

Early stage dementia patients referred to specialists are institutionalized twice as often

December 10 2015, by Clément Pimouguet, Phd.

A new epidemiologic study showed that patients with early stage dementia, who had been referred to a specialist, have twice the risk of institutionalization compared to those who are not, according to a research study published in the *Journal of Alzheimer's Disease* this month. The research suggested the influence of early specialist referral for dementia patients on institutionalization risk and demonstrated that the benefits of early dementia diagnosis may lead to challenging issues.

There has been a decades long debate about the advantages and effectiveness of early [dementia diagnosis](#). Many experts have argued that although no anti-dementia drug to date has had any significant clinical effectiveness, early diagnosis of dementia could be relevant to implement tailored strategies and thus improve individuals' prognoses. Others worried about the ramifications of labelling such debilitating symptoms.

The research was conducted on a French population-based cohort of about 10,000 elderly people recruited in three cities in France (Bordeaux, Dijon and Montpellier) in 1999 (the 3C study). In two- to three- year intervals, trained psychologists assessed cognitive function and dementia was actively screened. When dementia was suspected, the participants were examined by a neurologist or geriatrician and the evolution and severity of the cognitive disorders and any prior consultation for cognitive problems were systematically documented. After this examination, the final diagnosis of dementia was made by a panel of five highly qualified neurologists, independent of the 3C study

investigators, who reviewed all available ancillary information.

Titled "Effect of early recourse to specialist in dementia on institutionalization and functional decline: findings from a population-based study," the study included only newly diagnosed dementia participants, who had been free of any dementia two to three years previously. Research compared referral to specialist (neurologists, geriatrician or psychiatrists) to no specialist referral at the time of dementia incidence. The researchers were interested in two important prognostic outcomes in dementia: institutionalization and functional decline in basic activities of daily living (bADL).

The study's results indicate that participants who were referred to a specialist early in the disease course presented a twice higher risk of being institutionalized but did not report any further decline in bADL. The associations were consistent even after controlling for several variables that could have fostered care referral and influenced prognosis.

Because recent national guidelines in many industrialized countries have aimed at improving rates of dementia diagnosis by promoting more systematic cognitive screening or by establishing memory clinics, this study highlights that potential benefits of [early dementia](#) diagnosis still pose challenges. This study also opens a new field of research targeting the psycho-social environment surrounding the person with [dementia](#). Indeed, some domains of social networks (number of caregivers involved in care decision) or individuals' personality traits (patients' self-care behaviour, anosognosia) may influence both care referral and the clinical evolution. All these aspects are hardly assessable in population-based cohorts and the authors acknowledge that it is a limitation when interpreting their findings. Specialists and general practitioners should bring more attention to all these psycho-social aspects in order to optimize care plan and treatment.

More information: Effect of Early Referral to Specialist in Dementia on Institutionalization and Functional Decline: Findings from a Population-Based Study, content.iospress.com/articles/...rs-disease/jad150574

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