

**Park and St Francis Surgery**  
**Patient Participation Group – General Meeting**  
**Held at St Francis Church Hall 12<sup>th</sup> July 2017 at 18:30**

## **Meeting Notes**

### **1. Introduction**

Claire Parsonage, Chair of the PPG, welcomed 56 attendees and introduced Dr Shehram Moghul.

### **2. Aspects of Dementia**

Introducing himself, Dr Moghul explained that he had trained in Southampton and had worked in the area as a consultant for both the NHS and the private sector for the past 14 years.

#### **Dementia v ‘Old age’**

Inevitably, ageing affects the memory, but dementia reveals itself through changes to behaviour, which can only be recognised by those close to the individual concerned. He cited several examples, including repetition of stories each time you meet an aged relative (probably due to age) and repetition within the same conversation (possibly dementia).

#### **Types of Dementia**

There are more than 50 recognised types, but 4 cover the vast majority of patients.

- ‘Alzheimers’ is the most common. There is no pre-death diagnosis for Alzheimers: brain scans are not yet detailed enough to show the subtle changes although they will show damage (as in Vascular, below). Of the scans requested, only 1% show unexpected results.
- Vascular Dementia, the second most common form, is caused by reduced blood supply to the brain due to diseased blood vessels. This can occur after a stroke or the small blood vessels can develop thick walls and become stiff and twisted meaning that blood flow through them is reduced. The damaged vessels can be ‘scattered’ throughout the brain.
- Dementia with Lewy Body is a type of dementia that shares symptoms with both Alzheimer’s disease and Parkinson’s disease. It was once thought to be restricted to the motor functions, but this extends to the cognitive facilities as well.
- Frontotemporal Dementia is relatively rare, damage occurs first in the front and sides of the brain. Personality, behaviour or language are initially more affected than memory – Dr Moghul instanced a woman who would go to children unknown to her and hug them as if she were related.
- Don’t worry – it’s not genetic!

#### **Incidence of Dementia**

When he started as a consultant, he received referrals for around 15 patients a week. This has now grown to 50 – a 300% increase, sadly there is no such increase in resources available to deal with the increased numbers meaning that there is a 5-6 week delay to see a consultant. In fact, NHS funded resources ( memory support staff in Southampton) are in the process of being reduced, to save money.

## **BPSD** (Behavioural and Psychological Symptoms of Dementia)

The MMSE (mini-mental state examination) test may not reveal a problem (e.g. higher educated people will score higher). It is therefore necessary to adjust testing to the individual but most important to listen to people close to the patient. A physical examination is important. For instance, changes in the short term may be due to a delirium from which the patient may recover. Longer term changes are more likely to indicate dementia.

### **How it can be helped**

There is no cure. There seems to be some evidence that inflammation may be at the heart of the problem. Medicinal interventions alleviate symptoms but do not stop the disease. There are four types that have been licenced. Typically these will reduce the symptoms in the short term, but the longer term outcome remains the same, there being no extension of life expectancy.

Examination of the frequent press reports of herbal (e.g. Turmeric) and other remedies reveal that there have been no adequate trials and the evidence is usually anecdotal and over very limited samples.

### **Some tips...**

Awareness of the effects is important to helping patients to cope. Some examples:

- Loss of peripheral vision – this may reduce from 180 degrees to 35. It is important that carers put themselves in the field of view before trying to communicate.
- Loss of colour vision – Glam up! Wear bright colours, use food dye to enhance food.
- Hearing loss – particularly of high frequencies. Try to speak more slowly and using a lower register – think Margaret Thatcher!
- Taste/smell – Use bitter and sweet things to improve the taste of food (Lemon/humbugs). Unless medically expedient forget about diets and try to improve quality of life.
- Watch for clues – A Rest Home patient who obsessively tidied rooms of other patients was responding to memories of a youth spent as a chambermaid. Assigning her a similar role in the home enabled this to be used as something positive for her.

## **Questions and Answers**

### *Alcohol and Dementia?*

Alcohol can cause brain damage if excessive quantities are consumed over long periods, leading to cortical dementia. Usually this has the effect of accelerating an existing condition. Should someone with dementia stop drinking? If they are in their 80s and they enjoy it, why not continue? Dementia, in the main affects the aged and most will die of something else rather than that condition. Quality of life is important.

### *Alternative Therapies?*

As stated previously trials have been inadequate or missing. However, the Romans used lavender as a calming agent, and Aromatherapy with lavender has been trialled and indicated more consistent effects than those obtained by chance.

### *Lewy Body/Parkinsons/Walking bow-legged?*

There is no link – in fact Parkinson's sufferers tend to keep their feet close together and shuffle, rather than being bow-legged.

### *Anti-Inflammatories?*

Research on long term (>10 years) users of anti-inflammatory drugs showed a lower than expected incidence of Dementia and research is ongoing, but, of course, long term. The possibility is that the approach is right, but treatment probably needs to start long before (20 years?) the symptoms appear.

### **3. Practice Update**

Dr Mark Rickenbach outlined recent events affecting the Practice:

- The pressures affecting the practice continue, but are alleviated somewhat by involvement in teaching and research which broaden experience and generate funding. A former doctor, Rachel Clarke has just published a book ( 'Your life in my Hands') exploring the problems. She has now become a journalist...
- Chandlers Ford Neighbours have recently given the practice a good review on Facebook.
- The Practice is looking at becoming 'dementia friendly'. The PPG will be involved in a review. Please let us know if you would like to be involved.
- Four registrars are currently working in the practice. They have completed their required elements of hospital based training and are now looking to extend their skills into General Practice. Dr Rickenbach and Dr Fowler are currently involved as trainers/mentors. Dr Birmingham will start training shortly
- Research activities continue, such as CANDID – looking at patients who have been coughing for more than 3 weeks. Or have had bowel symptoms of any duration
- Feedback has been given to the CCG on a monitoring machine for detecting Atrial Fibrillation. Apps are being developed to monitor pulse rates.
- We have appeared on 'Health Watch' web site, where the CCG and PPGs have been praised.
- The Newsletter is now being distributed quarterly, and has been well received.
- The CQC has raised concerns about 'Pharmacy2U', who have been cold calling patients. The practice continues to support local pharmacists who provide excellent services and advice as well as fulfilling prescriptions.

### **4. Closing comments**

Claire Parsonage thanked the speakers and attendees.

She mentioned a local initiative: 'Singing for the Brain'. Leaflets were available and would be stocked at the Surgeries.

Referring to the Newsletter she sought feedback on items of interest.

The PPG is eager to extend contacts to younger patients, through Facebook and any other useful media – ideas welcomed, please!

The next full meeting will be at the same venue on 8<sup>th</sup> November commencing at 6.30 pm. The subject will be Men's and Women's health – the most popular request in our recent survey.