

Challenges in Managing Early Dementia with Multimorbidities in Primary Care

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INTRODUCTION

- Dementia is one of the most common disabling illnesses associated with aging. About 6.1% of the worldwide population 65 years old and above suffers from dementia¹.
- Early-onset dementia (EOD) refers to dementia becoming clinically manifested before age 65. The prevalence rate of early dementia is 40-100/100,000 in developed countries².
- Primary causes such as Alzheimer's disease is the most common cause (50-75%), followed by vascular dementia (20-30%)³.

CASE PRESENTATION

- This case illustrates Madam S, a 57-year-old lady with underlying diabetes mellitus, hypertension and dyslipidemia who came for follow up in the primary care clinic.
- Her husband complained that she had been having forgetfulness for the past 3 years. This included difficulty in remembering specific routes and she even got lost while driving home, misplaced keys, repetitive, forgot to take her medications and follow ups. Otherwise, she still able to manage her basic daily activities included bathing, eating, dressing, grooming and toileting. Hence the husband thought that this was common in aging and did not need any attention or treatment. Her memory became stepwise decline for past 1 year, as she was unable to recall her friends, accused her husband took her belongings and even involved safety issues whereby she had burnt few cooking pots as she forgot to turn off the gas stove. She became socially withdrawn as she worried that her friends would label her of having 'mental illness' due to her forgetfulness.
- Her physical examination was unremarkable apart from her MMSE score was 22 out of 30 points suggestive of mild dementia. She scored 4 out of 27 marks in PHQ-9 and did not suggestive of depression. Initial investigations include full blood count, electrolytes, thyroid function, test serum vitamin B12 and folate and urine test did not reveal evidence of secondary causes of dementia. Her CT brain showed presence of multifocal infarct.

MANAGEMENT

- She was diagnosed as vascular dementia based on the multiple vascular risks and radiological findings even though there were no neurological deficits.
- She was referred to geriatrics and started on antiplatelet and donepezil. Family meeting and home visit were carried out as they play important role in medical decision making and care planning. Psychoeducation regarding the course of the disease and treatment, vascular risk reduction, available resources, home safety and issue about caregiver burden were emphasized.
- Multidisciplinary approach that involved family medicine specialist, occupational therapist, pharmacist and physiotherapist was benefit in managing this patient with multimobidities. Apart from adherence to medications, involvement in spiritual activates, lifestyle modifications and support group also further improved her condition.

DISCUSSION

- This case illustrates a middle-aged lady with underlying multimorbidities presented with cognitive impairment secondary to vascular dementia. The assessment and diagnosis was delayed due to inadequate knowledge of screening, detection, diagnose and management of cognitive impairment and limited resources^{4,5} among primary care providers.
- Misconception of dementia as an aging process and stigma towards dementia among patient and her family members³ did contributed to delay in seeking treatment from medical professional.
- Family medicine specialists (FMS) play the key role in create awareness and improve the knowledge about dementia among the community and health care providers⁵.
- Initial screening and assessment of dementia in primary care can fasten the diagnosis and early treatment in secondary care, inconsequence better outcome in dementia patients.

DISCUSSION

- The mainstay of dementia treatment is to improve or maintain cognitive function, treat behaviour disturbance, environmental modifications to support function, counselling on safety issues and subsequently improve quality of life for patients and their caregivers^{1,6}.
- The management of dementia involves multidisciplinary approach (FMS, geriatrician, nurses, pharmacist, occupational therapist, physiotherapist, dietician and caregivers) through pharmacological and psychosocial intervention.
- Multimorbidities is increasingly common in primary care and is burden to patients and primary care providers. Comprehensive assessment of the patients, priorities the treatments through patient-centered approach, continuity and coordination of care in family medicine are the key elements in dealing with dementia patients particular with underlying multimorbidity^{7,8}.

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