



## Service Priorities and Programmes Electronic Presentations

**Convention ID:** 660

**Submitting author:** Ms Yuk Sim LUI

**Post title:** Ward Manager, Prince of Wales Hospital, NTEC

**Geriatrics Nurse led Clinic (Dementia Care) in Prince of Wales Hospital facilitates a holistic approach and better patient outcome for dementia patients**  
*IP CY(1), KWOK KY(1), NG WL(1), LUI YS(1), KWOK MLA(1), HO WSW(1)*  
*(1)Geriatric division, Department of Medicine and Therapeutics, Prince of Wales Hospital*

**Keywords:**

Geriatrics Nurse led Clinic  
Dementia Care

**Introduction**

One in 10 Hongkongers over 65 suffers from dementia, the rate goes up to one in three among those aged 80 or above. The dementia population rises rapidly amid a dire warning by experts. It is reported around 70% dementias delay diagnosis for 15 months (Tam 2015). Early identification and assessment are crucial and treatment should not mainly focus on drug therapy but also involve a comprehensive assessment on social, functional, psychological aspect of care. Family education and support are also important. The targets of management are to delay progression, manage symptoms, maintain functioning, reduce caring stress and improve quality of life. Geriatrics Nurse led Clinic (Dementia Care) provides active and earlier assessment and counseling to this group of patients and caregivers which facilitates a better quality and holistic approach of dementia care

**Objectives**

Geriatrics Nurse led Clinic (Dementia Care) in Prince of Wales Hospital (PWH) and a review clinic have been set up in June 2012 and in March 2014 respectively to:

1. provide early comprehensive assessment, counseling, specialist and community resources referrals for geriatric patients with memory or cognitive problems and their caregiver.
2. provide subsequent monitoring on symptom control, complication prevention and continuous support to patients and caregivers.

**Methodology**

1. First clinic visit for new cases will be arranged 3 months before their first outpatient geriatric specialist consultation.
2. Second visit for review will be arranged 3 months after for mild to moderate dementia or MMSE 10-24. Earlier appointment and third or more clinic visits will be arranged for complex case.
3. Telephone follow up in 2 months will be arranged for MMSE 25-30 or normal.
4. Urgent geriatrician consultation will be arranged for severe dementia or MMSE <10, and for cases express significant behavior & psychological symptoms or caregivers express significant stress.

**Result**

Up to December 2015, 275 new cases were seen by Geriatrics Nurse led Clinic and 230 review visits were offered with 28 cases been reviewed twice. From our evaluation on symptom control: 100% in total 13 cases reported some improvement or no decline on temper tantrum, delusion, visual hallucination and distressing behavior in 21 months; 7 in 8 cases reported some improvement or no decline on daily activities; 3 in 4 cases reported some improvement or no decline on caregiver stress. For evaluation on complication prevention: 100% of total 5 cases had no more report on forgetting to turn off stove; 100% in total 21 cases reported no forget or repeat taking drugs; 3 in 5 had no report of getting lost; 2 in 3 had no report of fall. For evaluation on cognitive decline for mild to moderate dementia, 4 in 7 (57.1%) cases with MMSE 11-15, 3 in 7 (42.8%) cases with MMSE 16-20 and 100% in 6 cases with MMSE 21-25 had reported having static score or having improvement. It was shown that 50% cases with MMSE 11-20 had nearly 1 year delay and 100% cases with MMSE 21-25 had no change in disease progression.