

Efficacy of a Memory Clinic for Patients with Memory Problems

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【摘要】 本文对英格兰其切斯特的记忆诊所是否能适当地为 Chichester, Bognor Regis 以及 Midhurst localities of the NHS Trust 等地的门诊病人服务, 以及将来可能发展到 Crawley 和 Horsham localities(它们都是 Trust 区的一部分)等问题作了探讨。文章报导了小范围的重点研究, 以及与同事们协商在临近地区建立类似记忆诊所等问题。结果表明, 6 个病人从诊所的治疗中得到了显著的改善。

Memory clinics have been established throughout the United Kingdom (Wright & Lindsay, 1995) as a clinically efficient and cost-effective process for assessing and rehabilitating out-patients who have specific memory impairments (Lindsay, Marudkar, van Diepen & Wilcock, 2002; Luce, McKeith, Swann, Daniel & O'Brien, 2001; van Hout, Vernooij-Dassen, Hoefnagels & Grol, 2001; Voss, Bullock & Elcock, 1999). They offer a service to people with memory and other cognitive problems of uncertain origin (Sutton, 1998). However, there remains a sparsity in service provision in some areas, for example, in the Southern regions of England, particularly, West Sussex, because of National Health Service (NHS) funding difficulties.

Memory clinics may complement functional and organic day hospital provision as an effective alternative to present services particularly for some out-patients with early onset or mild-to-moderate dementia (Thompson, 1997; Thompson, MacDonald & Coates, 2001), and head injury. They are recommended as good clinical practice in the NHS National Service Framework for Older Adults (NHS 2001).

Staffing Resource

It was agreed that the following staff was the minimum requirement:

- 0.2 whole time equivalent (wte) Consultant Clinical Neuropsychologist
- 0.2 wte Consultant Old Age Psychiatrist
- 0.1 wte Senior Occupational Therapist
- 0.2 wte Nurse Grade E (trained to take bloods).

Equipment and Materials

The following items were necessary to run the memory clinic:

- Magnetic Resonance Imaging (MRI) and functional MRI (fMRI) scans
- Attendance at memory clinic for a and conferences
- Testing materials for clinical neuropsychology, nursing and occupational therapy
- Laptop and multi-media projector for educational compo-

nent

Patient inclusion criteria

1. Mini-Mental State Examination (MMSE) (Folstein & McHigh, 1975) score > 12.
2. DSM-IV criteria for an organic dementia (APA, 1995); National Institute for Clinical Excellence (NICE) guidelines (NICE, 2001) for prescription of antidementia drug.
3. Treatable physical cause has been investigated; treatment commenced with no notable improvement over previous 4-8 weeks.
4. Memory problems.
5. Live within the Chichester, Bognor Regis, Midhurst localities.

Patient exclusion criteria

1. Head injury.
2. Neurodegenerative disorder (except dementia).

Referral Process

Direct from General Practitioner (GP) to the memory clinic or to community teams, initially.

GP to provide: ① Brief personal medical history; ② Recent treatments; ③ Next of kin or carer details; ④ Reason for referral.

Patients referred to the memory clinic from GPs were seen firstly by the nurse for "bloods", physical examinations and particular assessments. Where necessary, transport was arranged. Since results of these tests usually took a couple of weeks, a second attendance was scheduled after results were known and for a thorough assessment to be carried out by the multidisciplinary team.

A third attendance involved the patient receiving an educational package (see Thompson, 2001) after a review had been conducted (not involving the patient) by the team. Treatment of the anti-dementia drug (or no treatment) would take place on this occasion with a follow up several weeks later in the corresponding out-patient clinic (see Clegg, Bryant, Nicholson, McIntyre, De Broe, Gerard & Waugh, 2001; Thompson, MacDonald & Coates, 2001).

Where possible, patients were encouraged to attend all occasions together with a spouse or close friend. This assisted in history taking, the assessment process and re-assuring the patient.

First attendance

1. Nurse Grade E with appropriate training takes bloods; FBC, ESR, Urine analysis, U+ES, B12 Folate, TFT, LFT, Glucose, VDRL, Ca, Cholesterol.
2. Blood Pressure; ECG; Nursing Assessment (form); Risk Assessment (form); Clinical Dementia Rating scale; MMSE.

Second attendance

The multi-disciplinary teams assesses and then reviews each patient.

Third attendance

The educational package was administered at third attendance. This comprised verbal advice from the occupational therapist and clinical neuropsychologist and, additionally, a booklet on memory problems. A self-help guide (Thompson, 2001) was issued to appropriate patients following advice on how to use it.

What was provided

(i) Nurse

Takes bloods; ECG, MMSE; Nursing Assessment; Risk Assessment; Clinical Dementia Rating Scale (Hughes, Berg, Danziger, Coben & Martin, 1982).

(ii) Consultant Psychiatrist/Staff Grade

Psychiatric Examination; referral for MRI/MRI scan.

(iii) Consultant Clinical Neuropsychologist

Orientation questionnaire; Wechsler Memory Scale Revised (Wechsler, 1988)- auditory verbal memory; Benton Visual Retention Test (Benton Sivan, 1992)- visual memory; visuo-spatial skills; Wechsler Adult Intelligence Scale Revised (Wechsler, 1981)-Digit Span-immediate memory; Controlled Oral Word Association Test (Benton & Hamsher, 1983)- verbal fluency; Trail Making Test (Reitan 1955; 1992)- motor co-ordination; information processing capacity; Educational package (Thompson, 2001)-memory book; information sheets.

(iv) Occupational Therapist

Hospital Anxiety and Depression Scale (Zigmond & Snaith, 1983)-anxiety and depression; Disability assessment for Dementia (DAD) (Feldman, Sauter, Donald, Gelinas, Gauthier, Torfs, Parys & Mehnert, 2001; Gelinas, Gauthier, McIntyre & Gauthier, 1999)-problem-solving; Screen for Caregiver Burden - Modified (Gilleard, 1984); Modified Rating Scale for Aggressive Behaviour in the Elderly (RAGE) (Patel & Hope, 1992)-behaviour Assessment; Educational package

(Thompson, 2001)-memory book; information sheets.

(v) All the team

Review all patients.

Outcome

The outcome of the attendance was commencement of the anti-dementia drug, no treatment, or referral back to the community team with a copy of the assessment and recommendations. Three of the 6 patients were commenced on the anti-dementia drug as neuropsychological indicators had identified signs of probable dementia. The remaining 3 patients were referred to the community mental health team and were to be followed up as appropriate.

Follow ups

Patients were followed up in out-patient clinics held in their referral locality or at subsequent attendances to the memory clinic.

Estimate of patient numbers and frequency

It was estimated that 2-3 new patients would be seen each week. This would amount to approximately 100 patients per annum (or 1000 patient-contacts).

Funding

Initial funding has been sought from the new Primary Care Trust recently established. However, this is likely to be a long process. Therefore, alternatives are being considered such as an initial "pump priming" funding, in the absence of recurrent funding, from pharmaceutical companies that manufacture the antidementia drugs, but ensuring that there is no contractual obligation to provide their chosen brand in order to maintain ethical and professional standards of health care.

Evaluation and monitoring

The patient activity (numbers and frequency) in the memory clinic were monitored. In addition, a clinical process audit was conducted and a user and carer satisfaction questionnaire administered. A comparison with and impact on existing services was made and team opinion sought. The outcome and expectancies of the patients involved and those of the service providers was found to be positive and in favour of establishing an ongoing memory clinic.

Operational policy

The memory clinic is run in accordance with the established procedures of the Unit, as dictated by the comprehensive Operational Policy of the Harold Kidd Unit (Howell, 2001).

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References

- APA—American Psychiatric Association. (1995), *DSM—IV—Diagnostic and Statistical Manual of Mental Disorders. Fourth Edition*. American psychiatric Association; Washington D. C.
- Benton, A. L. & Hamsher, K. de S. (1983), *Multilingual Aphasia Examination*. AJA Associates; Iowa.
- Clegg, A., Bryant, J., Nicholson, T., McIntyre, L., De Broe, S., Gerard, K. & Waugh, N. (2001), *Clinical and Cost—effectiveness of Donepezil, Rivastigmine and Galantamine for Alzheimer's Disease; A Rapid and Systematic Review. Volume 5; Number 1*. National Coordinating Centre for Health Technology Assessment; Southampton.
- Feldman, H., Sauter, A., Gelinas, I., Gauthier, S., Torfs, K., Parys, W. & Mehnert, A. (2001), The Disability Assessment for Dementia Scale: A 12—month study of functional ability in mild to moderate severity Alzheimer disease. *Alzheimer Disease & Associated Disorders* 15 (2): 89—95.
- Folstein, M. F., Folstein, S. E. & McHugh, P. R. (1975), 'Mini—Mental State': A practical method for grading the cognitive state of patients for the clinician. *Journal of Psychiatric Research* 12: 189—198.
- Gelinas, I., Gauthier, L., McIntyre, M. & Gauthier, S. (1999), Development of a functional measure for persons with Alzheimer's disease: The Disability Assessment for Dementia. *American Journal of Occupational Therapy* 53(5): 471—481.
- Gilleard, C. J. (1984), *Problem checklist and strain scale*. Croom Helm; London. Howell, D. (2001), *Operational Policy. Harold Kidd Unit (Chichester Comprehensive Care unit)*. Sussex Weald & Downs NHS Trust; Chichester.
- Hughes, C. P., Berg, L., Danziger, W. L., Cohen, L. A. & Martin, R. L. (1982), A New clinical scale for the staging of dementia. *British Journal of Psychiatry* 140: 566—572.
- Lindesay, J., Manudkar, M., van Diepen, E. & Wilcock, G. (2002), The second Leicester survey of memory clinics in the British Isles. *International Journal of Geriatric Psychiatry* In press.
- Lucas, A., McKeith, I., Swann, A., Daniel, S. & O'Brien, J. (2001), How do memory clinics compare with traditional old age psychiatry services? *International Journal of Geriatric Psychiatry* 16: 837—845.
- NHS—National Health Service (2001), *National Service Framework for Older People*. Department of Health; London.
- NICE—National Institute for Clinical Excellence (2001), *Guidance on the Use of Donepezil, Rivastigmine and Galantamine for the Treatment of Alzheimer's Disease*. NICE; London.
- Patel, V. & Hope, R. A. (1992), A rating scale for aggressive behaviour in the elderly—the RAGE. *Psychological Medicine* 22: 211—221.
- Reitan, R. M. (1995), The relation of the Trail Making Test to organic brain damage. *Journal of Consulting & Clinical Psychology* 19: 393—394.
- Reitan, R. (1992), *Trail Making Test: Manual for Administration and Scoring*. Reitan Psychological Laboratory; Tucson.
- Sutton, L. (1998), Memory clinics: Past, present, future. *PSIGE Newsletter* 63: 9.
- Thompson, S. B. N. (1997), *Dementia: A Guide for Health Care Professionals*. Arena; Aldershot.
- Thompson, S. B. N. (2001), *Memory Problems: A Self—Help Guide for Patients, Carers, Health Care Professionals and Students in Training*, Oxford Press; Chichester.
- Thompson, S. B. N., MacDonald, J. & Coates, T. D. (2001), Improving visual memory with Aricept (Donepezil Hydrochloride, E2020) in mild—to—moderate Alzheimer's disease. *Clinical Gerontologist* 24: 1/2: 55—73.
- Van Hout, H. p. J., Vemooij—Dassen, M. J. F. J., Hoefnagels, W. h. L. & Grol, R. P. T. M. (2001), Measuring the opinions of memory clinics users: Patients, relatives and general practitioners. *International Journal of Geriatric Psychiatry* 16: 846—851.
- Voss, S. E., Bullock, R. A. & Elcock, J. (1999), A memory clinic in a department of old—age psychiatry: Its role in clinical and academic research. *International Journal of Psychiatry in Clinical Practice* 3: 193—197.
- Wechsler, D. (1981), *Wechsler Adult Intelligence Scale Revised*. The Psychological Corporation; New York.
- Wechsler, D. (1988), *Wechsler Memory Scale Revised*. Harcourt Brace Jovanovich; San Antonio.
- Wright, N. & Lindesay, J. (1995), A survey of memory clinics in the British Isles. *International Journal of Geriatric Psychiatry* 10: 379—385.
- Zigmond, A. S. & Snaith, R. P. (1983), The Hospital Anxiety and Depression Scale. *Acta Psychiatrica Scandinavica* 67: 361—370.