Guidance for the consideration of the wider application of Diagnosing Advanced Dementia Mandate (DiADeM)

Introduction

The Diagnosing Advanced Dementia Mandate (DiADeM) was first developed in 2015 and was a combination of existing tools used by Dr Subha Thiyagesh South West Yorkshire Partnership NHS FT and Dr Graeme Finlayson Bradford District Care NHS FT. The tool was developed for use in care home settings for diagnosing patients with advanced dementia, some care home residents with advanced dementia have never had a formal diagnosis. In these cases a referral to memory services is rarely desirable. It is likely to be distressing for the individual and is usually unnecessary.

The later stages of dementia are usually referred to ‘advanced’ or ‘severe’ dementia – but giving a clear definition of ‘advanced dementia’ is not straightforward but the more advanced dementia has become, the more help and support an individual will require in engaging in activities of daily living such as washing, eating, moving, communicating and so on. By the time a person is living with advanced dementia, they will have widespread and striking losses in what they can do, physically and cognitively.

People with advanced dementia, their families and staff caring for them, still benefit from a formal diagnosis. It enables them to access appropriate care to meet individual needs.

Responsibilities:

This tool should only be used to diagnose ‘ADVANCED DEMENTIA’ and should not be used to deny people with mild and moderate dementia access to Memory Assessment Services and the expert services they provide

When using the DiADeM tool in settings away from the supportive environment provided in care homes it is the Clinicians responsibility to ensure that the necessary support is available to the patient, their carer and or the patients family and that families and carers are fully involved in discussions.

Clinicians should be aware of the configuration of their local memory assessment services and utilise those services in the first instance including referrals for outreach appointments to the patients home.

The tool should not be used in acute hospitals where the person has a greater risk of delirium and misdiagnosis

The Tool should not be used in less clear presentations ie when the patients first language is not English or when depression and delirium cannot be excluded with high levels of confidence

Clinicians must refer to their local memory service any complex cases including patients with challenging behaviour such as:

Swearing paranoia/suspicion, apathy, pacing, withdrawal, anger, inappropriate sexual behaviour, agitation, physical aggression, verbal aggression, obsessive-compulsive behaviours and wandering
Using the DiADEM Tool

This guidance suggests that the default position is always to use the availability of local memory assessment services.

There are some scenarios where it has been agreed by clinicians where the use of DiADEM would be helpful as long as the following criteria have been considered in great detail.

**When using the DiADEM tool in frail elderly living in their own homes**

- Clinicians using the tool need to be aware of and put in place any available post diagnostic support including any access to dementia navigators, dementia advisers and or similar services available in their area.

- It is important for the Clinician using the tool to think about medication options, it is really important not to overlook access to medication just because it is advanced dementia as there can be some real advantages to the person living with dementia. A clear protocol for the management of dementia medication needs to be followed.

- Confirming corroborating history of Functional and cognitive impairment are observed and determined over a period of several visits and are confirmed using several sources e.g. by Clinician, Carers, Relatives and medical records.

- Clinicians to have local knowledge of current memory service pathways including any outreach models they can access as an alternative to or to compliment the assessment using DiADEM. Consider a referral to the outreach service for advice on access to medications.

- Important to ensure GP’s/clinicians rule out other underlying potential causes E.G. Prolonged Delirium, Autoimmune encephalitis etc. These can often mirror the symptoms of dementia and therefore a mis-diagnosis is possible. This may be mitigated by ensuring more than one visit to the patient.

- It is important to ensure that carers and families are communicated with to ensure that they can support the needs of the person living with dementia and that conversations are initiated to understand the Future Wishes of the PLWD

**Other Rating Scales to compliment DiADEM**

Clinicians may wish to consider using the Global Deterioration Scale (GDR) and/or Clinical Dementia Rating scale, alongside DiADEM as an added safety net.

Clinicians may also wish to consider using a recognised rating scale such as the 4AMT for excluding Delirium.