

# Service Priorities and Programmes Electronic Presentations

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## A new service model of Combined Memory Clinic - combining team work and quality

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### **Introduction**

Dementia is a progressive neuro-degenerative disease. Proper pharmacological and non-pharmacological treatments are important for management of cognitive symptoms and maintenance of function. Memory clinic would be the single point of referral for people with possible dementia, providing comprehensive range of assessment, diagnostic, therapeutic and rehabilitation services to accommodate different needs of patients and families. In Hong Kong, standard memory clinic provides fragmented service: medical clinic provided by doctor, with separate referral to Occupational Therapy Department for cognitive assessment and training.

#### **Objectives**

Combined memory clinic was set up in HKBH since May/2012, providing holistic cognitive program. It provided joint assessment of patients and family members by geriatrician and occupational therapist at same session.

#### Methodology

One-stop comprehensive assessment revealed problems in medical, psychosocial, cognitive and behavioural aspects. Both pharmacological and non-pharmacological treatments were prescribed, including: - Medications for cognitive and psychiatric symptoms. - Cognitive training, computer assisted program - Physical training at HKBH Day Rehabilitation Center - Care-giver training, care-giver coaching session - Home visit, community living skill training - Educational talk to provide knowledge of disease and corresponding management on self-care and memory strategies.

#### Result

From Jan/2012 to Jan/2013, 131 patients received cognitive assessment. 53 patients with mild and moderate dementia and their care-givers underwent cognitive training program. The average Dementia Rating Scale score before and after course of cognitive training was 113.12 and 120.00 respectively, showing statistically significant improvement (t=-2.550, p=0.003) in cognitive function after intervention. 78% of patients and care-givers preferred Combined Memory Clinic than separate sessions

of memory clinic and occupational therapist assessment. 75% of them appreciated 'attendance to other medical problems'. Other appreciated components included: 71% 'on-site care-giver advises'; 68% 'regular assessment of physical, cognitive, daily functioning'; 60% 'regular assess care-giver stress'; 57% 'review medications'. Satisfaction survey showed 75% of them graded 9 or 10 over 10-points scale. Results showed that close co-operation among geriatrician and occupational therapist allowed better communication and instant decision of intervention. Conclusion: Combined Memory Clinic with holistic cognitive program provides one-stop comprehensive service for complex needs of Dementia patients and their family members. Close co-operation of geriatrician and occupational therapist achieved good quality team work which was appreciated by patients and family.