

Continuity of GP care for patients with dementia

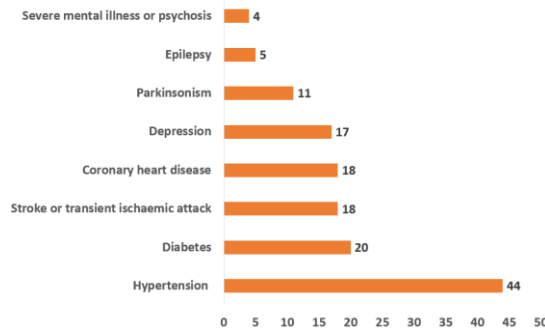
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There are currently around **900,000** people **living with dementia in the UK**, with figures anticipated to rise sharply in the coming years.¹ Patients diagnosed with dementia often have **additional health conditions** that can **complicate treatment plans**, placing them at **higher risk of receiving inappropriate treatment** and are **more dependent on healthcare services**.³

77% of patients with dementia also **have a diagnosis for one or more comorbidity**²

BUT...

Percentage of patients with different comorbid conditions²



Dr Richard Oakley

Associate Director of Research at Alzheimer's Society

“For... people living with dementia in the UK, it's likely **dementia isn't the only condition they're getting treatment for**”⁴

Treatment of dementia in individuals with comorbidities **is complex**, leading to **potentially inappropriate prescribing (PIP)**.³

Continuity of GP care for patients with dementia: impact on prescribing and the health of patients³

Objective	<ul style="list-style-type: none"> To estimate the associations between continuity of GP care (CGPC) and PIP, and with the incidence of adverse health outcomes (AHOs) in patients with dementia.
Methods	<ul style="list-style-type: none"> A retrospective cohort study with 1 year of follow-up. Anonymised medical records from 9324 patients with dementia in England. CGPC measures: Usual Provider of Care (UPC), Bice-Boxerman Continuity of Care (BB), and Sequential Continuity (SECON) indices Regression models estimated associations with PIPs and survival analysis with incidence of AHOs.
Results	<ul style="list-style-type: none"> Polypharmacy and PIP for management of comorbid conditions were identified in 81.6% (n = 7612) and 75.4% (n = 7027) of patients, respectively. Higher levels of CGPC were associated with: <ul style="list-style-type: none"> Fewer prescriptions Reduced risk of extreme polypharmacy Fewer instances of PIP A reduction in incidence of delirium, incontinence, and emergency hospital admission

Risk reduction of AHOs in patients with higher vs lower levels of CGPC

Adverse health outcome	Risk reduction (%)	Odds ratio (95%CI)	P-value
Delirium	34.8	0.65 (0.51 to 0.84)	<0.01
Incontinence	57.9	0.42 (0.31 to 0.58)	<0.01
Emergency admission to hospital	9.7	0.90 (0.82 to 0.99)	0.03

Our thoughts:

- In the absence of a cure, long-term care for dementia is particularly important.
- Continuity of GP care** for patients with dementia is associated with **improved safe prescribing** and **improved health outcomes** that could have **important healthcare impacts**, including **reduced treatment costs and care needs**.
- It may not be possible to get consistent care for everyone with dementia due to GP services being under immense pressure.
- Policymakers should consider working with the NHS to **explore ways of integrating continuity of care within general practice**.

References

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