Call to action

Enhancing dementia care in family medicine

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Dementia is a devastating illness. While its burden is broadly felt, the most poignant and troublesome effect is arguably on the patients themselves, their spouses, and their families. Families must cope with the tensions and stresses associated with changes in patient cognition and behaviour. They must also cope with the fact that the person is often "not who he or she used to be." Indeed many spouses and families are forced to deal with the loss of a loved one well before death.

Beyond the family, dementia also creates challenges for professionals and agencies throughout the health care system. Currently in Canada an estimated 10% of people older than 65 suffer from dementia, rising to 40% of those older than 80.[1] The prevalence of dementia will continue to rise in the near future. Two articles in this issue of *Canadian Family Physician* (pages 1296 and 1304) underscore the complexities of dementia and reflect the important role family physicians play in advancing care and knowledge.

Meaningful yet challenging

Family physicians are integral to the care of patients with dementia and their families. In most cases family physicians have known patient and spouse for a long time, have an in-depth knowledge of their history, and have developed a strong doctor-patient relationship. Family physicians understand the importance of patient-centred medicine and are comfortable with a comprehensive approach, which allows them to deal with both physical and psychosocial problems, as well as the patient's environment. Collaboration with other health care providers and a strong working knowledge of community resources are other key features that family physicians can contribute. Finally, family physicians are positioned to anticipate the many changes that occur over time as the disease progresses, to prepare the family for these changes, and to recognize early the need to intervene as new problems arise.

And yet meaningful involvement in caring for patients with dementia can pose challenges to even the most dedicated family physicians. Office visits with dementia patients and with their families often require more time than visits with younger patients with less complex problems. Most cases involve multiple chronic problems and invariably new crises. Sorting through the complex issues will often require a series of office visits with a carefully organized approach. As the dementia progresses, other services and providers are likely to be involved, and the demands of ongoing "case management" by family physicians might be difficult to meet. Involving others in this monitoring function requires extra effort to ensure success of monitoring without forcing family physicians to relinquish the continuity of their relationships with patients. Increasingly family physician care will be recognized more clearly as being an integrated part of the overall system.

Responding to need

Many new developments have occurred over the past decade in dementia care. A few pharmacologic agents that offer some benefit to many of those treated are now available, and further research and development continue. The health care system, and society in general, have become increasingly aware of the stress on patients and caregivers and have begun to respond by developing support programs. The dedication of spouses, family, and formal health care providers is also quite remarkable.

While the successes over the past 5 years are important, we are only in the early stages of what promises to be a long process to conquer this illness. As initiatives are developed to address these challenges, contributions from family physicians and the discipline of family medicine will be essential for long-term success. As a discipline we must rise to the occasion and provide effective leadership. While our contributions might be manifold, providing collaborative leadership in three areas seems especially important: education, developing patient care programs, and research.

Education

One of family medicine's key contributions should be in education, especially within our own discipline. Education initiatives will need to target undergraduate medical students, family medicine residents, and practising physicians. With our expertise and primary care perspective, family physicians also have much to share with colleagues in other disciplines.

Ontario provides one important example of what can be accomplished. As part of a provincewide "Alzheimer Strategy," a partnership between the Ontario College of Family Physicians and the Ministry of Health and Long-term Care has brought together family physicians, geriatricians, and geriatric psychiatrists to develop, collate, and disseminate educational materials on dementia. The resources will support curricular enhancement and development at all six of Ontario's academic health science centres. Within this initiative, another project will focus on enhancing the resources and skills of family medicine residency supervisors, to support them in providing clinical educational experiences for residents.

For practising community physicians, 70 family physician "opinion leaders" across the province have participated in a weekend workshop followed by ongoing small group teleconferences with mentors from geriatric medicine and geriatric psychiatry. These individuals will serve as informal resources and advocates within their communities and provide support to their family physician colleagues, as well as to agencies within their communities. Thirty-one of these family physicians have agreed to take on the additional responsibility of being a "peer presenter" within their communities. Using tailored educational materials, these 31 physicians will provide more formal learning opportunities for their colleagues throughout the province. The potential of this initiative is important. With this program family medicine has demonstrated the willingness and the ability to provide collaborative leadership with leaders from specialist colleagues in the field of dementia.

Patient care programs

Over time, more and more dementia patients with complex needs will be living in the community. Response to these needs will require continued development of new community-based patient care programs. Enhanced involvement of family physicians in planning the programs will ensure an even richer understanding of the primary care perspective and the needs of family physicians who care for dementia patients. We also have important contributions to offer in the development of collaborative care models with other disciplines. The system will need to find ways of including family physicians' ideas and leadership in development of these initiatives within their own communities. In addition to the development of community-based programs of care, there are important opportunities to develop more structured assessments through a series of office visits in family practice. This strategy will allow family physicians to achieve the necessary comprehensive assessments of complex problems in older adults with dementia, within the framework of regular office visits. Two examples include the initial assessment and management of dementia and differentiating between dementia and depression.

Ongoing research is crucial

Research is the third important opportunity for enhanced contribution from family medicine. Despite some growth in resources to support dementia research, the number of important questions continues to exceed available funding. It is critical, therefore, to ensure that there is appropriate debate to define priority issues and key research questions. Family physicians have an important responsibility to ensure that research issues relevant to primary care are included in the dementia research agenda. The special perspective and skill s of family medicine researchers will complement those of their specialist colleagues in the pursuit of new knowledge and the evaluation of new initiatives.

Clearly family physicians are central to the care of dementia patients and their families, and there is much to offer in patient care, education, and research that builds on our experience and skills. We must find ways to develop even further our ability to share our expertise and make meaningful contributions to initiatives in all three areas. To fall short in our commitment will jeopardize the long-term success of meeting the many challenges associated with dementia.

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The opinions expressed in editorials are those of the authors and do not imply endorsement by the College of Family Physicians of Canada.

Reference

1. Ebly EM, Parha IM, Hogan DB, Fung T. Prevalence and types of dementia in the very old: results from the Canadian Study on Health and Aging. *Neurology* 1994;44(9):1593-600.