



Bloomfield
HOSPITAL



Memory Clinic

Referrer Resource Pack

The Memory Clinic at Bloomfield Hospital

The Memory Clinic at Bloomfield Hospital provides a comprehensive research based assessment service with the provision of post diagnostic treatment if required.

Our commitment is to:

- Provide access to specialist assessments for individuals of ALL ages with suspected cognitive disorders.
- Provide pre-diagnostic, diagnostic and follow up service options for individuals and their caregivers/family members.
- Improve the early detection of cognitive disorders and referral to services locally and regionally if required.
- Provide specialist services for post-diagnostic care.
- Refer for further specialist evaluation if required.

The GP/referring Doctor is invariably the most likely first point of contact and may be a source for ongoing disease management and support to patients and their families. They are aware of the increased possibility of a cognitive disorder in high-risk individuals such as those with a history of Acquired Brain Injury, Neurological disorders (Vascular events, Movement disorders etc) or a family history of early onset cognitive disorders.

New onset depression or delirium in older adults can be a harbinger of a developing cognitive disorder.

Cognitive Screening

This is an important part of the screening work up that may assist in the clinical decision making to refer an individual to the Memory Clinic. The completion of the cognitive screen will also assist the Memory Clinic team to make a timely response and decision. In general, the area of neuropsychological function to be considered includes: Attention and concentration, orientation, short term recall, long term memory, language, praxis and executive function (includes set shifting and sequence planning tasks). All screening instruments should be standardized and in line with age and years of education but some tests to consider include:

The Montreal Cognitive Assessment (MoCA), this instrument assesses eleven areas of function and scores above 26 of 30 are considered normal or the General Practitioner Assessment of Cognition (GPCOG), the Mini Cog.

Folstein's Mini Mental State Examination now has copyright protections that limit its previously popular use.



On referral to the Memory Clinic, the Team will consider

- **Triage**
The Memory Clinic Team will conduct an initial assessment. As part of this assessment this may include :
 - Prioritization based on a risk assessment model.
 - Consent to obtain records and collateral information.
 - Treatment of psychiatric conditions that may be affecting the individual's presentation e.g. depression, substance abuse etc.
 - Further preliminary investigations.

Triage may include contact with the referring Doctor, the individual referred for assessment and their partner or caregiver.

The need for Neuroimaging

Specific need for imaging will be based upon history and initial assessment information provided to the Memory Clinic Team at Bloomfield Hospital. After careful consideration of all imaging modalities available, a recommendation shall be made to the individual referred to the service.

- **Pre-diagnostic Counselling**
It is important that we provide this service for a variety of reasons:
 - To provide an initial assessment of an individual's capacity to consent to the process of evaluation.
 - To provide education about the actual process of the Memory Clinic's Assessment and procedures to the individual and their Partner/Caregiver.
 - To educate the individual and their Partner/Caregiver about the potential outcomes of these assessments including a diagnosis of dementia and the implications of such a diagnosis.
 - Education about post-diagnostic services available both at Bloomfield Hospital and locally.

Steps involved in the Memory Clinic Assessment

- Initial contact from the referring Doctor or Individual concerned about a cognitive disorder or their Caregiver.
- Initial screening information (by phone if possible) as needed e.g. the referring Doctor's or Informant's contact information.
- Information material is sent to the Individual or their Caregiver.
- Information is sent to the referring Doctor.

Initial Assessment

- Completion of comprehensive history during initial interview with Memory Clinic Team.
- Assessment of Activities of Daily Living.
- Review of the Investigations and any records to date: arrangements made for neuroimaging as needed.
- Partner or Caregiver collateral information and exploration of their concerns.
- Review by Consultant Psychiatrist: Triage based on presentation and level of cognitive impairments which inform next level of assessment and support needed e.g mild, moderate or severe cognitive impairment.

Second Appointment

- Neuropsychological tests completed with Neuropsychologist 1-2 hours.
- Specific Occupational Therapy assessments if indicated e.g AMPS.

Third Appointment

- All results, diagnosis and possible treatment recommendations will be discussed with the individual referred for assessment and their partner or caregiver (as previously agreed with the individual and family).
- The aim of this meeting is to provide a clear diagnosis (using internationally agreed consensus criteria) and with discussion of prognosis.
- Discussion of Post-Diagnostic programme and supports available if required.
- Medication recommendations (possible prescribing of acetylcholinesterase inhibitors, memantine if indicated).
- Education.

Post Diagnostic Support and Programme

- Referral back to the referring Doctor for ongoing care and support
- Support groups: Memory Clinic Support Group, Alzheimer's Café or other support groups if not locally based
- Cognitive Rehabilitation Programme, if required is available through Bloomfield Hospital. This may include:
 1. Initial home visit by Occupational Therapist and initial goals for rehabilitation set.
 2. 6 week Cognitive Rehabilitation Programme at Bloomfield Hospital.
 3. Follow up home visit by Occupational Therapist post group programme to review goals.
 4. Access to Memory Clinic team during the Programme as needed.
 5. Referrals to additional support groups as outlined above.