

## Creating a leaflet about dementia case finding

### Aim:

To create a leaflet for GPs about the “case finding” of people in the DES “facilitating timely diagnosis and support for people with dementia,” within 4 weeks using email to link a newly formed group.

### Questions we asked were:

- How reliable is the GPCog screening tool?**
- What is the natural history of Mild Cognitive Impairment (MCI)?**
- What are patient benefits of early therapy?**

A literature review and email discussion ensued. The main findings were:

Positive predictive value of GPCog is 71% so an abnormal score does not indicate definite dementia

Not every memory loss is dementia; not every dementia is Alzheimer’s

Pathological features of Alzheimer’s may be present in normally ageing brains

A review of attendees at a memory clinic: >50% had not got dementia or MCI.

27% had “benign memory complaints”

Patients with MCI - 20% develop dementia at 5 years. Rates of conversion of MCI to dementia vary between 11-33% at 2 years

42% of patients with MCI have remitting symptoms, with normal cognition at 1.5 and 3 years

There is no current benefit of early therapy with cholinesterase inhibitors in MCI at 1, 2 or 3 years

### Outcome

The leaflet was shared amongst practices, colleagues, patients groups and professionals with an interest in dementia and is available below to take away

### Discussion

There is a need for patient – centred, clear, open access information and resource sharing to weigh facts and ethics of new interventions.

**If you would like to join the RCGP standing group on Overdiagnosis please contact:**

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