

Part A: Current practice

Date..... Name.....

(We ask your name so that we can follow-up in twelve months time. You will be given a unique alphanumeric code for the purposes of data entry and your responses will remain confidential).

1. Gender: Male 1 Female 2 Age Year qualified

2. Are you a: (please circle one)

Principal GP 1 Locum 2 GP Registrar 3

Salaried GP 4 Other (specify) 5

3. Are you: Full time (over 30 hours per week) 1 Part time 2 (state hrs/wk)

4. What relevant Postgraduate training have you had? *(Please circle all that apply)*

Elderly medicine 1 Old Age Psychiatry 2 General Psychiatry 3

None of these 4

5. Have you discussed the implications of the National Dementia Strategy (2009) for your patients:

a) In your practice? Yes 1 No 2 Don't know 88

b) In another professional development arena? Yes 1 No 2 Don't know 88

c) With your specialist colleagues? Yes 1 No 2 Don't know 88

6. Have your local specialist services offered you training in dementia diagnosis and management in the last 3 years?

Yes 1 No 2 Don't know 88

7. Could you estimate the number of consultations for any problem that you have in a typical month with **patients** with dementia?

Enter number Don't know 88

8. In a typical month, how many consultations (incl. Telephone consultations) with carers of people with dementia do you have for any health problem?

Enter number Don't know 88

9a. How confident are you about reaching a diagnosis of dementia?

Very 1 Somewhat 2 A little 3 Not at all 4

9b. How confident are you about the advice you usually give about managing dementia-related symptoms?

Very 1 Somewhat 2 A little 3 Not at all 4

10. From your experience, please rate the difficulty of these aspects of dementia care, from 1 (not at all difficult) to 6 (extremely difficult) by circling the appropriate number on the scale.

Reaching a probable diagnosis yourself	1	2	3	4	5	6	88
Discussing the probable diagnosis with the patient	1	2	3	4	5	6	88
Discussing the probable diagnosis with the family	1	2	3	4	5	6	88
Responding to behaviour or psychological symptoms	1	2	3	4	5	6	88
Responding to co-existing behaviour problems	1	2	3	4	5	6	88
Responding to any psychiatric symptoms	1	2	3	4	5	6	88
Getting information about support services for people with dementia	1	2	3	4	5	6	88
Getting information about support services for carers	1	2	3	4	5	6	88
Co-ordinating support services for people with dementia	1	2	3	4	5	6	88
Co-ordinating support services for carers	1	2	3	4	5	6	88
Getting specialist advice by telephone	1	2	3	4	5	6	88
Getting information about anti-dementia medication	1	2	3	4	5	6	88

11. How do you rate the following in regard to dementia care in your area?

	Available and satisfactory	Available but not satisfactory	Needed, but not available	Not needed	Can't say
Information about what old age psychiatry services offer	1	2	3	4	99
Protocol for assessment and investigation of a patient with possible dementia	1	2	3	4	99
Brief screening instrument for early identification	1	2	3	4	99
Nurse with mental health training working in association with the practice	1	2	3	4	99
Shared care protocol for cholinesterase inhibitors	1	2	3	4	99
Information about benefits (attendance allowance, council tax, etc.	1	2	3	4	99

12. Please indicate on the scale below your responses to the following statements regarding dementia in primary care

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Can't Say
Providing a patient with a diagnosis is usually more helpful than harmful	1	2	3	4	5	99
Managing dementia is more often frustrating than rewarding	1	2	3	4	5	99
Much can be done to improve the quality of life for people with dementia	1	2	3	4	5	99
Dementia is best diagnosed by specialist services rather than by the primary care team	1	2	3	4	5	99
It's better to talk in euphemistic terms when discussing the condition with someone with dementia	1	2	3	4	5	99
Families would rather be told about their relative's dementia as early as possible	1	2	3	4	5	99
The primary care team has a very limited role to play in the ongoing care of people with dementia	1	2	3	4	5	99
Much can be done to improve the quality of life of carers of people with dementia	1	2	3	4	5	99
Patients with dementia can be a drain on resources with little positive outcome	1	2	3	4	5	99
There is little point in referring families to services as they don't want to use them	1	2	3	4	5	99

13. Have you discussed the implications of the Mental Capacity Act 2005 for your patients with dementia:

a) In your practice?	Yes	1	No	2	Not relevant	77
b) In your professional development?	Yes	1	No	2	Not relevant	77
c) With your specialist colleagues?	Yes	1	No	2	Not relevant	77

14. Which of the following **prevent you from doing as much as you would like** for people with dementia and their carers?

	YES PREVENTS	NO DOES NOT	DON'T KNOW
Too busy: not enough time during consultations	1	2	88
Unfamiliar with advances in the management of dementia-related symptoms	1	2	88
Unfamiliar with available services to help keep patients at home	1	2	88
Unsure how to refer patients to available services to help keep them at home	1	2	88
Lack of team staff in the practice	1	2	88
Lack of funding within the practice	1	2	88
Lack of Social Service support available to the practice	1	2	88
Other (Please specify).....			3

15. How would you rate your own current knowledge, on a scale of **1–10**, about diagnosis and care of people with dementia and their families? (1 = insufficient, 10 = up to date in all aspects).



Part B. Pre-training knowledge quiz

Please answer the following questions from your current knowledge without consulting colleagues or reference materials. Indicate your answer to each question by circling only one of the responses.

1. A GP with a list of 1,500 – 2,000 patients can expect to have the following number of people with dementia on their list:

- A. 1-6 1
- B. 7-11 2
- C. 12-20 3
- D. 21 or more 4
- E. I don't know 5

2. By 2021, the prevalence of dementia in the general population in the UK is expected to:

- A. Decrease slightly 1
- B. Remain approximately the same 2
- C. Increase slightly 3
- D. Nearly double 4
- E. I don't know 5

3. One of the risk factors for the development of Alzheimer's disease is:

- A. Atherosclerosis 1
- B. Age 2
- C. Nutritional deficiencies 3
- D. Exposure to aluminium 4
- E. I don't know 5

4. All of the following are potentially treatable aetiologies of dementia except:

- A. Hypothyroidism 1
- B. Normal pressure hydrocephalus 2
- C. Creutzfeldt-Jacob disease 3
- D. Vitamin B12 deficiency 4
- E. I don't know 5

5. A patient suspected of having dementia should be evaluated as soon as possible as:
- A. Prompt treatment of dementia prevents worsening of symptoms in the majority of cases 1
 - B. Prompt treatment of dementia may reverse symptoms 2
 - C. It is important to rule out and treat reversible disorders 3
 - D. It is best to engage social services early in the course of the disease 4
 - E. I don't know 5
6. Which one of the following procedures is required to definitely confirm that symptoms are due to dementia?
- A. Cognitive test score 1
 - B. Post mortem 2
 - C. CAT scan of the brain 3
 - D. Blood test for biomarkers 4
 - E. I don't know 5
7. Which of the following is not a necessary part of the initial evaluation of someone with possible dementia?
- A. Thyroid function test 1
 - B. Serum electrolytes 2
 - C. Vitamin B and folate levels 3
 - D. Protein electrophoresis 4
 - E. I don't know 5
8. Which of the following sometimes resembles dementia?
- A. Depression 1
 - B. Acute confusional state 2
 - C. Stroke 3
 - D. All of the above 4
 - E. I don't know 5
9. When a patient develops a sudden onset of confusion, disorientation, and inability to sustain attention, this presentation is most consistent with the diagnosis of:
- A. Alzheimer's disease 1
 - B. Acute confusional state 2
 - C. Major depression 3
 - D. Vascular dementia 4
 - E. I don't know 5

10. Which of the following is nearly always present in dementia?

- A. Loss of memory 1
- B. Loss of memory and incontinence 2
- C. Loss of memory and hallucinations 3
- D. None of the above 4
- E. I don't know 5

11. Which of the following clinical findings best differentiates vascular dementia from Alzheimer's?

- A. Word finding problems 1
- B. Short term (2 minute span) visual memory loss 2
- C. Stepwise disease course 3
- D. Presence of depression 4
- E. I don't know 5

12. The effect of cholinesterase inhibitors is to:

- A. Temporarily halt the disease in all cases 1
- B. Temporarily halt the disease in some cases 2
- C. Temporarily halt the disease in some cases but often causing liver damage 3
- D. Permanently halt the disease in some cases 4
- E. I don't know 5

13. Which statement is true concerning the treatment of people with dementia who are depressed?

- A. It is usually useless to treat them for depression because feelings of sadness and inadequacy are part of the disease 1
- B. Treatments may be effective in alleviating depressive symptoms 2
- C. Anti-depressant medication should not be prescribed 3
- D. Anti-depressant medication may alleviate symptoms of depression and also prevent further intellectual decline 4
- E. I don't know 5

14. The NICE/SCIE guidelines on dementia (2006) recommend:
- A. CT scanning for all patients with suspected dementia **1**
 - B. Treatment of patients with Alzheimer's disease whilst their MMSE score is between 10 and 20 **2**
 - C. Treatment of patients with Alzheimer's disease who have significant impairment **3**
 - D. All of the above **4**
 - E. I don't know **5**
-

Thank you for completing this questionnaire