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Title

Latest Canadian Consensus Conference on the Diagnosis and Treatment of Dementia for Primary Care Clinicians

Priority 1 (Research Category)

Dissemination and implementation research

Presenters

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Abstract

Context: Dementia, characterized by a progressive decline in cognition, affects more than 50 million people globally. In 2020, the 5th Canadian Consensus Conference on the Diagnosis and Treatment of Dementia (CCCDTD5) published up-to-date recommendations to guide the clinical management of persons living with dementia (PLWD) and their caregivers. However, primary care clinicians are not always up-to-date with current evidence as the information might be fragmented. Objective: To provide selected new and updated clinical guidance on the management of patients with dementia that are simple to use in a routine primary care practice. Study design: Recommendations were approved and graded based on the Appraisal of Guidelines for Research and Evaluation (AGREE II collaboration), GRADE, and a Delphi process. Setting: Working groups included experts from different backgrounds (primary care physicians, nurse practitioners and other primary care clinicians, neurologists, psychiatrists and geriatricians, researchers, knowledge translation experts, decisions makers, and PLWD and caregivers' representatives). The experts carried out systematic reviews, which guided the development of new recommendations for dementia care. Recommendations included: We summarize the most relevant CCCDTD5 recommendations for primary care clinicians Results: The relevant recommendations for primary care were focused on: a) risk reduction for the general population (nutrition, exercise, social engagement, education, and medication management), as well as for persons at risk of dementia (evaluation of hearing status and sleep, and cognitive training stimulation); b) screening and diagnosis of dementia, including the role of the informant, screening for patients at risk or with symptoms, use of cognitive tests and neuro-imaging, management of subjective cognitive decline); c) de-prescribing medications for dementia, including aspirin and cognitive enhancers; and d) non-pharmacological interventions for persons with dementia (exercise, cognitive stimulation therapy, psychoeducational interventions for caregivers, case management and dementia-friendly community/organizations). Conclusions: The development of recommendations for ongoing management of dementia is an iterative process as new evidence on interventions for dementia are

published. The present recommendations are of importance for dementia care in a primary care setting as the entry point for PLWD into the health system.