Introduction

The Diagnosing Advanced Dementia Mandate (DiADeM) was developed in 2015 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. A referral to memory assessment services (MAS) is rarely desirable, likely to be distressing and usually unnecessary.

'Advanced' dementia patients may require help in engaging in activities of daily living such as washing, eating, communicating however will still benefit from a formal diagnosis, enabling them to access appropriate care to meet individual needs.

Using the DiADeM Tool
The default position is to use local MAS however in some scenarios (when agreed by clinicians) the use of DiADeM is appropriate outside care homes.

When using DiADeM tool outside of the care home setting:
• Clinicians should put in place post diagnostic support including access to dementia navigators, dementia advisers and or similar services available in their area.
• It is important for the clinician using the tool not to overlook access to medication.
• 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 with local knowledge of memory service pathways including any outreach models they can access as an alternative to or to compliment the assessment using DiADeM.
• Important to ensure GP's/clinicians rule out other underlying potential causes e.g. prolonged delirium, auto-immune encephalitis etc, which may mimic symptoms of dementia.
• 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.

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 MAS and expert services they provide.

Outside care homes, the clinicians need to ensure that the necessary support is available to the patient, their carer and family and that they are fully involved in discussions. Clinicians should be aware of local configuration of their local MAS including referrals for outreach appointments to the patient's home.

Exceptions:
The tool should not be used:

- **In acute hospitals where the person has a greater risk of delirium and misdiagnosis**
- **In less clear presentations:**
  - **i.e. when the patients first language is not English**
  - **i.e. when depression and delirium cannot be excluded with high levels of confidence**

Clinicians must refer to their local MAS 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.

DiADeM Tool

Diagnosing Advanced Dementia Mandate (Wider Use)

NHS

0 Before Using This Tool

The recognised pathway for making a diagnosis of Dementia is via your local the Memory Service. Before going ahead and using the DiADeM tool you must first be absolutely sure that the patient is suitable.

It is your responsibility as a clinician if you do use this tool to make a diagnosis of advanced dementia, to ensure the patient and their carer/family members are aware of and offered access to all of the support that might be available to them
NB. Where a diagnosis of dementia is confirmed, a copy of the completed DiADeM tool should be saved into the patient's notes as it forms part of their clinical record.

1 Functional impairment

The person is no longer fully independent in relation to basic activities of daily living, washing, dressing, feeding and attending to own continence needs. The requirement of prompting or supervision of staff constitutes a loss of full independence.

2 Cognitive impairment – 6 CIT assessment

Question	Scoring	Score achieved
1.What year is it?	Correct – 0 points, incorrect – 4 points	
2.What month is it?	Correct – 0 points; Incorrect – 3 points	
3.Give an address phase to remember with 5 components e.g. John, Smith, 42, High St, Wakefield		
4.About what time is it (within 1 hour)	Correct – 0 points; Incorrect – 3 points	
5.Count backwards from 20-1	No errors – 0 points; 1 error – 2 points; more than 1 error – 4 points	
6.Say the months of the year in reverse	No errors – 0 points; 1 error – 2 points; more than 1 error – 4 points	
7.Repeat address phase	No errors – 0 points; score 2 points for every component wrong e.g. 3 errors, 6 points	
TOTAL SCORE:		

6 CIT scores: 7 and below normal; ***8 and above indicate impairment.***

Assessment tools other than 6CIT can be used. If used does score indicate impairment Y/N?

NB. Scores obtained in this patient group would be expected to be at the severe end of scale and for some patients their cognitive impairment will be of such severity that they cannot undertake the assessment.

Y / N

3 Corroborating History

History of gradual cognitive decline (typically for the last few years) is confirmed by care staff, relatives and medical records. Staff/relatives confirm that in their opinion the patient consistently demonstrates both functional and cognitive impairment.

4 Investigations

Dementia screening ***bloods are normal*** (where clinically appropriate and patient consents to bloods). If patient lacks capacity to consent to bloods, a best interest decision must be made and documented accordingly. NB. If intracranial pathology (e.g. subdural haematoma, cerebral tumour) is suspected, referral for a brain scan may be appropriate. Otherwise where dementia is advanced, differential diagnosis is unlikely to affect patient management & a brain scan is unnecessary.

5 Exclusion Criteria

There is ***no acute underlying cause to explain*** confusion i.e. delirium (acute confusional state) has been excluded. Mood disorder or psychosis is also excluded.

A diagnosis of dementia can be made with a high degree of certainty if ***all*** criteria listed above are met. If dementia is confirmed, please add this patient to your GP practice dementia register using the recommended codes. Consent should be sought for this from the person themselves or a family carer where the individual lacks capacity.

[1] "Guidance for Commissioners of Dementia Services", published by The Joint Commissioning Panel for Mental Health states patients who present with advanced symptoms of dementia can be diagnosed and managed by primary care with or without CMHT help. www.jcpmh.info. Thanks to: Dr Graeme Finlayson, Bradford District Care NHS FT and Dr Subha Thiyagesh, South West Yorkshire Partnership NHS FT