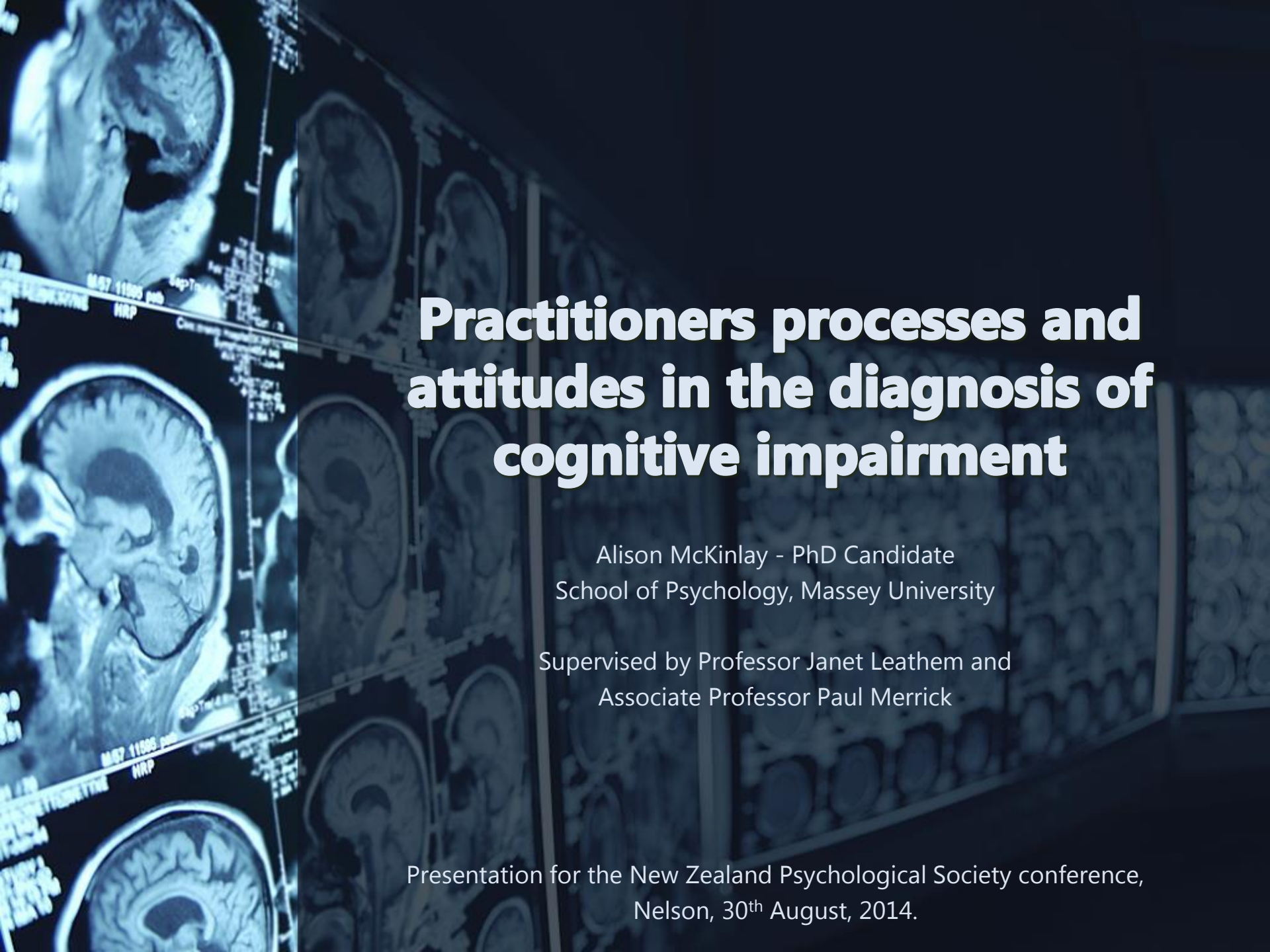
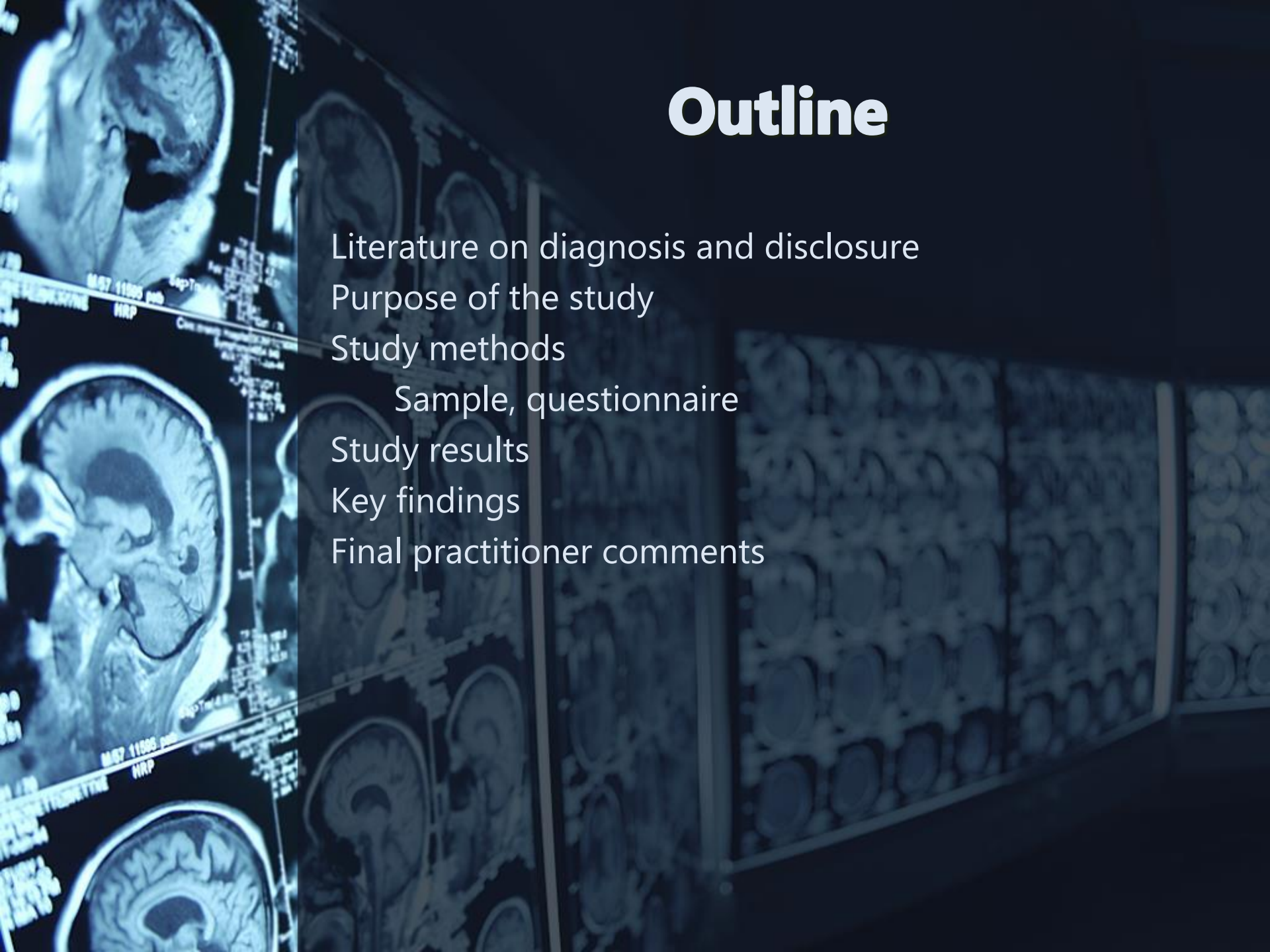


Practitioners processes and attitudes in the diagnosis of cognitive impairment

Alison McKinlay - PhD Candidate
School of Psychology, Massey University

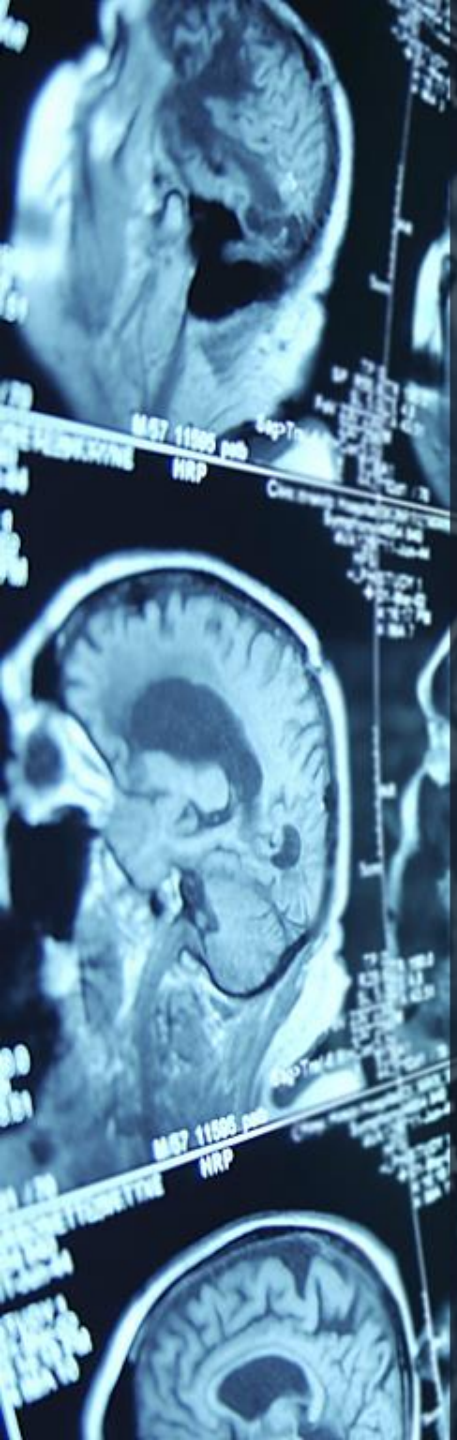
Supervised by Professor Janet Leathem and
Associate Professor Paul Merrick

Presentation for the New Zealand Psychological Society conference,
Nelson, 30th August, 2014.



Outline

- Literature on diagnosis and disclosure
- Purpose of the study
- Study methods
  - Sample, questionnaire
- Study results
- Key findings
- Final practitioner comments



Background of the study

Increased interest in early diagnosis and ethical issues

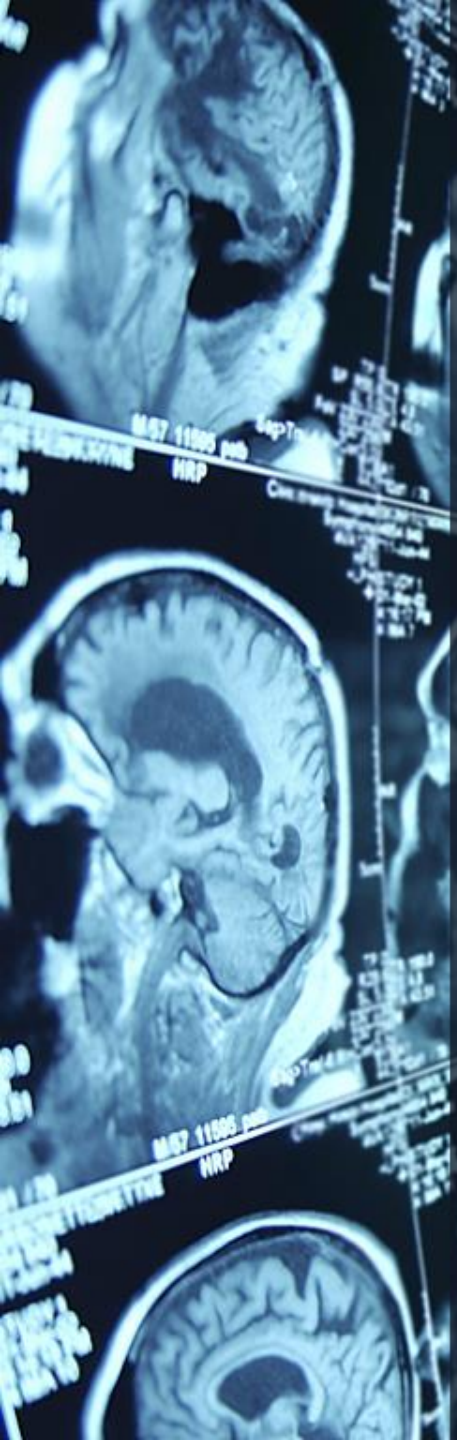
- 'Best practice' when giving an early diagnosis?
- Studies on dementia, not mild cognitive impairment (MCI)
- Ongoing area of investigation in the literature
- See Werner, Karnieli-Miller, & Eidelman, 2013

Diagnosis of cognitive impairment varies widely

- Why? More harm than help, lack of insight, client wishes
- What influences this variation in New Zealand (NZ)?

Dementia vs MCI

- Label of MCI varies in practice (Mitchell, Woodward, & Hirose, 2008) – Why?
- Present study asked Qs mostly on cognitive impairment – More research needed focusing on MCI



Purpose of the study

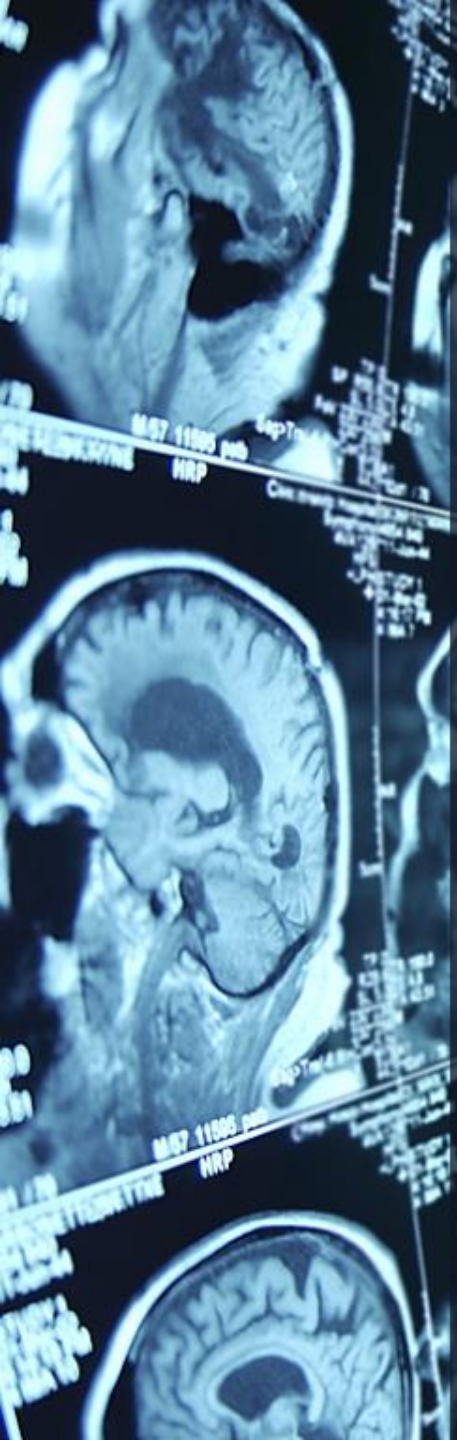
Identify general processes that practitioners follow when diagnosing dementia or mild cognitive impairment

Identify attitudes around diagnosis disclosure

Research questions

What are the current practices of NZ practitioners who diagnose cognitive impairment?

What factors influence the variation in practice?



Recruitment

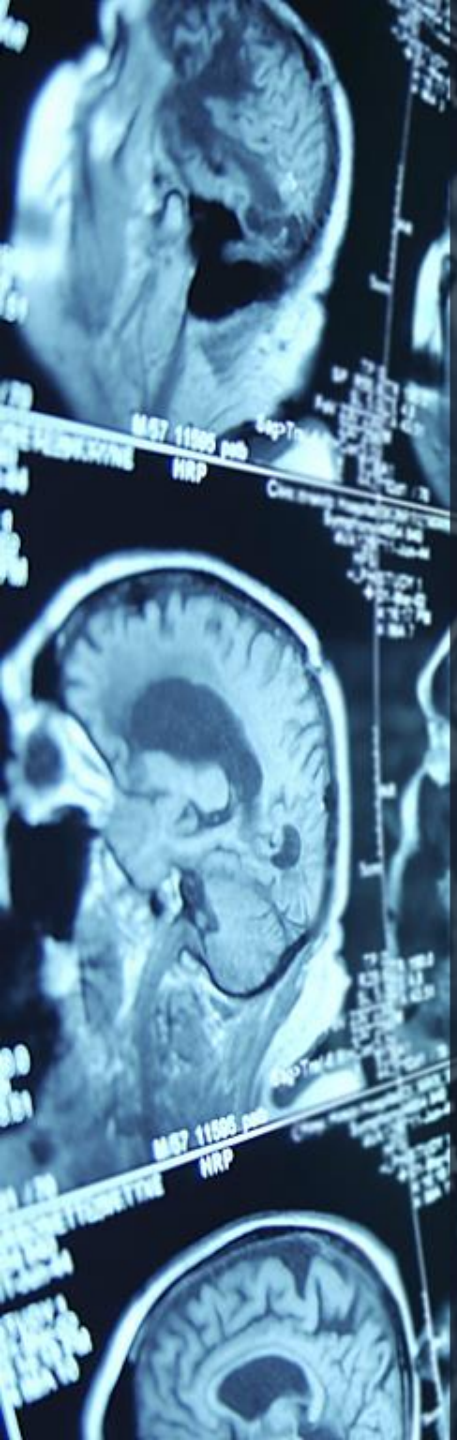
Ethics approval granted in 2012 by MUHEC

Invitation to participate sent to:

- Australia and New Zealand Society for Geriatric Medicine (ANZSGM)
- The College of New Zealand Clinical Psychologists (NZCCP)
- New Zealand Psychologists for Older Peoples (NZPOPs)

Inclusion criteria:

- Diagnosed dementia or MCI within past 12 months
- Currently practising in NZ



Questionnaire

One-off anonymous online survey

The questionnaire consisted of three sections:

- A) General demographic information
- B) Clinical tools involved with diagnosis
  - Likert style/open ended
  - E.g., 'What information is presented to the client/family at the time of diagnosis?
- C) Attitudes towards the diagnosis of cognitive impairment
  - Open ended
  - E.g., 'Are there any instances in which a diagnosis of cognitive impairment might not be delivered?'

Analysed using content analysis

Sample

N=57

Participants mostly from:

- Auckland
- Wellington
- Canterbury region

Participants mostly worked in:

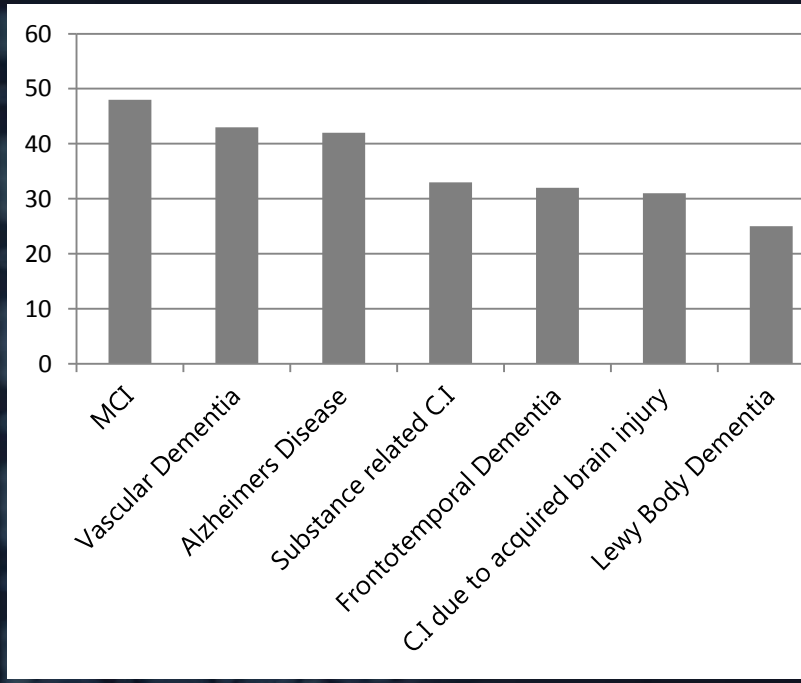
- Geriatrics (36.5%)
- Clinical psychology (25%)
- Neuropsychology (13.5%)
- Psychiatry (11.5%)

Experience levels:

- 15+ years (32%)
- 1-5 years (24%)
- 5-10 years (22%)
- 10-15 years (18%)

Figure 1

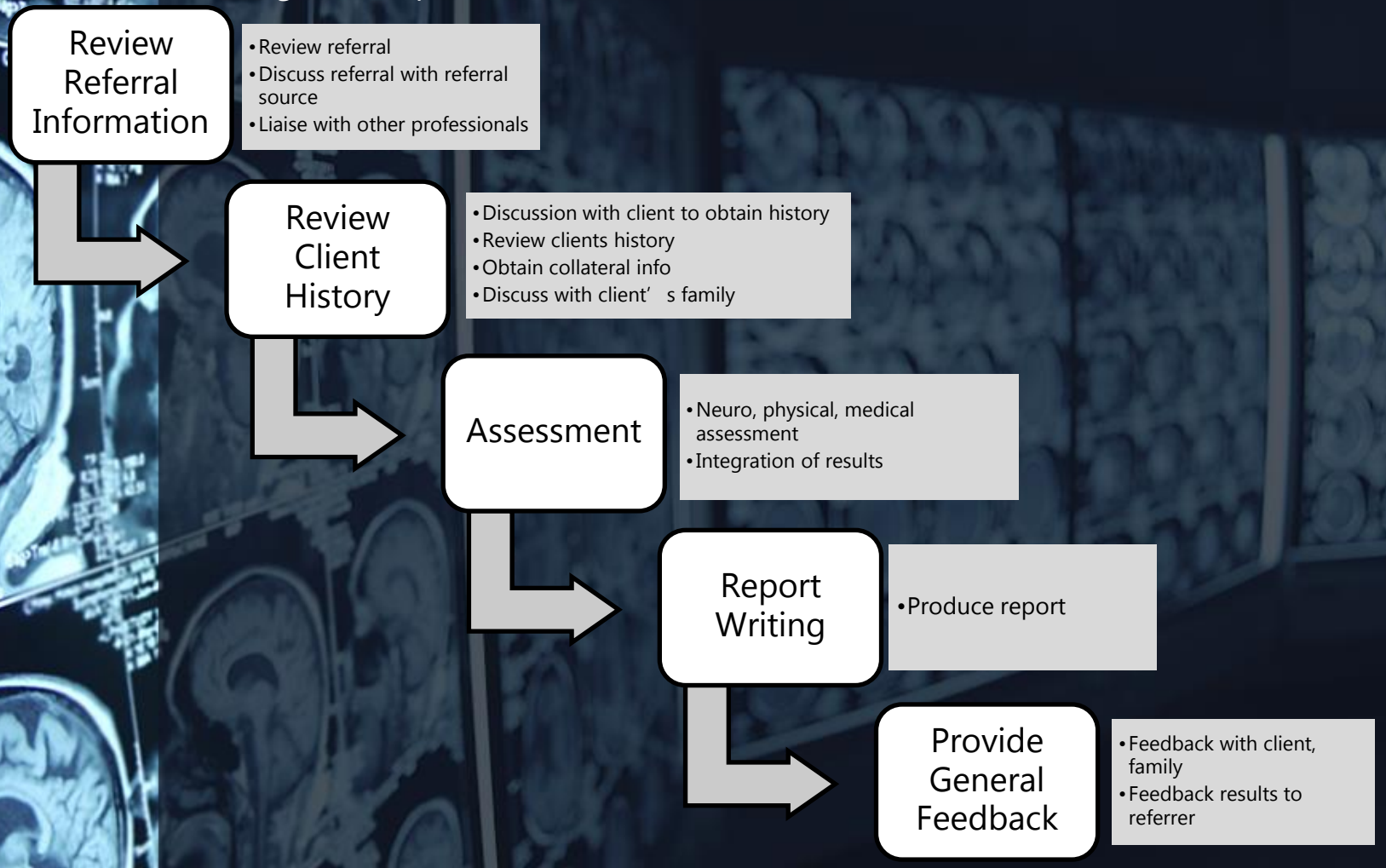
Types of Cognitive Impairment Commonly Diagnosed



Study results

Figure 2

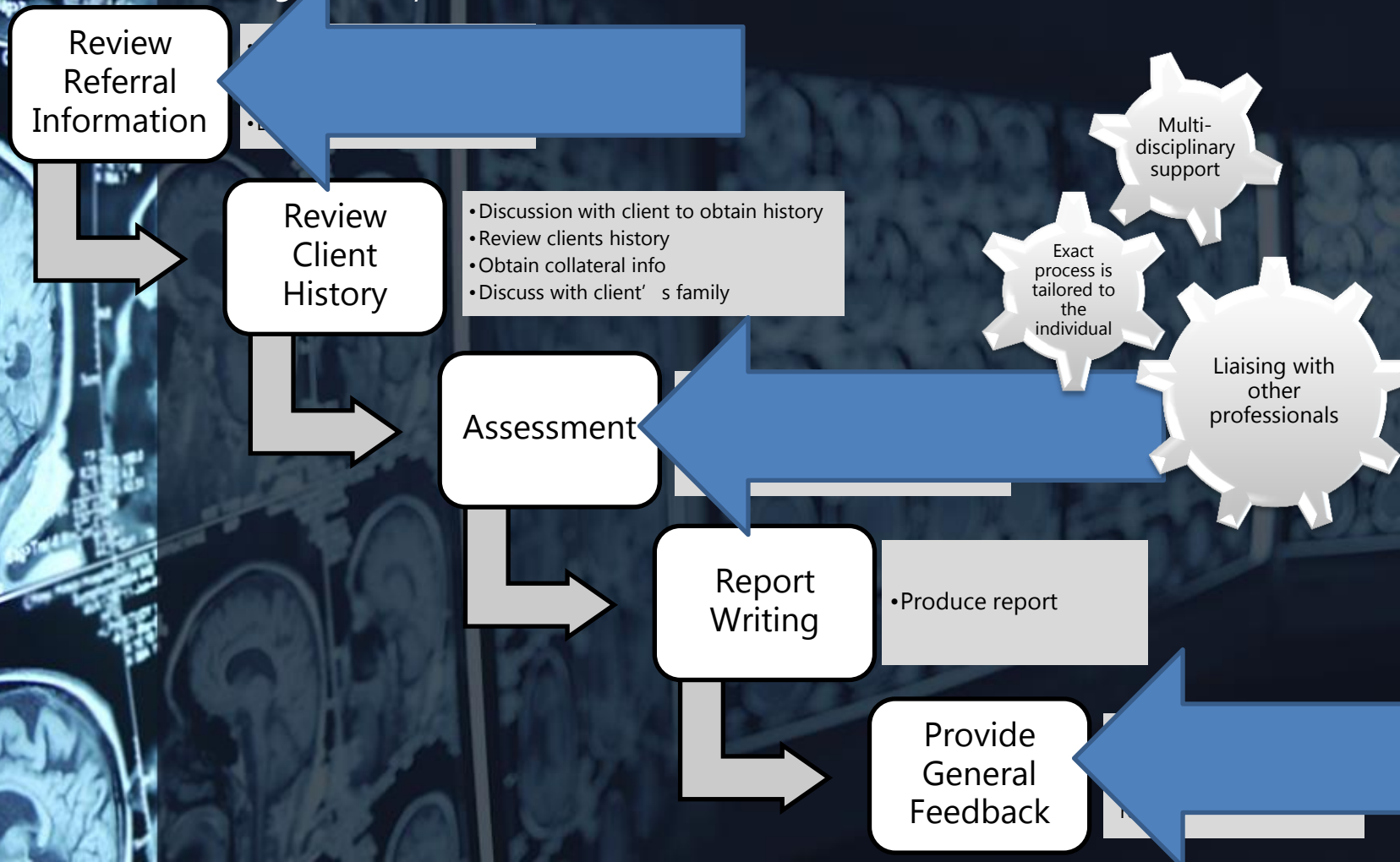
What General Steps do Practitioners Follow when Assessing and Diagnosing Cognitive Impairment?



Study results

Figure 2

What General Steps do Practitioners Follow when Assessing and Diagnosing Cogn tive Impairment?

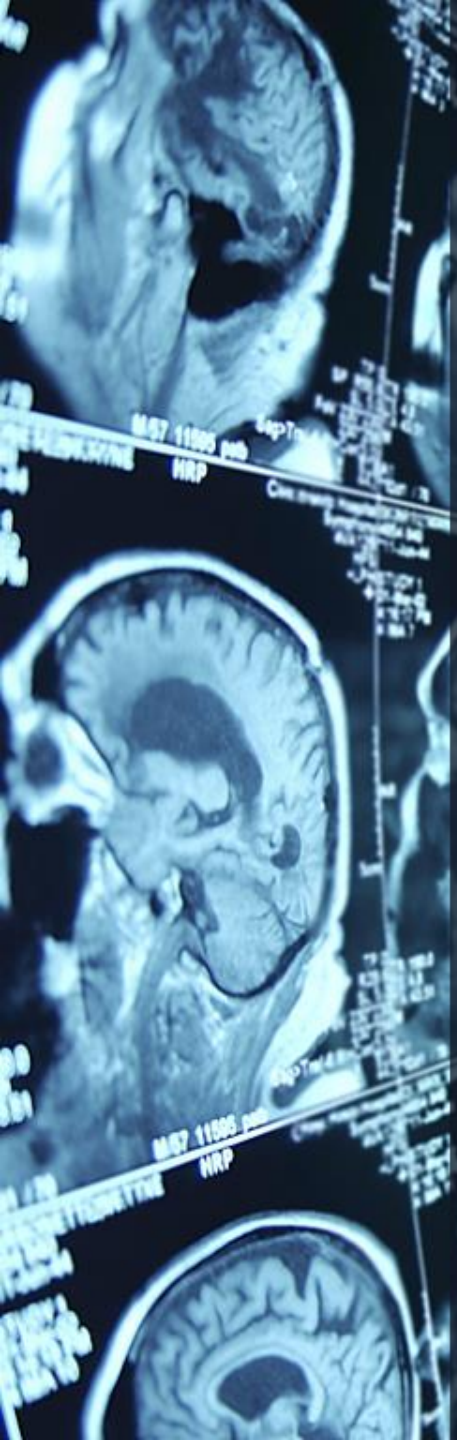


Study results

Table 1
Which Professionals are Involved with When Reaching a Diagnosis?

Type of Professional	
Clinical psychologist*	Caregivers
Counsellor	Case manager
General practitioner*	Driving assessor
Geriatrician*	Neurologist*
Neuropsychologist*	MDT staff members
Nurse	Occupational therapist
Psychiatrist*	Psychogeriatric services
Psychologist*	Radiologist
Social worker	Support workers

*All involved with providing client history, cognitive testing, support, follow up assistance
**Multidisciplinary (MDT)



Study results

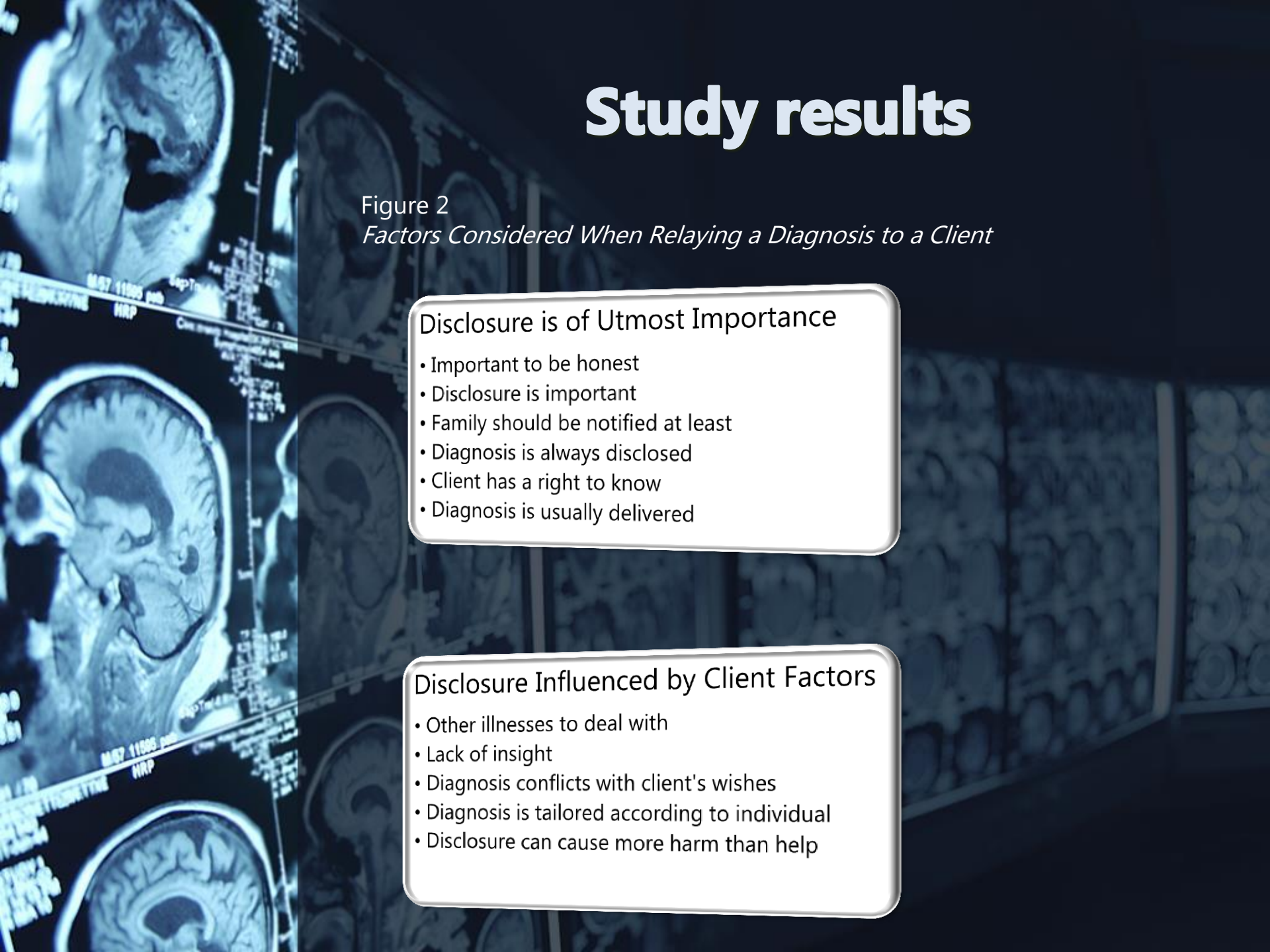
Table 2
Types of Information Presented to Client/Family at the Time of Diagnosis

Information Presented	**Always** **%**	**Often** **%**	**Sometimes** **%**	**Never** **%**
Explanation of what cognitive impairment is	**80.8**	12.8	4.3	2.1
Explanation of the test results	**76.6**	23.4	0	0
Information on practical aspects of the condition (e.g., medication, driving)	**63**	30.4	6.5	0
Information on support services **	**55.8**	39.5	4.7	0

** Support services included Alzheimer's New Zealand, home support services, GP, needs assessment and service coordination agency, Age Concern, DHB, pamphlets, Parkinson's Society, support groups

Study results

Figure 2
Factors Considered When Relaying a Diagnosis to a Client

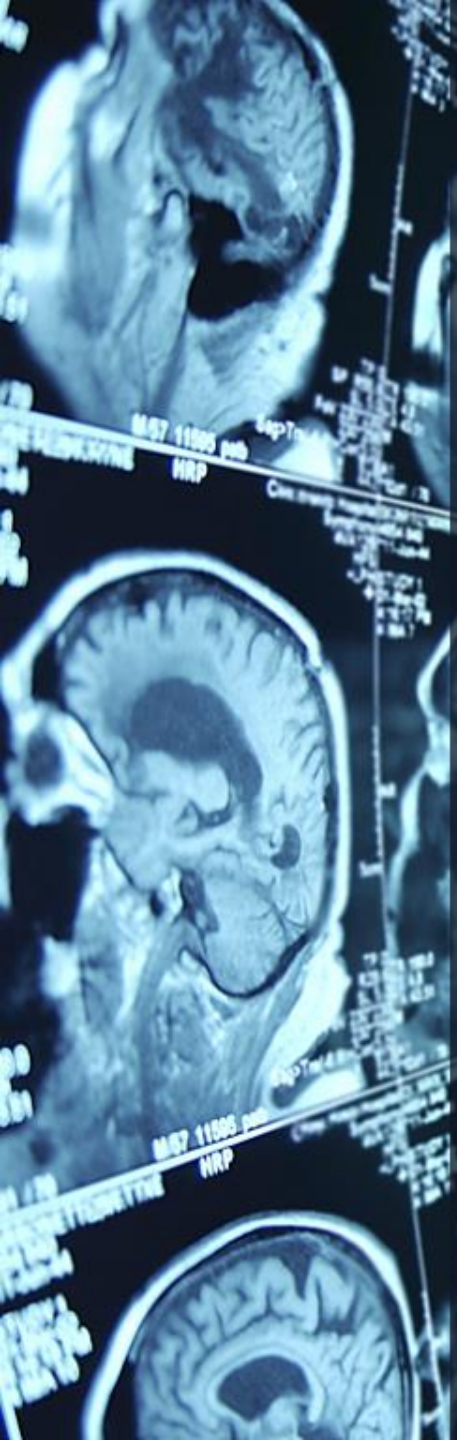


Study results

Table 3
Terms Used During Diagnosis to Label MCI

	Mitchell et al Study		McKinlay et al Study	
Label	Responses	% of Responses	Responses	% of Responses
MCI	28	82	39	83
Early Alzheimer's Disease/ Dementia	1	3	5	12.5
I don't usually relay the diagnosis	0	0	0	0
Normal ageing	0	0	1	2.6
Other	15	44	11	13

* Responses in Mitchell et al. (2008) study were rated as 'preferred'
**Responses in McKinlay et al. (in press) study were rated as being used 'often'



Key findings

Clinical practice is never clear cut!

MCI, vascular dementia and Alzheimer's disease commonly diagnosed

Explanation of results commonly given during diagnosis. Follow up and written info less commonly given

- What do clients find most helpful?

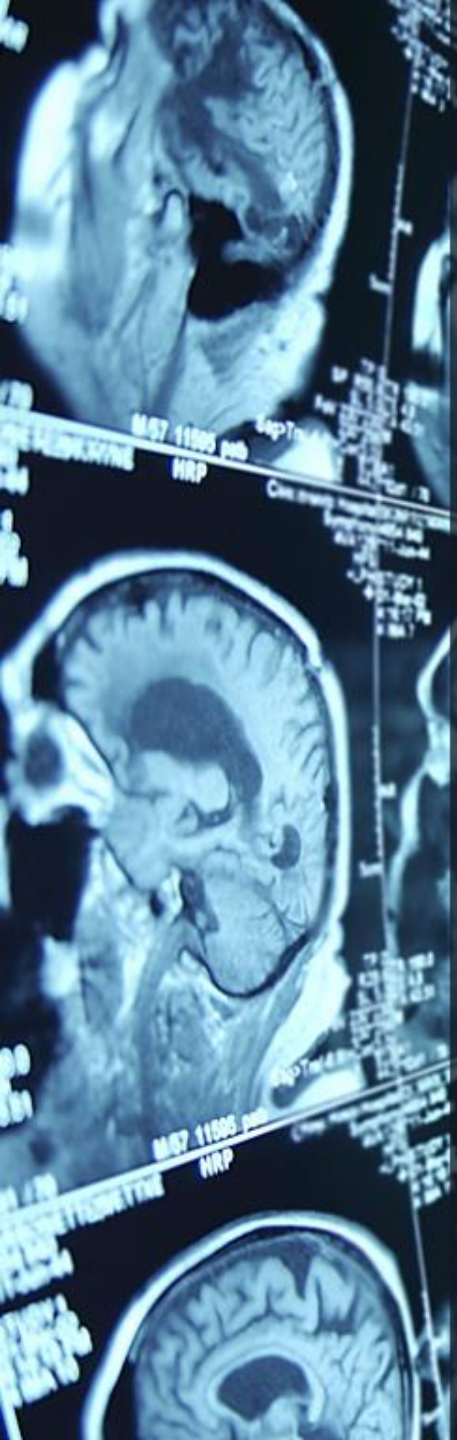
Variation in practice is necessary to suit the needs of each individual client

Numerous factors influence diagnosis disclosure

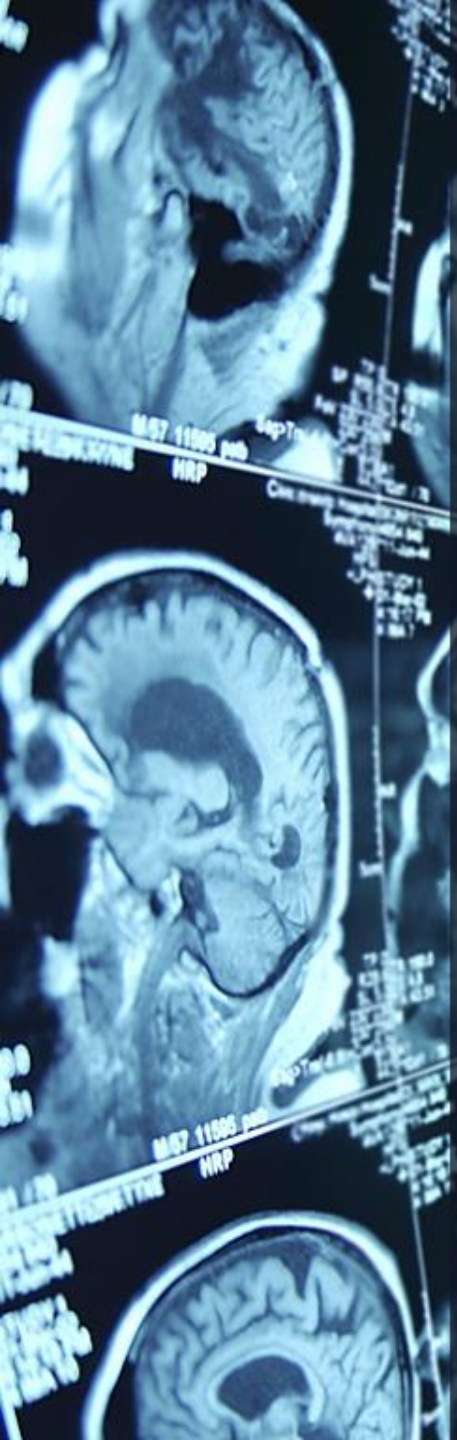
MCI is usually labelled directly during diagnosis, however, the label can vary according to the individual

Ongoing research on MCI and diagnosis is needed

Practitioner comments in response to the study



"MCI and dementia are very different, and with the possibility that people with MCI return to normal cognition I think that most clinicians appreciate that a neurodegenerative diagnosis can't (and shouldn't) be given unless there are strong predictive factors present..."



Practitioner comments in response to the study

"I know there is a need to have more dementia diagnosed and managed in primary care. I am not clear on how primary care will be resourced to do this, as the diagnostic process is time consuming and does not fit well into 15 min consults that the patient has to seek out and pay for!"

Practitioner comments in response to the study

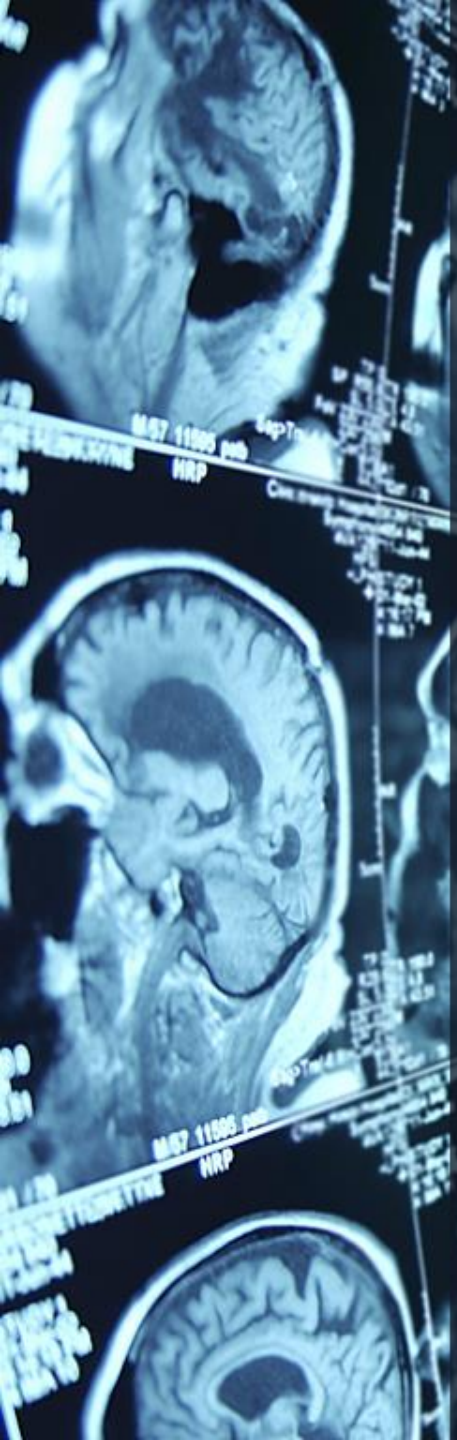
"… I would be keen to hear more from patients and families about whether early diagnosis is helpful…"

Research in progress!

Practitioner comments in response to the study

"Minimal cognitive impairment has not reached the collective unconscious whereas dementia has…"

Practitioner comments in response to the study



"While making a diagnosis is important for us as it informs management/prognosis, for the patient, the label is of less value than practical strategies to address the problem and minimise the impact it has on their life"

If you have any queries, my email address is A.R.McKinlay@Massey.ac.nz

References:
McKinlay, A.R., Leathem, J.M., & Merrick, P.L. (in press). Diagnostic processes and disclosure: a survey of practitioners diagnosing cognitive impairment. *New Zealand Journal of Psychology.*

Mitchell, T., Woodward, M., & Hirose, Y. (2008). A survey of attitudes of clinicians towards the diagnosis and treatment of mild cognitive impairment in Australia and New Zealand. *International Psychogeriatrics,* 20(1), 77-85.

Werner, P., Karnieli-Miller, O., & Eidelman, S. (2013). Current knowledge and future directions about the disclosure of dementia: a systematic review of the first decade of the 21st century. *Alzheimer's & Dementia,* 9(2), e74-88. doi:10.1016/j.jalz.2012.02.006

Practitioners' processes and attitudes involved in the diagnosis of cognitive impairment

McKinlay AR

2014