

Guidance for Carers

There is specific advice in the British Psychological Society guidance document on how to support people with dementia to remember and follow the covid-19 advice.

The tips focus on providing clear instructions of what you want the person to do rather than why you want them to do it e.g. a poster saying “we need to wash our hands”. You can also set reminders on digital platforms such as smart phones to alert to a required action e.g. “it is time to phone a friend”.

As people with all stages of dementia are likely to pick up on anxiety and panic, it is important for loved ones and carers to remain calm, matter of fact and upbeat.

There is also a reminder to carers that people with dementia can easily develop delirium and to remain vigilant to changing levels of confusion or unusual behaviour and to seek medical help early.



this issue

Supporting Dementia in Self-Isolation [P.1](#)

Delirium in Covid [P.2](#)

Advanced Care Planning in Covid [P.3](#)

All articles referenced in this bulletin can be found on the CCG Clarity Teamnet Dementia page

Supporting Dementia in Self-Isolation

The British Psychological Society has produced some guidance on supporting older people and people living with dementia during self-isolation. During this very challenging time, the essential social contact and respite dementia suffers and their carers rely on has had to end. This can cause added stress and anxiety at an already difficult time.

The effects of self-isolation can be worsened by longer duration, frustration, boredom, stigma and inadequate supplies or information. Self-isolation may also make it more difficult to get the support needed and can exacerbate the feelings of anxiety and loneliness.

Tom Kitwood defined the psychological needs of people living with dementia as: love, comfort, attachment, occupation, inclusion and identity. An effective way of helping people at this time is to consider these psychological needs to promote wellbeing. There are a number of suggestions contained within the guidance such as:

- Partaking in meaningful and enjoyable activities e.g. getting outdoors in the garden or doing jigsaw puzzles

- Trying to reduce anxiety by limiting the exposure to the news and instead trying relaxation techniques
- Staying connected in a virtual capacity over the internet or making regular phone calls to loved ones

Overall, the key messages in the guidance along with advice on how to facilitate these are:

- Connect – being connected is linked to better wellbeing because it gives a sense of belonging and self-worth and is a source of emotional support
- Be active – As little as 10 minutes of exercise per day can make us feel better emotionally and physically
- Notice – Mindfulness has been found to enhance wellbeing
- Learn – Learning new skills can help lift your mood, boost your self-esteem and give a sense of purpose
- Give – giving has been linked to a sense of reward, purpose and self-worth.

THINK
DELIRIUM

Delirium in Covid-19

During the global pandemic of Covid-19, collaboration between medical professionals in terms of education, information sharing and comparison of regional best practice, has allowed a much greater understanding of how Covid-19 affects older people, despite there being little in the way of published data.

We know that with increasing age, there has been a decrease in the incidence of elderly patients presenting with the typical symptoms of Covid-19, but an increase in confusion. Confusion is recognised as the 5th most common symptom, and delirium is a core symptom. We also know that delirium affects two thirds of people with dementia.

It is therefore imperative that we recognise that our elderly populations are not likely to present with recognisable symptoms of Covid-19 and that we must maintain a high degree of suspicion when the elderly become unwell at this time.

The British Geriatric Society have provided further guidance on the management of delirium which is detailed in the article on this page.



Recommendations from the British Geriatric Society on managing delirium follow two key themes. Good general care including prevention, early detection and non-pharmacological management as systems allow. Second, earlier use of pharmacological intervention may be required to prevent harm to others if this exceeds the risk of harm to the individual.

1. Screening for delirium in at-risk groups and regular assessment for delirium using a recommended tool e.g. the 4AT (www.the4AT.com)

“Staffing levels and time may affect the ability to deliver the recommendations”

2. Reduce the risk by avoiding or reducing precipitants such as:

- Regular orientation
- Avoiding constipation
- Treating pain
- Treating infections early
- Medication review

The PINCH-ME tool provides an aide memoire for the causes of delirium. See also SIGN delirium guidance.

3. With behavioural disturbance, if the common causes have been considered, identified and treated or excluded, earlier than normal pharmacological intervention may need to be initiated. In addition to the SIGN guidance, there is also NICE Guidance on Violence and Aggression.

“Use a more conservative approach to dosing when prescribing haloperidol”

4. If patients are treated using the NICE rapid tranquilisation interventions, ensure patients are monitored for side effects, vital signs, hydration and consciousness at least every hour until there are no further concerns about the person's physical health. Use benzodiazepines with caution with respiratory depression. Although the BNF dose for the use of haloperidol in adults is 5mg in 24hrs, the British Geriatric Society recommend a more conservative approach with a maximum of 2mg in 24hrs. Higher doses should be prescribed under the guidance of specialists.

5. Consider the guidance of cautions when prescribing medication in older people and particularly those with Parkinson's Disease and Lewy Body Dementia e.g. antipsychotics.

“Where can I find further information?”

6. Delirium may cause considerable distress to patients, but also to carers and families. Information provision around delirium is very important and can be found at: www.sign.ac.uk/pat157-delirium.

The British Geriatric Society have included an appendix in this paper which details the medications that may be used in delirium. The paper can be found on the CCG Clarity TeamNet Dementia page. This is accessed from the home page as follows: Menu – topics – view all topics – scroll down to CCG Dementia Information.

Final thought: *“Older adults, especially in isolation and those with cognitive decline/dementia, may become anxious, angry, stressed, agitated, and withdrawn during the outbreak/while in quarantine.”*



Managing Delirium in Confirmed & Suspected Cases – What GPs need to know

What are the considerations?

Latest Dementia Diagnosis Rates for Lincolnshire

Lincolnshire CCG	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020
DDR %	65.4	65.3	65.2	64.5	63.9	63.8

We would like to remind you that referrals to the Memory Service at LPFT are still being accepted during the covid pandemic.

In order to facilitate triage at LPFT, please ensure that you refer patients with a completed validated cognitive assessment e.g. 6CIT, a completed IQCODE (please find form on the CCG Clarity TeamNet Dementia page), and having had a set of dementia bloods which have ruled out additional causes of memory impairment.

With the closure of Manthorpe Ward during the covid pandemic, staff have been operating a Dementia Home Treatment Team (DHTT) in response to the reduced bed capacity. This has inevitably impacted on the ability to deliver a normal memory service due to capacity, however, the team are continuing to process all referrals.

Advanced Care Planning in the Context of Covid

The NHS have produced an Advanced care planning guidance and template for use in the context of covid-19.

The advanced care plan is developed by the patient and with support from family or carers if required. The aim is to outline the decisions the patient has made about their treatment and support needed if they develop severe covid-19 symptoms and they need to contact emergency services or be admitted to hospital, as it is likely they would be separated from their loved ones or advocates at this time.

The plan includes basic patient identifiers, a summary of health conditions and medications taken and how they are administered. There are sections on how the patient communicates and details

of their emergency contacts and who has a copy of the plan.

There are two further sections to be completed in more detail. These are:

- Who am I?
- Three important things I want you to know

The who am I section is an opportunity for the patient to provide some personalised information about themselves e.g. hobbies, baseline function etc.

The three things I want you to know section is the place where the patient details their preferences specifically related to treatment if they develop covid-19.

Important considerations for this section are:

- Whether or not the patient wants to be admitted to hospital

- Is the priority comfort and symptom management rather than providing life sustaining and more invasive treatment

Other considerations which could be included in this section could be related to treatments the patient has decided to decline, needle phobias etc.

The last page of the downloadable document has a clean template of the covid-19 advanced care plan.

“Where can I find this document?”

A copy of this document can be found on the CCG Clarity TeamNet Dementia page. This can be accessed by logging into Clarity TeamNet and on the home page clicking on the following:

Menu – topics – view all topics – CCG Dementia page.

NEXT MONTH...

The next issue of the dementia bulletin will be in September, allowing for a break during the summer holidays in August.

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