Newham PLT – Mental Health Roadshow

20th April 2023, 14:30 – 17:30

Newham TRAINING HUB
We develop people

Agenda Items		Lead	Times
1	Welcome, Introduction & Pathways Update	**Dr John Babalola (Chair)** Associate Clinical Director Newham Mental Health ELFT	14:30 – 14:40
2	Crisis Management and Services	**Dr Dominic Dougall** Clinical Director – Newham Adult Mental Health **Ed Landor** Crisis Lead ELFT	14:40 – 15:10
3	Eating Disorders	**Dr Brian Sheeran** Clinical Lead for Eating Disorders ELFT	15:10 – 15:40
4	Break		15:40 – 15:50
5	ADHD	**Dr Adetoro Adenola** Consultant Psychiatrist- ADHD clinic	15:50 – 16:30
6	Medically Unexplained Symptoms	**Brenda Naso** Dance Movement Psychotherapist	16:30 – 17:00
7	Dementia	**Dr Julliette Brown** Consultant Psychiatrist – Mental Health for Older Adults Team	17:00 – 17:30

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Adult (18+) Newham Mental Health Referral Pathways (Updated Feb 2023:*v2.1*)

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	Common MH Conditions (low risk)	Routine Referrals Give full clinical details and patient will be assessed within a clinically appropriate timescale	Crisis Defined as assessment needed within 24 hrs	Older Adults (65+) or Dementia (all age)	Perinatal	Adult Eating Disorders
What						
Where	**1.Newham Talking Therapies (NTT) 2.Self help resources**	**Community Integrated MH Service (CIMHS)**	**Crisis & Assessment Service (&Home Treatment Team)**	**MH for Older People (CMHTOP) & Memory Clinic**	**1.Parents in Mind** (peer support) **2. NTT-** (TLC group) **3.Perinatal team**	**1. NTT (disordered eating-mild) 2. Via CIMHS**
How (*Referral forms will be integrated into Emis; CEG Resource Publisher)	1.Self-referral: https://newhamtalkingtherapies.nhs.uk 2. Good-Thinking website www.good-thinking.uk	Referral form* : **elft.newham-pcns-referral-inbox@nhs.net** AND/OR discuss in MH huddle for complex cases. INCLUDES referral for first episode psychosis	24/7 crisis line **0800 073 0066**	Referral form* or letter: elft.firstavenueadmin@nhs.net	Self or Clinician referral: 1.07525 403673 or parentsinmind.newham@nct.org.uk 2. Self-referral: https://newhamtalkingtherapies.nhs.uk 3. www.elft.nhs.uk/Perinatal/Who-We-Are	1.self-referral: https://newhamtalkingtherapies.nhs.uk 2. Referral form or letter: elft.newham-pcns-referral-inbox@nhs.net: (CIMHS do onward referral)

Support for patients waiting for assessment or treatment:

- **Hestia Together Café –** Peer-led, informal drop-in Crisis support: Nh.togethercafe@nhs.net / 08081 968 710 (M-T: 5-9pm, F-S: 12-9pm)
- **ELFT Telephone Befriending Service:** Peer-led, 1hr call per week for 3-6 months: elft.befriendingservice@nhs.net

For Special Clinics: ADHD, Autism Diagnosis, Medically Unexplained Symptoms Clinic, bereavement, psychosexual health and staff wellbeing- see overleaf

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Special Clinics (Updated February 2023: *v2.1*)

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What	ADHD Diagnosis	Autism Diagnostic Service	Psychosexual Wellbeing Service	Medically Unexplained Symptoms Clinic	Bereavement	Staff Wellbeing
Where	**ADHD Clinic @ CIMHS**	**NEW SERVICE Community LD Team (CLDT)**	**All East – Barts Health**	**MUS/ BDD (Bodily Distress Disorder) Service**	**Newham Bereavement Service (Mind)**	**KeepingWellNEL**
How (*Referral forms will be integrated into Emis; CEG Resource Publisher)	Referral form*: elft.newham-pcns-referral-inbox@nhs.net Marked: ADHD referral Please include: Recent Bloods **if available** and ASRS* (in Accurx template)	Referral form to*: elft.NewhamAutismDiagnosticService@nhs.net	Referral form, or letter to: BHNT.Psychosexual@NHS.net Self-referral: Tel: 02035946760 Or BHNT.Psychosexual@NHS.net	Referral form* to: elft.mus@nhs.net **Open to ALL surgeries in Newham**	1. Self Referral: www.mithn.org.uk/our-services/talking-therapies/newham-service/newham-bereavement-service 2. Tel: 020 7510 1081 / 020 7510 4268 or email: nbs@mithn.org.uk	Self referral: https://keepingwellnel.nhs.uk Variety of wellbeing support for ANY health or social care staff including carers in NEL

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Newham Crisis Care Pathway

Dr Dominic Dougall, Clinical Director

Ed Lander, Service Manager/ Associate Clinical Director
Crisis Pathway and Specialist Teams

Newham Crisis Care Pathway

NHS East London NHS Foundation Trust

What	Psychiatric Liaison Mental Health Core 24 service	Integrated 24/7 crisis line/crisis assessment service/HTT	Perinatal Mental Health Team Intensive pathway	Together Cafe
Where	Newham University Hospital ED and Acute Wards	Acute Day Hospital Newham Centre for Mental Health	House 15 Newham University Hospital Glen Road	Rokeby Community Centre
How	24/7 Referral via Barts Health acute Trust <60min response and ax concluded <4 hours at ED	Self referral/professional 24/7 crisis line 0800 073 0066 24/7	Women under the care of the Perinatal MH team who require crisis support.	Walk in/direct access/sign posting

Ask about the #ELFTPromise

We care
We respect
We are inclusive

Core Aims of Newham Crisis Care Pathway

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- Easy Access
- Better Experience
- Seamless Care

Crisis Assessment Service Core Functions

- All age 24/7 mental health crisis line (0800 073 0066)

- 24/7 crisis assessment s ervice. 1-4 hour response for face-to-face assessment
- Assessment of mental health primary presentations to A and E

Crisis Assessment Service

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- Self referral/carer
- GP/primary care
- Blue Light Services
- 111 Warm Transfer
- Psych Liaison NUH
- Community Services

- Advice/Sign post to voluntary sector
- CIMHS
- Together Café
- Home Treatment Team
- Informal admission to hospital
- AMHP service for MHA assessment

Newham Home Treatment Team Core Functions

- Adults of working age/functional older adults who reside in Newham
- Short-term, timely, intensive treatment, to help the person manage their MH crisis as an alternative to inpatient care.
- Telephone referral pathway.
- Operates 7 days a week, 9am-8pm (CAS support available 24/7)
- A range of interventions supported by a multi-disciplinary team.
- Therapeutic group programme twice a week and an option to facilitate recovery and promote learning.
- Clozapine initiation and titration to prevent the need for inpatient admission.
- To facilitate early discharges from inpatient setting.

Newham Together Café

- Provide service users who are in crisis or heading towards crisis a safe and therapeutic environment as an alternative to crisis pathway services, such as ED.
- Opening Hours: Monday to Thursday: 5pm to 9pm
- Friday to Sunday (and all Bank Holidays): 3pm to 9pm

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Newham Protected Learning Time

Mental Health Roadshow

COMFORT BREAK

The session will continue at 15:55

Please come back on time. ☺

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Barts and The London
School of Medicine and Dentistry

Managing MUS / BDD in Primary Care: An evidence based body oriented approach

Frank Röhricht,
Consultant Psychiatrist, Medical Director
Honorary Professor of Psychiatry
& Brenda Naso
Dance Movement Psychotherapist

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Main characteristics of MUS

- Pattern of somatic symptoms often emerging before age of 30
- Recurring nature and multiple organ sites
- Predominantly multisite or generalised pain
- Symptoms neither intentionally produced, not fully explained
- Medical attention seeking behaviour, histrionic
- Impairment of social/interpersonal/occupational functioning

There is no “US” or “THEM”

- Once in a lifetime, at least one-third of the population experiences medically unexplained symptoms. Persistent medically unexplained symptoms is developed by 3 to 10% of the general population

(Flasinski et al. 2020).

It's costly

& relevant for GPs…

- The NHS cost in England: estimated £3 billion each year…to diagnose and treat MUS, total societal costs = around £18 billion
  Bermingham et al 2010

- GPs see large numbers of patients with somatisation (appr. 30% of patients in PC (frequent attenders) with limited time

  Wessely et al. 1997, Gureje et al. 1998, Hartz et al. 2000; Nimnuan et al. 2001

- "Heartsink patients": GP frustration is tied to a range of negative emotions, feelings of inadequacy, resentment *Wileman et al. 2002*

What do we call it? –

Inconsistency & multiplicity of terminology

- “Heartsink”or “Fat-folder” patients
- Repeat/ Frequent attendees
- Chronic complainers

Medical Terminology

- Somatisation disorder / somatoform disorder
- Medically unexplained (physical) symptoms
- Health anxiety, conversion disorder, …
- CFS, IBS, Fibromyalgia……
- Functional Symptom Disorder/ SSD/BDD

Multiple syndromes in multiple settings

Gastroenterology	**IBS** **Globus hystericus**
Cardiology	**Atypical chest pain** **Benign palpitations**
Neurology	**Non-epileptic attacks** **Atypical headaches**
Infectious disease	**Chronic fatigue syndrome**
Gynaecology	**Chronic pelvic pain** **Pre-menstrual syndrome**
Oral surgery	**Atypical facial pain**
Rheumatology	**Fibromyalgia** **Lower back pain**

The next generation terms…
Bodily / Somatic Distress Disorder

- “characterized by the presence of bodily symptoms that are distressing to the individual with excessive attention directed toward the symptoms which may be manifest by repeated contact with health care providers”

- replacing somatoform disorder (ICD 10, DSM-IV), now irrelevant if symptoms can/’t be medically explained

DSM-V: Somatic Symptom disorder

- somatic symptoms that are either part of a medically explained condition or not
- duration typically more than six months
- psychological features accompanying symptoms
- Symptom/s distressing or cause significant disruption of daily life.
- patients must present with dysfunctional or disproportionate cognitive, emotional, and behavioural responses, such as being persistently preoccupied with concerns about one's symptoms.

Additional features

- Co-morbitity: Marked depression and anxiety are frequently present (>40 % of MUS patients) Nimnuan et al 2001)
- The course of the disorder is chronic and fluctuating, and is often associated with long-standing social and interpersonal problems.
- The disorder is far more common in women than in men, and usually starts in early adult life.
- Dependence upon or abuse of medication (usually sedatives and analgesics)

What do we know doesn't work?

- Repeated investigations, multiple experts
- "Sending" patients to Mental Health Services
- "Identifying" psychological roots in talking therapy

➢ Typically patients with MUS see themselves as only physically ill….

Geraghty and Scott *BMC Psychology* (2020) 8:13
https://doi.org/10.1186/s40359-020-0380-2

BMC Psychology

DEBATE Open Access

Treating medically unexplained symptoms via improving access to psychological therapy (IAPT): major limitations identified

Keith Geraghty[1*] and Michael J. Scott[2]

- The overall reliable recovery rate for MUS is 17.39%, while deterioration rates were 4.32% for MUS

- We do not know whether patients with MUS improve their primary medical problems and somatic symptoms, pain, fatigue and so on.

- We know a high number of patients drop out of treatment, circa 45%

Novel primary care treatment package for patients with medically unexplained symptoms: a cohort intervention study

Frank Röhricht et al BJGP Open 4 October 2017
DOI: https://doi.org/10.3399/bjgpopen17X101121

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The ELFT MUS-BDD model

- One-Stop-Shop approach
- Inclusive (Nature AND degree)
- Delivered in primary care setting
- Simple referral system including self-referral

The ELFT MUS/BDD care pathway model…

- Identification: Specific somatic symptom algorithm
- Engagement strategy is empathic and focused on body reality:

➢ interest in and time for the physical complaints (how, when, where, under which circumstances…)

- Assessment is focused on somatic symptoms:

➢ Range of in-depth somatic symptom questionnaires, health related quality of life measures (PHQ-15, EQ5-3L, MYMOP)

- Interventions are non-verbal / embodied:

➢ explicitly focusing upon / engaging with bodily symptoms (MBSR / Body Oriented Psychological Interventions as “SHLG”)

Recruitment and Referrals

- Simple process with minimum administration
- active identification through data-base and subsequent “referral” from primary care professionals
- Social prescriber /surgery staff / A&E liaison / SC referral
- potentially suitable patients will be contacted in different ways by PC/BDD staff: via telephone contact, letter or direct face to face conversation during routine consultation
- Patients can self refer (posters and leaflets provided)
- Patients who are identified as suitable will be offered participation in group intervention (choice)

Some quotes from patients after taking part in one of the two intervention groups

"I am now helping my self rather than depending completely on family"

"It made me realise I was in denial about the wider picture of my life"

"I learned to be kind to myself….It has really turned my life around and empowered me.... "

"I started getting my tension under control and things didn't get to me no more"

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DO YOU?

Have chronic pain, other troubling persistent, or unexplained physical symptoms..?

Feel like treatment is not helping sufficiently to reduce symptoms..?

then the BDD Wellbeing Service is for you !

The BDD Wellbeing Service offers a "One-Stop-Shop" service with a choice of group treatments (online or face-face)

Meditation Based Stress Reduction (MBSR): (8 SESSIONS)
In this group you will be introduced to meditation practices, gentle body movement and yoga exercises to help you reduce the stressful nature of bodily symptoms and corresponding worrying thoughts and is aimed at increasing awareness in everyday life to help recovery and well-being.

Strategies for Healthy Living Group: (10 SESSIONS)
This therapeutic group approach combines talking and activities to help you dealing with bodily distress. It includes relaxation, movement exercises and discussion about your bodily symptoms and associated feelings.

Both group therapies have been specifically developed and researched to **improve** persistent physical symptoms. Focusing on your bodily experiences our trained staff can help you to improve physical and emotional wellbeing.

Referring to our BDD-Wellbeing Service:

STEP 1

- Ask your GP for more information and discuss potential benefits
- The GP or somebody else from the surgery can refer you to our services
- You can also contact our service through the surgery to self-refer

STEP 2

- A staff member from the BDD Wellbeing Service will contact you, we are here to help your with your symptoms

STEP 3

- **The Service is inclusive and easily accessed**
- An appointment will be set up for you to be seen by a service clinician

For more information visit our website:

https://www.elft.nhs.uk/medically-unexplained-symptoms

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Who is it for?
This is a group which will be helpful to you if you suffer from chronic pain or other troubling persistent physical symptoms that have not been helped by treatment so far or where no physical cause has been found so far.
This therapeutic group will be particularly suited to you if:

1. You would like to find new coping strategies to empower you and to help you with your pain and other bodily symptoms
2. you would like to understand how your body effects the way you feel and how your feelings effect your body
3. you would like to try an approach that includes both talking and activities such as movement exercises

What is it about?
The Group has been specifically developed in relation to enduring physical symptoms by doctors and therapists and the main focus is on working with the body. The group includes relaxation and movement exercises (sometimes to music), discussion about your bodily symptoms and associated feelings.

The group aims to:

1. Improve your physical well being
2. Help you to "manage" your pain / symptoms better and to relax
3. Help you with anxiety and elevate your mood
4. Help you to express yourself in a different way using your creative potential
5. Help you to understand what makes your symptoms worse and or better
6. Meet other people who are facing similar difficulties

You do not need any previous experience to benefit from this therapy.

When and where does it take place (10 sessions: each 1.5 hrs)
Time: TBC
Venue: TBC

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Who is it for?
This is a group which will be helpful to you if you suffer from chronic pain or other troubling persistent physical symptoms that have not been helped by treatment so far or where no physical cause has been found so far.

This form of therapy includes

1. Guided instruction in mindfulness meditation practices
2. Gentle stretching and mindful movement
3. Group dialogue and discussions about your bodily symptoms and associated feelings aimed at increasing awareness in everyday life
4. Learning skills that you can apply on your own outside of the group to help your recovery and well-being

What you will gain from the group

1. You will understand how mindfulness, gentle body movement, yoga exercises and meditation can improve the way you feel.
2. You will learn techniques to help you let go of your stressful and distressing thoughts
3. You will meet other people who suffer from similar difficulties to you; you will be able to learn from them and gain support from them.
4. You will learn to stay in the moment and not live either in the past or worry about the future.

You do not need any previous experience to benefit from this therapy.

When and where does it take place (8 sessions: each 90mins)
Time: TBC
Venue: TBC

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Working together: Dumping Descartes…

For further information:

frank.rohricht@nhs.net

ADDITIONAL SLIDES FOR DISCUSSION/ Q&A ONLY

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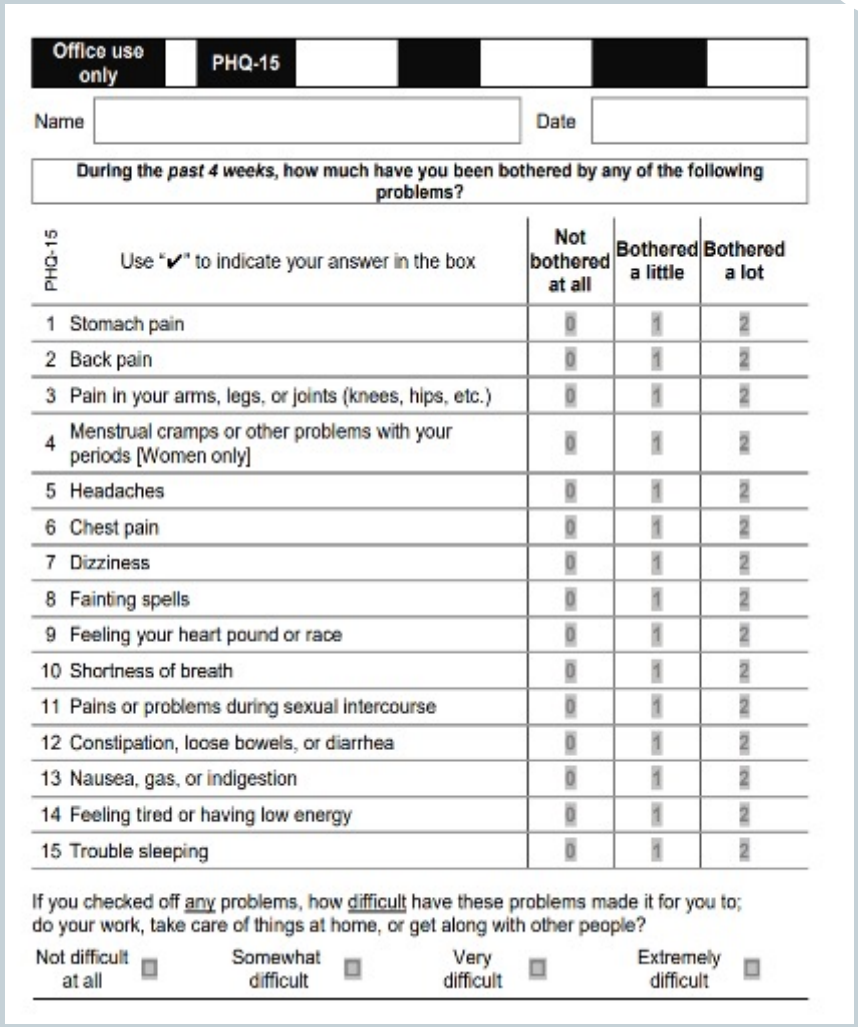
Assessments – PHQ-15



Office use only | PHQ-15

Name _____ Date _____

During the *past 4 weeks*, how much have you been bothered by any of the following problems?

PHQ-15	Use "✔" to indicate your answer in the box	Not bothered at all	Bothered a little	Bothered a lot
1	Stomach pain	0	1	2
2	Back pain	0	1	2
3	Pain in your arms, legs, or joints (knees, hips, etc.)	0	1	2
4	Menstrual cramps or other problems with your periods [Women only]	0	1	2
5	Headaches	0	1	2
6	Chest pain	0	1	2
7	Dizziness	0	1	2
8	Fainting spells	0	1	2
9	Feeling your heart pound or race	0	1	2
10	Shortness of breath	0	1	2
11	Pains or problems during sexual intercourse	0	1	2
12	Constipation, loose bowels, or diarrhea	0	1	2
13	Nausea, gas, or indigestion	0	1	2
14	Feeling tired or having low energy	0	1	2
15	Trouble sleeping	0	1	2

If you checked off any problems, how difficult have these problems made it for you to; do your work, take care of things at home, or get along with other people?

Not difficult at all ☐ Somewhat difficult ☐ Very difficult ☐ Extremely difficult ☐

EQ5-5L

Under each heading, please tick the ONE box that best describes your health TODAY

MOBILITY

- I have no problems in walking about ❑
- I have slight problems in walking about ❑
- I have moderate problems in walking about ❑
- I have severe problems in walking about ❑
- I am unable to walk about ❑

SELF-CARE

- I have no problems washing or dressing myself ❑
- I have slight problems washing or dressing myself ❑
- I have moderate problems washing or dressing myself ❑
- I have severe problems washing or dressing myself ❑
- I am unable to wash or dress myself ❑

USUAL ACTIVITIES *(e.g. work, study, housework, family or leisure activities)*

- I have no problems doing my usual activities ❑
- I have slight problems doing my usual activities ❑
- I have moderate problems doing my usual activities ❑
- I have severe problems doing my usual activities ❑
- I am unable to do my usual activities ❑

PAIN / DISCOMFORT

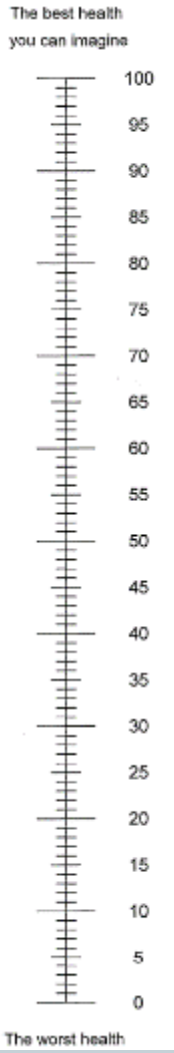
- I have no pain or discomfort ❑
- I have slight pain or discomfort ❑
- I have moderate pain or discomfort ❑
- I have severe pain or discomfort ❑
- I have extreme pain or discomfort ❑

ANXIETY / DEPRESSION

- I am not anxious or depressed ❑
- I am slightly anxious or depressed ❑
- I am moderately anxious or depressed ❑
- I am severely anxious or depressed ❑
- I am extremely anxious or depressed ❑

- We would like to know how good or bad your health is TODAY.
- This scale is numbered from 0 to 100.
- 100 means the best health you can imagine.
  0 means the worst health you can imagine.
- Mark an X on the scale to indicate how your health is TODAY.
- Now, please write the number you marked on the scale in the box below.

YOUR HEALTH TODAY = ☐



MYMOP

*** MYMOP2 ***

Full name ..... Date of birth .....

Address and postcode.....

.....

Today's date ..... Practitioner seen .....

Choose one or two symptoms (physical or mental) which bother you the most. Write them on the lines.
Now consider how bad each symptom is, over the last week, and score it by circling your chosen number.

SYMPTOM 1:	0	1	2	3	4	5	6
.....	As good as it could be						As bad as it could be
SYMPTOM 2:	0	1	2	3	4	5	6
.....	As good as it could be						As bad as it could be

Now choose one activity (physical, social or mental) that is important to you, and that your problem makes difficult or prevents you doing. Score how bad it has been in the last week.

ACTIVITY:	0	1	2	3	4	5	6
.....	As good as it could be						As bad as it could be

Lastly how would you rate your general feeling of wellbeing during the last week?

	0	1	2	3	4	5	6
	As good as it could be						As bad as it could be

How long have you had Symptom 1, either all the time or on and off? Please circle:

0 - 4 weeks 4 - 12 weeks 3 months - 1 year 1 - 5 years over 5 years

*** MYMOP2 Follow up ***

Full name ..... Today's date .....

Please circle the number to show how severe your problem has been IN THE LAST WEEK.
This should be YOUR opinion, no-one else's!

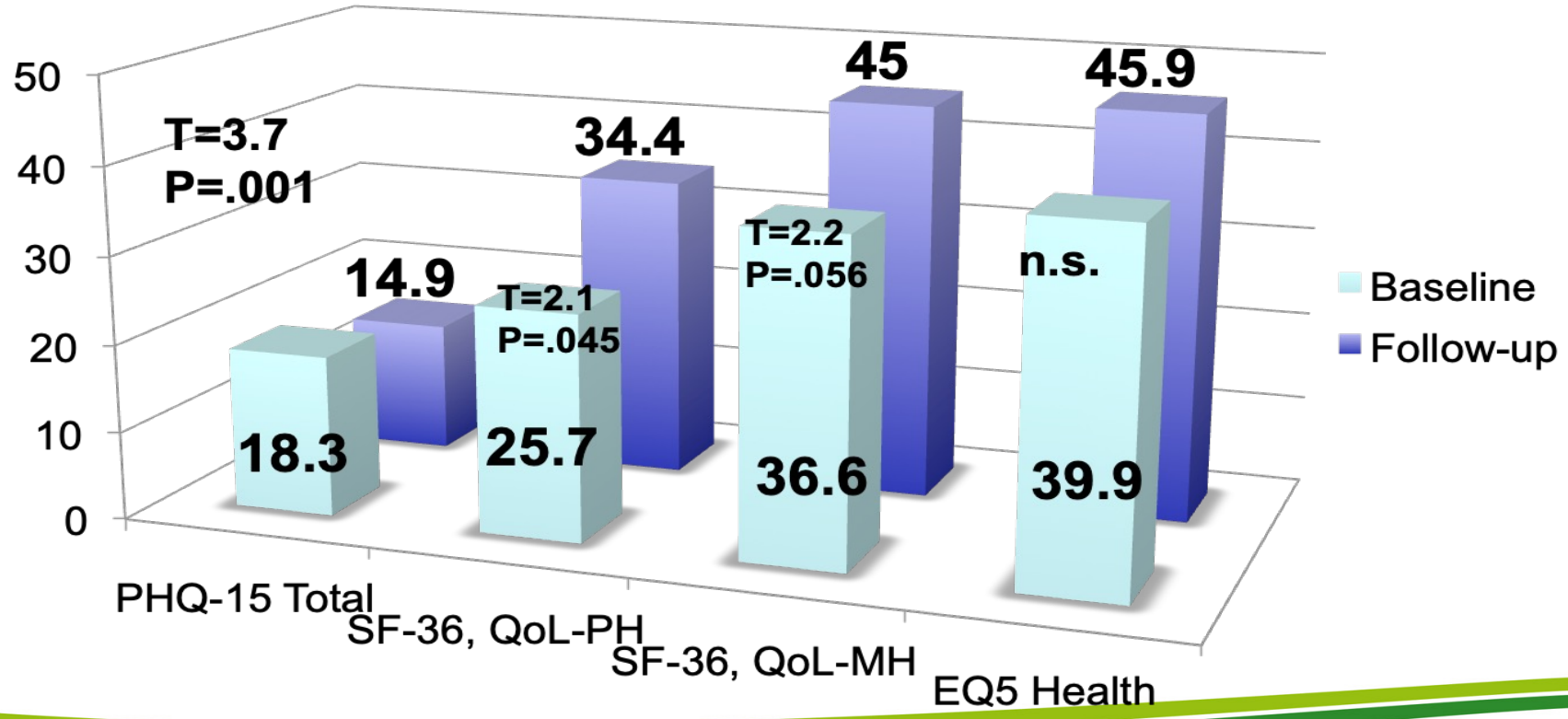
SYMPTOM 1:	0	1	2	3	4	5	6
.....	As good as it could be						As bad as it could be
SYMPTOM 2:	0	1	2	3	4	5	6
.....	As good as it could be						As bad as it could be
ACTIVITY:	0	1	2	3	4	5	6
.....	As good as it could be						As bad as it could be
WELLBEING:	0	1	2	3	4	5	6
How would you rate your general feeling of wellbeing?	As good as it could be						As bad as it could be

If an important new symptom has appeared please describe it and mark how bad it is below.
Otherwise do not use this line.

SYMPTOM 3:	0	1	2	3	4	5	6
.....	As good as it could be						As bad as it could be

The treatment you are receiving may not be the only thing affecting your problem. If there is anything else that you think is important, such as changes you have made yourself, or other things happening in your life, please write it here (write overleaf if you need more space):

Changes in Somatic symptom levels and QOL



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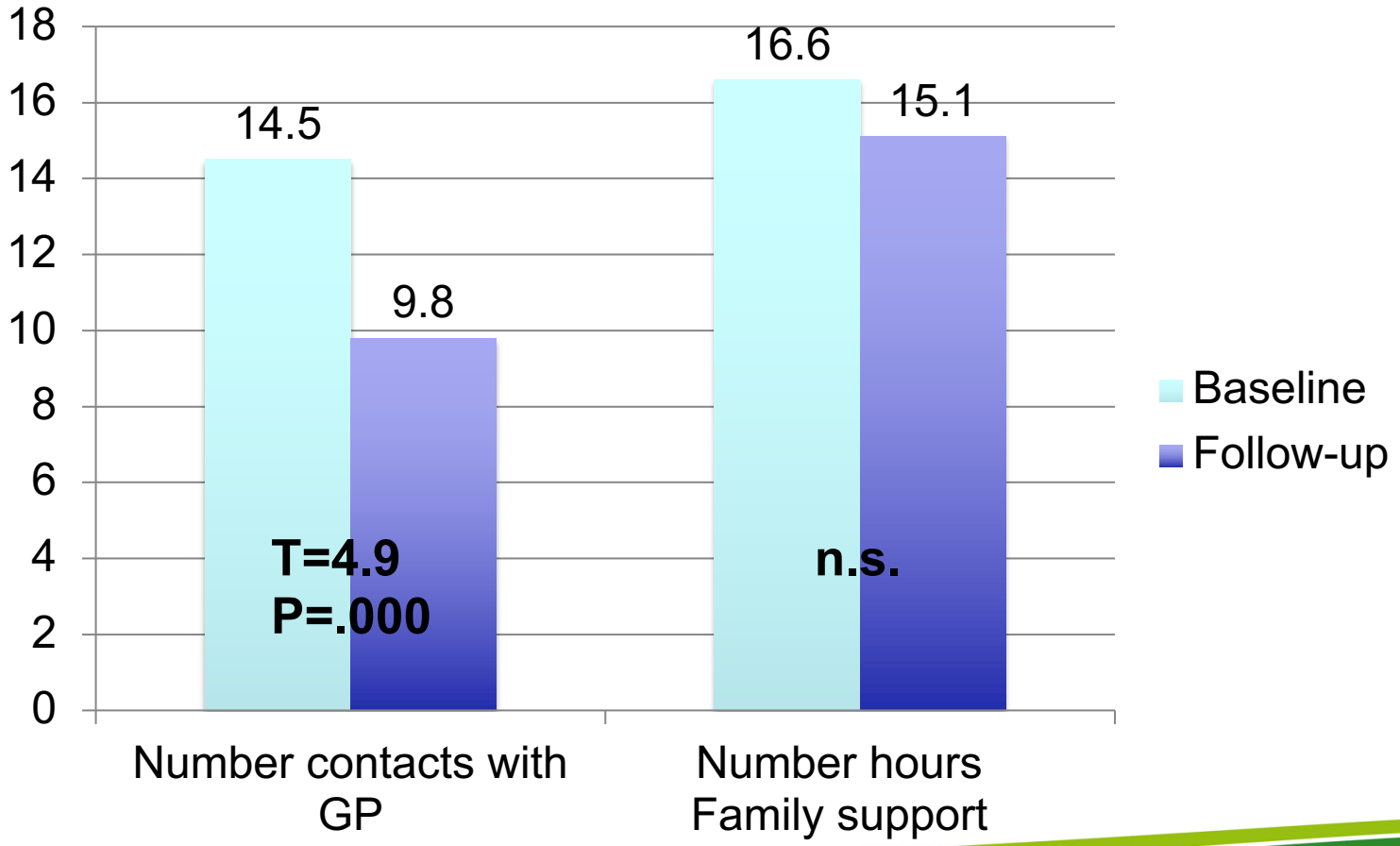
Changes GP contact /support



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Changes associated cost

	Number contacts with GP	Number outpatient appoint-ments	Number A&E Atten-dances	Number Coun-selling sessions	Number Physio-therapy sessions	Number prescribed medication	Total
Pre	14.5/10.3	3.1/3.1	0.8/1.5	0.5/1.9	1.8/3.8	4.1/2.5	
Post	9.8/6.7	2.4/2.4	0.3/0.8	0.3/1.7	0.40/1.2	4.3/3.9	
Unit cost	£46,80	£109	£100	£50	£16		
Total Cost pre	£59.717	£29.735	£7.040	£2.200	£2.534		£101.226 = £1.150 per patient
Total Cost post	£40.360	£23.020	£2.640	£1.320	£563		£67.903 = £772 per patient

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Richmond Wellbeing Service pilot

- Recovery figures (N=122) after 2 months of weekly sessions: decrease in physical and psychological symptoms, improved coping with chronic pain, improved quality of life.
- patients reported that they experienced a decrease in the severity of physical symptoms (PHQ-15) related to LTC & MUS
- reduced dependence on GP visits / service utilisation and change of behavioural patterns

Tower Hamlets PCN pilot

- One network with 7 surgeries
- 213 referrals, 36 dropout
- Mean age 45 (18-72), >80% female, mainly Bengali
- patients referred with very complex mental and physical (multi-morbid) health needs. Most of them have 3+ different diagnoses / LTCs; minority with MUS only.
- Mean number of prescribed medications 5.7 (0-15).
- 93 patients accepted group treatment, 62 attended >1 session
- Significant symptom reduction (PHQ-15), improvement of subjective QoL (EQ5-3D)
- Therapy rated as highly valuable

BMC Psychiatry

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Research article | Open Access | Open Peer Review | Published: 23 April 2019

Group body psychotherapy for the treatment of somatoform disorder - a partly randomised-controlled feasibility pilot study

Frank Röhricht, Heribert Sattel, Christian Kuhn & Claas Lahmann

BMC Psychiatry **19**, Article number: 120 (2019) | Download Citation

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24 patients were recruited to participate. 16 patients were randomly assigned to receive either manualised BPT or TAU, 8 patients were directly assigned to BPT.

Drop-out rates were acceptable, patients reported to be highly satisfied with the group intervention. Somatic symptom levels reduced significantly in the BPT group. Additionally, a significant effect on self-acceptance and the mental component of quality of life was observed.

Newham PLT – Mental Health Roadshow

20th April 2023, 14:30 – 17:30

Newham TRAINING HUB
We develop people

Agenda Items		Lead	Times
1	Welcome, Introduction & Pathways Update	**Dr John Babalola (Chair)** Associate Clinical Director Newham Mental Health ELFT	14:30 – 14:40
2	Crisis Management and Services	**Dr Dominic Dougall** Clinical Director – Newham Adult Mental Health **Ed Landor** Crisis Lead ELFT	14:40 – 15:10
3	Eating Disorders	**Dr Brian Sreenan** Clinical Lead for Eating Disorders ELFT	15:10 – 15:40
4	Break		15:40 – 15:50
5	ADHD	**Dr Adetoro Adenola** Consultant Psychiatrist- ADHD clinic	15:50 – 16:30
6	Medically Unexplained Symptoms	**Brenda Naso** Dance Movement Psychotherapist	16:30 – 17:00
7	Dementia	**Dr Juliette Brown** Consultant Psychiatrist – Mental Health for Older Adults Team	17:00 – 17:30

East London NHS
NHS Foundation Trust

Dementia for Newham GPs
April 2023

Dr Juliette Brown MBBS MRC Psych
Consultant Psychiatrist, CMHT for Older Adults, Newham
East London NHS Foundation Trust juliettebrown@nhs.net
020 8 821 0900 Team email: elft.firstavenueadmin@nhs.net
Member, London Dementia Clinical Network Leadership Group NHS England

Content:

- Context
- Prevention
- Identifying dementia
- Referral to the DMC

Dementia:

Recorded prevalence

- 422,973 in England > 65
- ~ 15,000 <65
- (approx. 50% of the expected number of cases)
- 900 - 1000 in Newham
- Diagnostic rates - 54.7% in Newham at last data point (against national target of 66.7%)

Reducing risk

12 modifiable risk factors account for around 40% risk for dementia worldwide

Less education 7%, hypertension 2%, hearing impairment 8%, smoking 5%, obesity 1%, depression 4%, physical inactivity 2%, diabetes 1%, low social contact 4%, excessive alcohol consumption 1%, traumatic brain injury 3%, and air pollution 2%.

https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30367-6/fulltext

Why diagnose?

People want it!

Treatment

Support

Social care

Activity

Planning

Good dementia care is psychotherapeutic (Cheston, 1996) Can reduce the need for medication and hospitalisation (Fossey et al, 2006)

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Identifying someone with dementia:

- A period of decline (eg 6 months) – not acute confusion
- Collateral of memory loss – more significant than usual ageing ie familiar names and faces, directions, prayers, finances, cooking
- Deficits in new information, recent information, planning, motor functions, word finding difficulties
- Anxiety, apathy, paranoia
- Hallucinations
- Refusal of treatment, self neglect

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Carlo

66 year old Colombian born former security guard
Referred via Merlin

Reports of calls to the home with wife alleging assaults
Police suspect mental illness

Wife and daughter seen at home – 4 year history of cognitive decline, personality change, aggressive and paranoid, thinkswife has stolen money, and is having an affair
Several instances he has assaulted her
Spending all day out of the house, walking the streets
Family advised to contact emergency services if he becomes aggressive again
Arrested the next day –and seen in court diversion
Admitted to MH ward
Antipsychotic prescribed and becomes calmer, won't engage in cognitive testing
Once discharged, in supported accommodation, assessed with same language speaker, full neuropsych testing shows reduced executive function, poor STM, dementia established
Forensic team recommends housing away from wife, but eventually re housed out of area with wife once has accepted diagnosis

Nolene

73 year old former child minder St Lucian born
Referred via daughter

Known to GP with BPAD, lives with daughter and son in law

Daughter has noticed short term memory loss, word finding difficulties, misplacing items, seems a bit less motivated, and more withdrawn

GP requested FBC, U and E, LFT, TFT, bone profile, B12, folate, ferritin – no abnormality in TFT, B12, Ca

Seen in memory clinic
Scored 74% on ACE III - losing points on memory and fluency, with intact language skills (attention 15/18, memory 16/26, fluency 5/14, language25/26, visuospatial 13/16)
MRI suggestive of an Alzheimer's dementia with moderate to severe atrophy of bilateral hippocampi, mild bifrontal and biparietal cortical atrophy and mild to moderate bilateral chronic small vessel ischaemia.
Tried Donepezil but she had diarrhoea and agreed to stop it.
Doing well, daughter supported with understanding diagnosis, LPA applied for, attending CST and art group, singing for the brain

Edith

78 year old former typist Irish background

She has no close family since her husband died 5 years ago and sadly her daughter also died. She has T2DM and spinal stenosis, and lives alone.

A friend thinks she is not taking medication correctly and is living on sandwiches. She is very repetitive. Takes her to GP.

On review she has some insight into difficulties. She sees children outside the window. She scored 72% on ACE III – most points lost on fluency and memory. She is referred for imaging and for cognitive stimulation.

If diagnosed with Alzheimers or mixed, can offer Achei
Visual hallucinations respond to Rivastigmine

Identifying someone with dementia:

- Alzheimer's – global losses, lack insight, words, new recall, visuospatial skills, problem solving, mood
- Vascular - planning, sequencing, judgement, emotion, personality
- Lewy Body – fluctuating consciousness, falls, Parkinsonism, visual hallucinations, sleep disturbance
- Front-temporal – coarse personality, impulsivity, disinhibited, executive functions / aphasia, object recognition
- Dementias in other disease

eg Huntington's, HIV, Parkinsons, ARBD

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Referral:

- History – expecting a period of decline (to exclude delirium)
- Collateral
- Psychiatric symptoms / history
- Physical health and medications, ETOH
- Bloods – risk factors, reversible causes
- FBC, U and E, LFT, TFT,
- bone profile, lipids, B12, BBV, VDRL
- Imaging if already done
- Cognitive screen
- Physical signs
- Their consent to referral!

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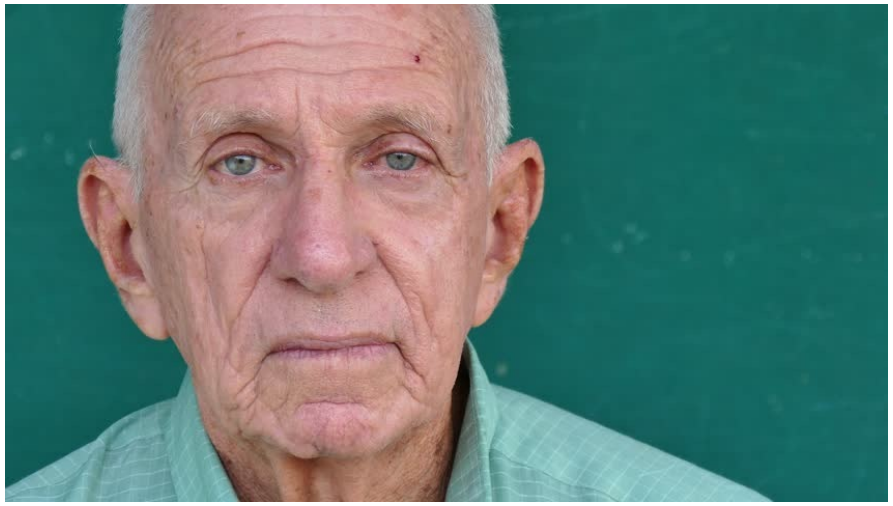

6-CIT (Cognitive Impairment Test)

Question	Score
What year is it?	Incorrect = 4
What month is it?	Incorrect = 3
Remember this name and address John Smith 42 High Street Bedford. Please repeat it.	Not scored
About what time is it?	Incorrect = 3
Count backwards from 20 to 1	1 error = 2 > 1 error = 4
Say the months of the year in reverse	1 error = 2 > 1 error = 4
What was the name and address I asked you to remember?	1 error = 2 2 errors = 4 3 errors = 6 4 errors = 8 5 errors = 10
6CIT Score	/28 (> 7 = abnormal)

Diagnostic Memory Clinic Newham:

MSNAP accredited

850 referrals / year (600 in 2018)

Assessment – initial, MDT, neuropsychology, imaging, specialist reviews

Liaison with geriatricians and neurology, Queens Sq

Diagnosis, treatment and support – medication; CST; MCI follow up, information, activity via NDP, carers support, yearly follow up

Refer in to CMHT – BPSD and Liaison – supporting care homes

Team email: elft.firstavenueadmin@nhs.net

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juliettebown@nhs.net

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