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# Review of Fife Memory Clinic for working age adults

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# The Clinic

- Established 2006
- Service for working age adults presenting with memory problems
- Multi-disciplinary team - psychiatry, neurology, clinical psychology
- Fortnightly

# Key driver

- Reduce length of time people waiting to receive a diagnosis
- Average of 3.4 years
- Attributed to number of appointments across different specialities
- Aimed to see people within 8 weeks of referral

# Key aims

- Single referral point
- Clear protocols between primary and secondary care
- Access to early diagnosis
- Comprehensive assessments - health and social care

# Key aims

- Comprehensive range of intervention
- Establish team of Care Coordinators across 3 Fife localities
- Establish dedicated support service

# Predicted numbers

- Reported prevalence of 67-81 per 100000 in 45-65 age group
- Estimated: 82-100 in Fife
- Predicted 50-60 assessed per year.

# Evaluation

- 1. Case note examination
- All patients offered appointment in first 12 months (Feb 2006-Feb 2007)
- Name;
- date of birth;
- patient identifier;
- date of referral;
- date at clinic;

# Case Note examination cont

- Mini Mental State Examination (MMSE) score /30;
- Addenbrooke's Cognitive Examination (ACE) score /100;
- home address and contact/relative;
- diagnosis (if any);
- name of Coordinator (if any);
- additional notes (e.g. follow-up appointments; other investigations).

# Case note results

- 26 offered appointments - 11 female/15 male
- Average time from referral to appointment = 5.7 weeks (range 3-11.5)
- 18% waited longer than 8 weeks

# Case note results

- Case notes available on 22 (11m/11f)
- Average age 55y10m
- Range 44y1m - 60y10m
- Females average 54y8m (44y1m - 59y9m)
- Males average 57y1m (50y3m - 60y10m)
- No significant age difference

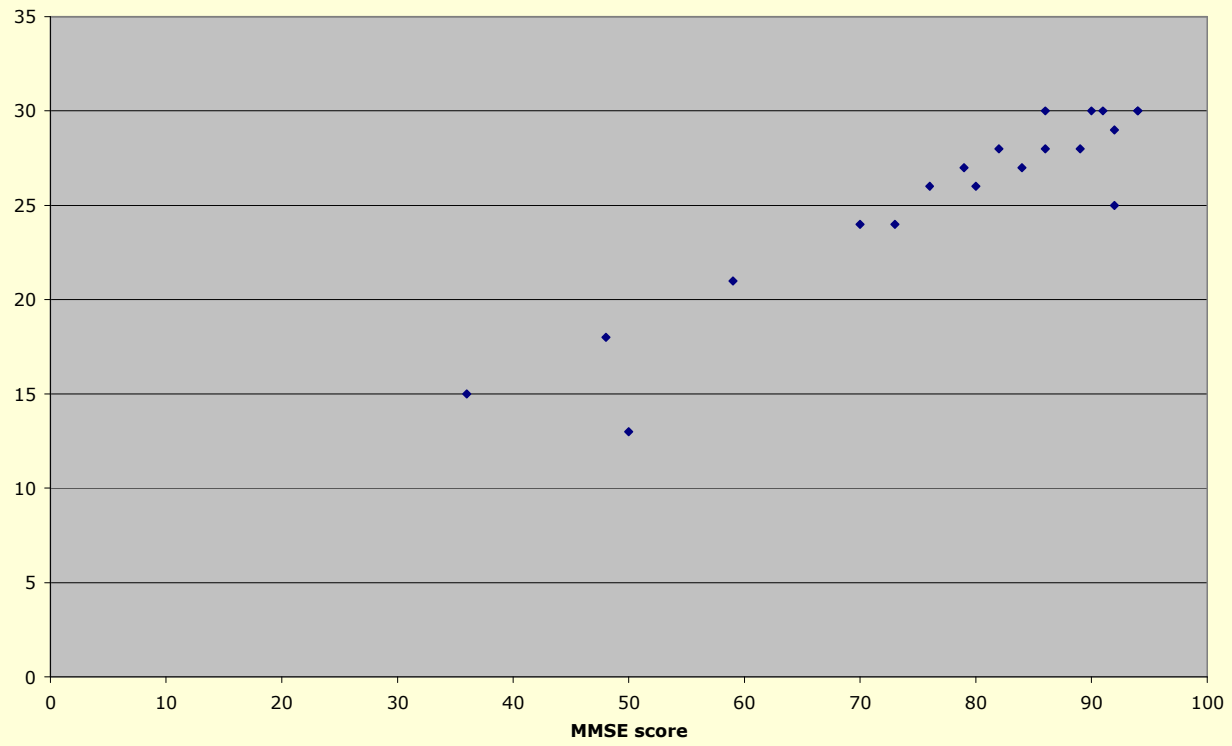
# Case note results

- MMSE (21/22)
- Mean score = 25.53
- Range 13/30 - 30/30
- Females mean score = 25.27 (15/30 - 30/30)
- Males mean score = 25.8 (13/30 - 30/30)
- No significant differences

# Case note results

- ACE (20/22)
- Mean score = 77.5/100
- Range = 36 - 94
- Females mean score = 75.7 (36/100 - 94/100)
- Males mean score = 79.4 (50/100 - 92/100)
- No significant differences

**Relationship between MMSE and ACE scores**



# Case note results

- MMSE score was positively related to ACE score
- Pearson correlation coefficient  $r$  ( $n=20$ ) was 0.939,  $p<.01$  level.

# Primary diagnosis

diagnosis	Females	Males	total
Early AD	4	3	7
Depression	4	2	6
PD	0	2	2
MS	1	0	1
Vascular	0	2	2
Wernicke's	1	0	1
Hypoxia	0	1	1
total	10	10	20

# AD and depression

*= p<.05 ** = p<.01	AD (n=7)	Depression (n=6)
Mean age* (range)	56.95 (53.3 - 59.9)	52.23 (44.08 - 55.6)
Mean MMSE/30 (range)**	22.14 (15-26)	28.33 (27-30)
Mean ACE/100 (range)*	66.28 (36-92)	87.2 (82-94)

## 2. Interviews

- (i) patients (n=3) and
- (ii) family caregivers (n=5) who attended the clinic
- Semi-structured interview format
- 12-24 months after attending clinic
  
- (iii) YOD clinic staff
- Based on Alzheimer's Society/CSIP questions

# Patients and family caregivers

- Referral
- Clinic experience
- Life since clinic
- Feedback on service (family caregivers)

# Importance of accurate diagnosis

“I just felt I wasn’t firing on all cylinders, which I suppose could be put down to depression, but I just felt I wasn’t taking in information.”

“I waited a few months and then went back to see him, and I said you know, I really didn’t think I was depressed, and I still had a problem with my memory.”

# Importance of accurate diagnosis

“ I guessed because my grandmother had it but she was in her seventies and I’m only 46”

“Well, a mixture of emotions really...In one way, relieved, in a sense that I wasn’t going off my head, you know, someone was listening to what I was saying...but at the same time devastating to me.” Patient

# Need for support

“He’s still physically very fit and active. It’s very hard to know what to do. He had to give up work but he didn’t want to...His temper is getting bad...There is nothing for him to do. If he could do some kind of work and be busy in the day it would be easier...” family member

# Clinic staff (n=4)

- Structure of the clinic
- Structure of the service
- Roles and responsibilities
- Moving forward

# Recommendations - patients and family caregivers

- Dedicated waiting area for the YOD clinic. Should be calm and quiet.
- Reduce waiting time at the clinic.
- Reduce length of initial appointment or spread assessments over two appointments.

# Recommendations....

- Support for people with a diagnosis - activities tailored and responsive to their specific needs
- Support for families
- Follow up services for people who have memory problems but not a dementia diagnosis

# Recommendations - staff

- Dedicated regular meeting time for the YOD team to discuss cases and clinic business.
- Clarification of role boundaries and responsibilities within the MDT, e.g. keeping leaflets up to date; developing support services for clinic patients and families; developing and monitoring care plans; accessing and monitoring therapeutic interventions

# Summary

- Approximately half the number of anticipated referrals in first year (n=26)
- Half accounted for by AD (7) and depression (6)
- Highlighted need for specialist diagnostic and support services for people of working age with memory problems

Thank you

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