

# IS AN INTEGRATED PARKINSON'S DEMENTIA SERVICE THE WAY FORWARD?

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## INTRODUCTION

The Cardiff and Vale Parkinson's service is an integrated, multidisciplinary service located in South Wales, UK. The clinic provides support and input from initial diagnosis through to end of life care, undertaking comprehensive, specialist assessments for patients. Traditional care models have focused on physical disease, with neuropsychiatric symptoms often requiring input from other (e.g. Mental Health) teams to manage even the less- complex symptoms of dementia. The Cardiff team aims to manage both physical and neuropsychiatric symptoms via pharmacologic and non-pharmacologic means.

## RESULT

From our database of 3668 clinic patients, 425 people with PDD were identified. 76% people with PDD (n=325) were prescribed acetylcholinesterase inhibitors. Subgroup analysis (n=50) demonstrated that cognition was assessed by a range of tests: Addenbrookes Cognitive Examination (60%), Montreal Cognitive Assessment (22%), clinical opinion alone (16%) or Rowland Universal Dementia Assessment Scale (2%). Neuroimaging was undertaken in 25/50 (50%) patients, predominantly to exclude other pathologies. The mean time from PD diagnosis to PDD diagnosis was 6.5 years, and survival from PDD was a mean of 3 years. The care of all patients was coordinated by the Parkinson's team including prescribing of dementia medications.

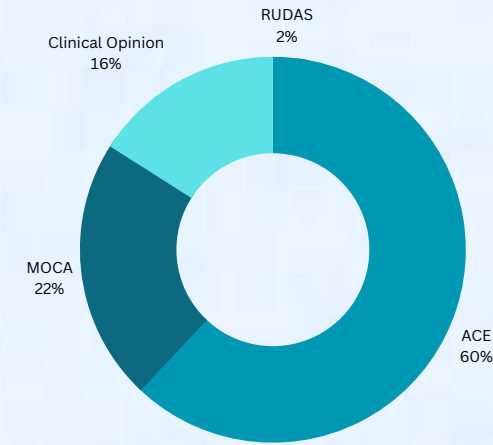
## OBJECTIVE

To illustrate the role of a single team in managing all facets of Parkinson's

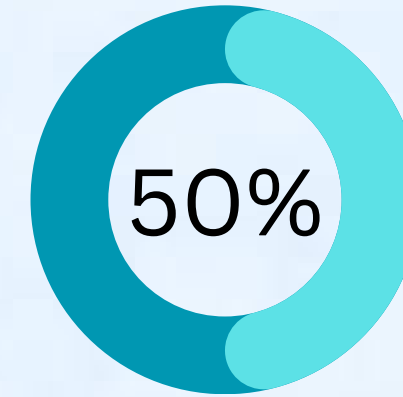
## METHODOLOGY

From our total clinic population, a cohort of 425 people with established Idiopathic Parkinson's who were subsequently diagnosed with Parkinson's dementia (PDD) in the decade 2013-2023 was identified. From this cohort we further assessed a sample of 50 people (56% male, 44% female, mean age 75 years) for advanced demographics, disease duration, presenting dementia features and the diagnostic method.

## ANALYSIS



Modality of cognitive assessment



Percentage of New Neuroimaging Performed

\*done specifically to help exclude other pathologies ( e.g. AD / Stroke Disease) once cognitive impairment was suspected /diagnosed



prevalence of cognitive impairment within our 10-year database

## CONCLUSION

When cognitive impairment or dementia develops in Parkinson's, care provision by the same team ensures continuity for People with Parkinson's (PwP) and their families or carers. PwP live for an average of 3 years post-dementia diagnosis and so joint training in both 'traditional' Parkinson's care and diagnosis and management of dementia allows for a truly holistic approach in managing the complex interplay between motor, non-motor and neuropsychiatric features that manifests later in this condition.

## ACKNOWLEDGMENT

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