CHRONIC DISEASE MANAGEMENT – Carers of people with cognitive impairment/dementia: Recommended elements for a GP Management Plan

Health issues / care needs / relevant conditions	How often	Treatment and services, including actions to be taken by the patient	Arrangements for providing treatment/services (eg. who, contact details, etc)
Healthy lifestyle advice: • physical activity • healthy diet • healthy weight • smoking cessation • safe alcohol • cognitive activity	Opportunistic	Provide advice including patient information resources for a healthy lifestyle and prevention of cognitive impairment/dementia, such as diet, exercise, cognitive activities, sleep, social activities, support groups, advocacy.	GP/Nurse/AHW
SEWB including quality of life, anxiety and depression	6-12 months	Questions about depression/ anxiety. Consider **K10 measurement/GDS/PHQ** or equivalent	GP/Nurse/AHW Mental health Geriatrician/ Psychiatrist
Medication review	6-12 months	Identify anticholinergic load, including antipsychotics, antidepressants, anticonvulsants, hypnotics.	GP Pharmacist
Vision	Annual	Eye check	GP/Nurse/AHW Optometrist
Hearing	Annual	Hearing check Refer to audiology annually if hearing impairment identified. Otherwise, 5-yearly.	GP/Nurse/AHW Audiologist
Planning	6-12 months	Clarify who is involved in decision-making, formalise medical decision-making process, consider need for power of attorney for financial and other affairs, consider advanced care plan. Are the decision-making processes for health and financial affairs in place and functioning?	Consider case conference Consider family meeting
Social factors	6-12 months	Social isolation, housing, financial strain, informal/formal supports. How often do they access these supports? Does the person require help organising carer payments?	GP/Nurse/AHW Social worker
Optimal management of relevant chronic diseases	3-6 months dependent on disease & severity	Cardiovascular/ cerebrovascular disease Diabetes Renal disease	Refer to practice protocols for chronic disease management
Vaccinations	Annual	Influenza vaccine annually Pneumococcal (those 50+, every 5 years)	AHW/Nurse/GP

Cognitive screening (for those aged 50 and over, or earlier for those at higher risk)	As required & repeated 6-12 months	Questions about cognition Recommended screening questions for 715: *a) Do you have any worries about your memory or thinking?* *b) Does anyone in your family have any worries about your memory or thinking?* If any concerns are raised and/or high risk for cognitive impairment identified offer further cognitive screening (eg KICA-Cog, MMSE, clock test, GPCOG). Administer clock test or cognitive screening (MMSE or MoCA or KICA)	AHW/nurse/GP Consider referral to geriatrician/ physician if concerns
Assess carer burden and strain	At least 6 monthly	Assess and review the carer's relationship with the person with dementia. Identify and discuss carers roles, responsibilities and goals and consider how these may change depending on the stage of dementia. Ask questions about emotional wellbeing – eg Fatigue, anxiety, grief/loss, stress, capacity for self-care? Ask questions about physical wellbeing – eg. perception of physical health, are they coping with physical demanding of caring? Consider use of tools such as **Zarit Burden Interview.** Ongoing support for family and community members during a transition into residential care and/or bereavement support may be beneficial.	AHW/nurse/GP
Carer access to support programs	As required/ assessed need	Provide information about dementia as a disease process and consequences, appropriate to the stage of disease. Discuss practical strategies and skills to support the carer (e.g managing BPSD symptoms). How often is the carer engaging with these strategies? Access to support organizations. Maintain physical and emotional carer wellbeing and fitness, such as specialist psychological support if appropriate. Encourage the carer to seek help from family and members of their community.	AHW/GP/social worker Referral to relevant support organizations
Respite	As required	Respite appropriate to the needs/situation of the carer and person with dementia should be offered and encouraged. Culturally specific services should be used if available. Consider: Activity groups, in-home support, day or residential respite services.	AHW/GP/Social worker Referral to relevant respite provider