Hong Kong College of Physicians

Comments and Suggestion of the Neurology and Geriatric Medicine Specialty Boards on Dementia Services

Current situation of "Support for Dementia Patients and Care-givers" in Hong Kong:

1. The provision of the dementia service is not well coordinated among various disciplines. Dementia care is provided from the perspective of individual discipline and there is minimal cross-discipline communication and coordination.
2. Most of the patients are diagnosed late in the course of the disease. According to a local study jointly conducted by Department of Health (DH) and Chinese University of Hong Kong (CUHK) in 2006, 89% of demented patients were not known to any medical services.
3. The current official Chinese translation of “Dementia” is poor and stigmatizing and has a negative impact for early and mild demented patients to seek medical attention.

Proposals:

1. The Government should adopt the proposal of professional bodies to officially change the Chinese name from 「癡呆症」to「認知障礙症」. This name is advocated by ten professional bodies (listed below) and also supported in principle by the Hong Kong College of Physicians (HKCP).

The ten professional Societies are:
- 椿齡智研學會
- 香港老人科醫學會
- 香港老年精神科學會
- 香港執業精神科醫生協會
- 香港老年學會
- 香港心理衛生會
- 香港老年痴呆症協會
- 香港中風學會
- 香港腦科學會
- 香港腦科基金會

2. To establish a working group (WG) aiming to establish the “standard of care” for dementia patients and their care-givers at different stages of the disease. The WG should include professional bodies recognized by HKCP (e.g. Hong Kong Neurological Society, the Hong Kong Geriatrics Society), statutory advisory bodies under HKSAR that oversee elderly services (e.g. the Elderly Commissioner), SWD and other experts of the field (e.g. professional bodies from psycho-geriatricians).

3. The recommendations from the WG should be carried out by a multi-disciplinary **Cognitive Disorder Service (CDS)** under the Hospital Authority (HA) in collaboration

with other health care providers including DH, private medical practitioners and NGOs. The CDS should ensure the collaboration of all disciplines at different care settings.

The important components of CDS should include:

a. At primary healthcare level: Provide regular education to primary care physicians and other health care professionals on the identification of patients with early dementia; regular education and training including stress management to care-givers by medical social worker (MSW), specialist nurse, occupational therapist (OT), and/or other dementia care specialists.

b. At secondary healthcare level: Setting up designated clinics which are led by specialists trained in the caring for dementia patients and supported by other specialists (e.g. Neurologists, Geriatricians, and Psychogeriatricians) whenever necessary. These clinics should provide proper diagnostic facilities, counseling service regarding prognostication (including advance care planning) and disease management (both pharmacological and non-pharmacological.).

c. At tertiary healthcare level: Tertiary referral centers should be established for some difficult cases requiring sophisticated assessments e.g. SPECT or FDG PET scanning etc. These centers also provide training for healthcare staffs and cultivate the advancement of skill and knowledge in dementia care.

4. In the community, the provision of early screening and triage of new referrals to CDS by the appropriately trained professionals is needed. Multidisciplinary care teams consisting of healthcare workers properly trained in understanding the disease profile and care needs of care-givers should also be established. This may include specialist nurse (NS), occupational therapist (OT), medical social worker (MSW), clinical psychologist (CP) etc. These teams should have access to facilities and expertise to conduct proper assessment e.g. cognitive / behavioral assessment batteries (e.g. MMSE, Neuropsychiatric Inventory) and deliver non-pharmacological therapies like cognitive stimulating exercise program etc. Case Management Approach could also be adopted to facilitate service delivery.

5. Other supportive service recommended:

a. Elderly Day Center facilities that can provide respite day care to relieve care-givers' burden and/or exercise program (Cognitive / Physical) for patients.

b. Provision of Outreach teams (e.g. geriatrics or psychogeriatrics) to institutions (e.g. Old Age Homes) to support the management of advanced dementia cases with difficult caring issues.

c. Educational programs for long term care (institutional care and daycare) staffs especially in the non-pharmacological approaches towards behavioral and psychological symptoms of dementia patients.

d. Facilities and training regarding the provision of effective cognitive stimulation activities and appropriate physical activities for very early cognitive impairment patients.

e. Promotion and education to healthcare and related workers (e.g. doctors, nurses, social workers) and also the public to have better understanding of dementia, from early symptom detection of dementia to improving the end of life care of patients.

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