

Understanding Family Physicians' & Specialists' Barriers in the Care of Dementia

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Abstract

TITLE: UNDERSTANDING FAMILY PHYSICIANS' AND SPECIALISTS' BARRIERS IN THE CARE OF DEMENTIA

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OBJECTIVE: To identify the critical gaps facing Canadian Physicians in the screening, diagnosis, treatment and management of patients with dementia.

METHODS: This study involved an educational and behavioral research design to investigate the clinical practice of physicians in the care of dementia. Quantitative (survey) and qualitative (focus group meetings and clinical decision mapping) data was collected, triangulated, and analyzed (Qualitative and Statist. (SPSS)) to enhance the reliability and validity of the results. The study was conducted in two phases: phase I included a sample of demographically representative family physicians in Canada, and phase II included Specialists representing geriatricians, neurologists, and psychiatrists.

RESULTS: The samples of physicians came from all provinces of Canada, and were representative of care in the country. The primary care physicians represented over 80% of total GPs, community based practices. The specialist represented both community and academic practices. They had the knowledge and frequency of screening for early stages of dementia (2) ability to discriminate among treatment options for early stage dementia, and (3) skills to manage expectations of patients, caregivers and professionals. The qualitative data analysis revealed critical gaps in (1) physicians' belief in the efficacy of current treatments, (2) subsequent reluctance to screen and care for dementia, and (3) willingness to invest in caring for patients with dementia among differing physician profiles, and (4) the educational objectives of specialists and Family Physicians.

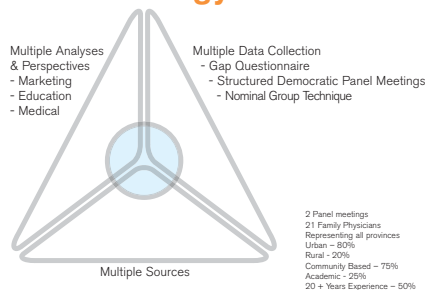
CONCLUSIONS: This study reveals important barriers to the use of available treatment strategies that extend beyond clinical knowledge or empirically driven practice. Of particular note are the findings which indicate physician-specific profiles that should aid researchers and educators of important variables to be addressed in communicating evidence from clinical trials. The study highlights the need for (a) educational strategies to enhance the perception and value of current treatment, (b) strategies targeted toward specialists to support primary care of dementia patients, and (c) future investigation of profile specific clinical behavior in dementia care.

Objectives

NEEDS ASSESSMENT OBJECTIVES & RESEARCH GOALS

- 1 To identify the gaps and challenges in the screening, diagnosis, treatment, and management of dementia
- 2 To identify the learning and practice needs of physicians in this therapeutic area
- 3 To identify group differences: rural, urban, academic & community
- 4 To examine Family Physicians' motivation to invest in care of elderly

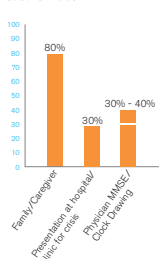
Methodology



Results

TRIGGERS

A Reactive Mode



SCREENING

Who should screen?

- Widespread not possible
- Caregivers/Home caregivers

"We have a duty to recognize it earlier"

"A lot ...is right under our noses"

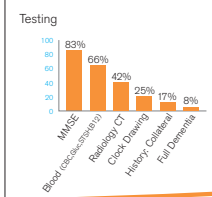
"The time has passed when we can all these patients to present [themselves] in crisis"

How to screen?

- Guidelines are cumbersome, too long, too complex

DIAGNOSIS & TESTING

	Urban	Rural	Academic	Community
Diagnosis Gaps				
Conduct Diagnostic Procedures	0.9	2.0	0.5	1.3
Differentiate Dementia/VD	0.5	2.0	-0.7	1.2
Differentiate Dementia/Depression	0.8	0.5	0.4	0.9
Identify Mid Stage	1.1	1.5	0	0.9



TREATMENT

Integrating

- Physicians treat dementia independent of support
- Conflicting goals, expectations, measures

Goal Changing

- Established practice of setting one goal
- Goal setting by physician-patient ineffective

Selecting

- Confusion about benefits
- Lack of clarity about timing of treatment
- Inability to discriminate between treatments for early dementia
- Government disabled in effects

Stopping

- Poorly timed interventions
- Government fears actualized, not stopping

MANAGEMENT

Announcing the Diagnosis

- "Like cancer in the 50's, don't tell because there is nothing that can be done"
- "Like HIV in 80's, don't tell because they will die anyway"

Planning

- "I have to do all this by myself"
- Symptom management
- Crisis management

Expectations

- Disappointment for all stakeholders
- Conflicting expectations
- No management model

Monitoring

- Inconsistent
- Lack of meaningful measures
- Perceived lack of success
- Poorly timed interventions
- Flouting Instruments
- Knowledge of MMSE exists

Dementia-pro

- Practitioner:
- Established
 - Older
 - Arranges time for CM
 - Financially secure
 - Involves family members
 - Geriatric training in CME
 - Grew old with practice
 - Involved in clinical trials
 - Accesses support teams

Motivation:

- Intrinsic
- Recognizes small successes
- Can focus on QOL
- Team player/shares glory

Dementia-neutral

- Practitioner:
- Newer
 - Younger
 - Drop-in clinic
 - Financial caps inhibit
 - Trained in Med School

Motivation:

- Extrinsic
- Symptom management
- Time constraints

Conclusions

- 1 Resolve the conflict in practice style and dementia management
- 2 Respond to group differences