 6 questions = 6 marks for witnesses if pt score inconclusive
    - <3 cognitively impaired

# Who needs referring?

- Complexity or uncertainty about the diagnosis after initial assessment and follow-up
- A request by the patient or the family for another opinion
- The presence of significant depression and/or psychosis, especially if there is no response to treatment, or acute distress in the patient
- Treatment problems or the need to consider the new specific medications for Alzheimer's disease
- Difficulty in patient management due to challenging or risky behaviour, multiple problems or concerns about possible abuse
- The need for specialist opinion on issues such as financial capacity, driving

*Royal College of Psychiatrists, 2005*

# Investigations

- Bloods:

FBC	Renal function
B12 and Folate	Liver function
ESR	Calcium
	Thyroid function
	Glucose / cholesterol

- MSU
- CXR
- ECG
- MRI

# Review of referral form

- We've changed this to use the same format as other new referral forms
- Next of kin / carer details vital
- Duration of history – exclude delirium
- Reason for referral – diagnosis, antipsychotic drugs, carer support
- PMH – please make it relevant, not 15 pages of computer generated drivel
- MMSE included. MMSE in Indian Punjabi available (not Pakistani Punjabi at present). GP-COG accepted

# Exclusions to referral/ Special categories

- Memory problems specifically related to excessive alcohol use currently not seen by Memory assessment services.
- Learning disabilities and Down's with Dementia : Specialist service- referrals through Learning Disabilities

# Exclusions to referral/ Special categories

- Younger people with suspected memory problems can be referred for assessment.....

however depression and other functional illnesses need to be ruled out first and may need to be seen first by generic Younger Adults Psychiatric services.

# Current Exclusions from YOD ( under 65s) service:

- Alcohol Related Brain Damage
- Down's and Dementia
- HIV
- Traumatic Brain Injury and its complications
- Cognitive impairment related to Chronic Schizophrenia
- Other Functional illnesses i.e Depression etc needs to be ruled out.

# Look through the referral form....

Any Questions?

Thank you

