Innovations

# A national survey of multidisciplinary outpatient clinics for Dementia care in teaching hospitals in India

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**Received:** 05. 08. 2022 **Accepted:** 28.08. 2022 **Published:** 30.08. 2022

***Abstract***

***Problem****: Dementia is a major cause of disability and dependency which requires coordinated action across professional boundaries. In multidisciplinary dementia care teams, various professionals bring their expertise which complements patient care. Medical colleges with attached hospitals go through a rigorous process to obtain necessary recognition to be a teaching centre often considered centres of excellence as they offer many facilities which other government hospitals do not offer. However, we do not have enough information about existence of multidisciplinary outpatient clinics for dementia care even in such higher centres. This survey was conducted to understand the details of multidisciplinary inputs in outpatient clinics in assessment and management of patients with dementia in National Medical Council(Medical Council of India) approved teaching hospitals in India.* ***Methodology****: Purposive sampling method was used to select 78 medical colleges. A short survey form specifically designed for the purpose of the study, consisted of questions to evaluate the services offered by the centre for patients with dementia in the outpatient clinic focusing on inputs from multidisciplinary team members including psychologists, social workers and nurses were emailed to them.* ***Results****: Completed survey forms were returned by 44 centres with 56.4% response rate. All respondents reported that patients with dementia are seen, diagnosed using internationally accepted diagnostic criteria, and manged in their centres with appropriate follow ups and reviews. Multidisciplinary outpatient clinics: Among the respondents, 19 (43.2%) centres had multidisciplinary outpatient clinics while 25 (56.8%) centres did not have such a facility. 9 (47.4%) centres reported having multidisciplinary memory clinics; 4 (21%) having multidisciplinary psychogeriatric clinics and 6 (31.6%) centres having general multidisciplinary general psychiatric outpatient services. Among the nine memory clinics 8 (89%) had psychologists, 7 (78%) had social workers and 5 (56%) had nursing staff. All four*

*psychogeriatric clinics had psychologists while 2 (50%) had social workers and 1 (25%) had nurse working in them. All six general psychiatry clinics had psychologists and nursing staff while 4 (67%) had social workers. Six (14%) centres had inputs from voluntary organisations. Services of psychologists, social workers and nurses were available and accessible even when they were not working specifically as part of the multidisciplinary outpatient clinic.Among the study participants, psychology services were available in 28 (63.7%) centres; services of a social worker were available in 24 (54.5%) centres.Nursing inputs were available in 22 (50%) centres.Overall, 31 (71%) centres had some degree of input from a professional other than a psychiatrist in the assessment and care of patients with dementia. They were contributing to assessment in 29 (94%) centres, offering advice to patients and family in 30 (97%) centres and psychoeducation in all centres.* ***Conclusions****: This survey demonstrates that significance of multidisciplinary working in dementia care is recognised to a certain degree in India. The role of social workers and psychologists are acknowledged in these clinics with them taking an active part in assessment and interventions including psychoeducation. Providing multidisciplinary memory clinic care need not always be expensive and large scale. There should be a collaborative approach in establishing appropriate dementia care services between various stakeholders including family members of people with dementia, general public, governmental and non-governmental agencies.*

***Key words****: 1.Dementia, 2.India, 3.multidisciplinary, 4.memory clinic, 5.Alzheimer's*

**Introduction**

Dementia is a chronic and progressive condition with no cure available. In addition to worsening cognitive impairment, over the course of time patients most often lose their skills to live independently and would need constant care and supervision. Behavioural difficulties and psychological symptoms are challenging whichnecessitate specialist interventions. Family members and caregivers require expert advice and support to care for the patient and to reduce caregiver burden and stress.At a rate of one new person with dementia every three seconds somewhere in the world,it is estimated that there would be 82 million people with dementia in the world by 2030 (World Alzheimer's Report. 2018). World Health Organisation (2017) acknowledges that dementia leads to increased costs forgovernments, communities, families and individuals, and to loss in productivity for economies.Dementia is a major cause of disability and dependencywhich requires coordinated action across professional boundaries.

Multidisciplinary inputs in health care are well known especially in long term conditions including palliative services. Various professionals bring to the team their expertise which complements patient care. Importance of team work cannot be overemphasised in the care of patients with dementia. Traditional outpatient assessment and management by a single specialist doctor may not be appropriate for care of patients with dementia as the caregiversoften need information and support regarding behavioural management, activities of daily living and communication. A busy outpatient department and a single doctor may not be able to offer such psychosocial interventions.

Multidisciplinary outpatient care for people with dementia can be imparted utilising a variety of approaches. Memory clinics are considered suitable settings for dementia diagnosis (Jolley & Moniz-Cook, 2009) and have gained popularity across the world. Memory clinics are effective models of multidisciplinary dementia care teams (Jolley et al, 2006). They can vary in terms of setting, composition of the team and interventions. While the specialist doctor (psychiatrist, neurologist,geriatrician) is an expert in medical and psychiatric assessment and physical investigations; a social worker can complete apsychosocial assessment with the patient and the family. Psychologist has expertise in psychological and neuropsychological assessments, useful especially when the diagnosis is difficult. Nurses bring in their skills to support with activities of daily living. Other multidisciplinary team members may include occupational therapists, physiotherapists, speech and language therapists, dieticiansand volunteers. Except for core social assessments by social workers and psychological testing by psychologists; detailed history taking, cognitive assessments, behavioural analysis and psychosocial interventions can be done by either of these professional groups with training and guidance. The specialist doctor synthesises all

relevant information and the team jointly makes a care plan to follow up in subsequent visits. Over time, the family is familiar with the team and vice versa. Memory clinics offering access to multidisciplinary skills thus facilitate earlier dementia diagnosis and potential cost-effective services (Ng and Ward, 2019). Each member brings in a specific set of skills beneficial for patient care and family support.

Though numerous reports regarding functioning of memory clinics are available from the developed countries, such information from developing countries is far and few. India does not have a national dementia strategy and multidisciplinary mode of working in health and social care is its infancy. There is no information about the number of multidisciplinary outpatient clinics for dementia care in India. Dementia in 2020 report (Kumar et al, 2019) estimates there are more thanfive million people with dementia in India among whom only around 10% percent ever receives a diagnosis (Dias & Patel, 2009). Receiving a diagnosis is the first step to ensure appropriate care and support is provided to the patient and the family. The health care set up is diverse in India with the majority of the population relying on government hospitals where healthcare costs are subsidised or free. Medical colleges with attached hospitals where medical students are trained to become doctors go through a rigorous process to obtain necessary recognition to be a teaching centre. They are often considered centres of excellence as they offer many facilities which other government hospitals do not offer. This survey was conducted to understand the details of multidisciplinary inputs in outpatient clinics in assessment and management of patients with dementia in National Medical Council (previously Medical Council of India) approved teaching hospitals in India.

**Methods**

List of National Medical Council (previously MedicalCouncil of India) approved medical colleges was obtained for the purpose of this study. The websites of individual colleges were looked at to find an appropriate person to be contacted for the purpose of the survey. A list was compiled with the contact details of the concerned person if the website gave any indication of the department/ specialist who sees patients with dementia. If no such information was available, the contact details of the head of the department of psychiatry was gathered. If no contact details of the psychiatrist were provided in the website, an email was sent to the requesting the details of the specialist who sees most patients with dementia in their hospital. The final list consisted of contact details from 78 colleges whom we emailedthe survey form to. The short survey form specifically designed for the purpose of the study, consisted of questions to evaluate the services offered by the centre for patients with dementia in the outpatient clinic focusing on inputs from multidisciplinary team members including psychologists, social workers and nurses. The data thus obtained was tabulated and descriptive statistical analysis done using Microsoft Excel 2019.

**Results**

Completed survey forms were returned by 44centres with 56.4% response rate. All respondents (n=44, 100%) reported that patients with dementia are seen, diagnosed using internationally accepted diagnostic criteria, and manged in their centres with appropriate follow ups and reviews.

(i) *Multidisciplinary outpatient clinics*: Among the respondents, 19 (43.2%) centres had multidisciplinary outpatient clinics while 25 (56.8%) centres did not have such a facility. These outpatient clinics were mainly of three types: memory clinic, psychogeriatric clinic or general psychiatric clinic. Among the 19 centres which offered multidisciplinary care, 9 (47.4%) centres reported having multidisciplinary memory clinic; 4 (21%) havingmultidisciplinary psychogeriatric clinics and 6 (31.6%) centres havingmultidisciplinary general psychiatric outpatient services.Memory clinics exclusively see patients with memory problems while psychogeriatric clinics see elderly with all types of mental health problems including memory issues and in multidisciplinary general psychiatric outpatient clinics, all patients including those with dementia are seen.Frequency of memory clinic is weekly in 8 centres and fortnightly in 1 centre while all the psychogeriatric clinics are available weekly. General psychiatric clinics were conducted daily.

Among 25 centres which did not have a multidisciplinary team, in 23 (92%) hospitals patients with dementia were assessed and managed by the psychiatrist, while in one centre patients were referred to the neurologist and in another one, the referrals were made to the geriatrician.

(ii) *Staff composition of multidisciplinary outpatient services*: Among the nine memory clinics 8 (89%) had psychologists, 7 (78%) had social workers and 5 (56%) had nursing staff. All four psychogeriatric clinics had psychologists while 2 (50%)had social workers and 1 (25%) had nurse working in them. All six general psychiatry clinics had psychologist and nursing staff while 4 (67%) had social workers. Six (14%) centres had inputs from voluntary organisations

(iii) *General availability to inputs from non-medical professionals*: Services of psychologists, social workers and nurses were available and accessible even when they were not working specifically as part of the multidisciplinary outpatient clinic. Accessible inputs from psychologists, social workers and nurses are as follows. Among the participating centres, psychology services were available in 28 (63.7%) centres; As part of multidisciplinary outpatient clinics, psychologists were present in 16 (84.2%) of the 19 centres. Additionally, twelve more centres have access to inputs from psychologist whenever needed. Services of a social worker was available in 24 (54.5%) centres. In addition to 15 (79%) centres which have social workers as part of the multidisciplinary clinic, nine more have access to them whenever needed. Nursing inputs were available in 22 (50%) centres. In addition to 10 (53%) centres which have psychiatric nurses which work as part of the team and posted in the outpatient clinictwelve more have access to them whenever needed.

Among centres where inputs from psychologist were available, 16 (57%) were multidisciplinary outpatient clinics and in 12 (43%) services were accessible when needed. Fifteen (62.5%) social workers were part of multidisciplinary clinics while their services were available when needed in 9 (37.5%) centres. Similarly nursing inputs were available as part of the team in 10 (45.5%) centres and accessible when needed in 12 (54.5%) centres. Details are given in ***Table 1.***

(v) Overall, 31(71%) centres had some degree of input from a professional other than a psychiatrist in the assessment and care of patients with dementia.They were contributing to assessment in 29 (94%) centres, offering advice to patients and family in 30 (97%) centres and psychoeducation in all centres.

**Discussion**

The study describes the composition and highlights the working of multidisciplinary dementia care outpatient clinics in India. Multidisciplinary outpatient care for patients with dementia was offered by 19 (43.2%) centres.Nine (47.4%) had memory clinics, 4 (21%) hadpsychogeriatric clinics and 6 (31.6%) centres had general psychiatric outpatient services.

Diagnosis and care of patients with dementia can take place in various settings as evidenced in this survey. Memory clinics play a specialist role in the early identification, multidisciplinary assessment and post diagnosis support for patient and caregivers (Naismith et al. 2022). Even if there has been no international attempt at forming a consensus on what constitutes a memory clinic service; approaches best suited for comprehensive assessment, diagnosis, care and support of a personwith dementia is encapsulated in the memory clinic framework. Whether the dementia service is housed within a general psychiatry clinic or a psychogeriatric clinic or as an independent entity; adhering to the memory clinic framework will ensure in maintaining the quality and addressing the needs of the clients. The service should be designed and managed in such a way the respect and dignity of people with dementia and their carers is preserved. Appropriately skilled, qualified and trained staff members in dementia care,work effectively as a multidisciplinary teamwith their continuing professional development facilitated is essential. The team work closely with other professionals, and agencies to support the processes of assessment, early diagnosis and management. The clinic offers a range of post diagnosis services including advice, information, support, counselling and planning for the future; and offer interventions to reduce caregiver burden.Despite their lack of homogeneity, a core multidisciplinary team which works

from an outpatient clinic with sessions arranged at specified times(Jolley & Moniz-Cook, 2009)constitute most memory clinics.

Memory clinics often have specific times when the service is exclusively for patients reporting with memory problems or having a diagnosis of dementia. Any new environment can be challenging for people with cognitive impairment. Dedicated time and space ensure the full attention of the staff members and the patients feel less stressed in dementia friendly environments. This may not be tenable in other settings like psychogeriatric clinics and general outpatient settings. The benefits of multidisciplinary services identified by professionals who work there include person centred nature of care, rationalising medications, psychosocial interventions and family support. It was identified that memory clinics can play a major role in appropriately guiding the patients with dementia and their families to address various challenges associated with the condition thus reducing caregiver stress and burden. Memory clinics can also contribute to training, education and research and can play a major role in creating dementia friendly communities(Varghese et al., 2018).

Even when not an exclusive part of the outpatient multidisciplinary team, some degree of input from a professional other than a psychiatrist in the assessment and care of patients with dementia was available in 31 (71%) centres. They were contributing to assessment in 29 (94%) centres, offering advice to patients and family in 30 (97%) centres and psychoeducation in all centres. This survey demonstrates that significance of multidisciplinary working in dementia care is recognised to a certain degree in India. The role of social workers and psychologists are acknowledged in these clinics with them taking an active part in assessment and interventions including psychoeducation. Core concepts of psychology and social work practice, such as family systems theory, strengths perspective, and use of self, can be applied in the care of patients with dementia. When strengths-based social work practice is integrated into dementia care protocols, wellbeing can increase(McGovern 2015). Care plan for people with dementia not only addresses the immediate issues but includes a person centered approach specific to the needs and strengths of the individual which can be attained only utilising a multidisciplinary approach.

It has been observed, increasing number of patients attending memory clinic services are at a less severe stage of the disease which is considered to be a reflection of improved awareness in those countries(Phua et al., 2016). There has been a reemphasis of diagnosing cognitive impairment at an earlier stage (Gauthier et al., 2021). Diagnosing mild cognitive impairment and risk reduction strategies for dementia are other functions of memory clinics. Comprehensive guidelines on management, referrals and access, assessment and diagnosis, ongoing care and follow-up, as well as pharmacological and psychosocial interventions with audit and accreditation process are available in developed countries(Copland et al., 2018). Memory Clinics play an important role in bridging the gap between research and clinical practice in providing highquality care(Mehrani&Sachdeva 2022).

Facilities dedicated to the care of people with dementia being inadequate when comparedto the Western world has been recognised as a major challenge in ensuring care for people with dementia in other parts of the world (Guerchet et al., 2017). Providing multidisciplinary memoryclinic care need not always be expensive and large scale. Guidelines do provide specific approaches to establish multidisciplinary outpatient teams in resource scarce settings as well (Kumar, 2015). Asset based solutions where a closer look at the available resources and redefining and reallocating them is an approach where resources are not forthcoming (McKnight&Block, 2010; Mathie etal., 2017). There should be a collaborative approach in establishing appropriate dementia care services between various stakeholders including family members of people with dementia, general public, governmental and non-governmental agencies.The World Health Organisation (2017) global action plan on dementia urges that governments should develop national policies on dementia by 2025to address the needs of people with dementia. This will help to improve the quality of health and social care, support and services for people living with dementia and their families.In this context, it recommends that countries should develop dementia plans as a multidisciplinary and multilevel response to tackle the many challenges posed by dementia.

**Conclusions**

This study highlights the prevalence and characteristics of multidisciplinary outpatient clinics for dementia care in teaching hospitals in India, which hopes to improve the quality of dementia care.The role of social workers and psychologists are acknowledged in these clinics with them taking an active part in assessment and interventions including psychoeducation. This survey prompts the need to look into the facilitators and barriers in establishing and running of multidisciplinary outpatient clinics across settings in developing countries and evaluate the experiences of stakeholders including patients, families and professionals. There should be a collaborative approach involving all stakeholders to establish multidisciplinary memory clinics to improve the quality of care of patients with dementia and support caregivers thus towards a dementia friendly community.

**Conflict of Interest**: The authors declare that there is no conflict of interest.

**Author Contributions**: Jessy Fenn, Sanju Georgeand CT Sudhir Kumar conceived and conducted the study, performed data analysis and prepared the manuscript.

**Acknowledgements:** We express our sincere gratitude to all the participating centres for their valuable time. We would like to thank GursharanBhamra for the assistance with data collection.

**Funding:** This work was supported by a faculty research programme under minor research project of Rajagiri College of Social Sciences, Kochi, Kerala, India awarded to Jessy Fenn.

**References**

1. *Copland, E., Hodge, S., Clary, L., Cartwright, V (2018) Memory services National Accreditation Programme (MSNAP) standards for memory services - Sixth Edition. London: Royal College of Psychiatrists.*
2. *Dias, A., Patel, V(2009) Closing the treatment gap for dementia in India. Indian Journal of Psychiatry51 (5), 93-97.*
3. *Gauthier, S., Rosa-Neto, P., Morais, J.A., Webster, C(2021) World Alzheimer Report Abridged version: Journey through the diagnosis of dementia. London, England: Alzheimer's Disease International.*
4. *Guerchet, M., Mayston, R., Lloyd-Sherlock, P., Prince. M., Aboderin, I., Akinyemi, R., et al. (2017) Dementia in Sub-Saharan Africa: Challenges and opportunities.Alzheimer's Disease International (ADI).*
5. *Jolley, D., Benbow, S.M., Grizzell. M (2006) Memory clinics. Postgradraduate MedicalJournal82(965):199-206.*
6. *Jolley, D., Moniz-Cook. E. (2009) Memory clinics in context. Indian J Psychiatry;51 Suppl (Suppl1):S70-S76.*
7. *Kumar, C.T.S., Shaji. K.S., Varghese, M., Nair, M.K.C (Editors,) Dementia in India 2020. Alzheimer's and Related Disorders Society of India (ARDSI), Cochin. 2019. Retrieved from: www.rajagiri.edu*
8. *Mathie, A., Cameron, J., Gibson, K (2017) Asset-based and citizen-led development: Using a diffracted power lens to analyze the possibilities and challenges. Progress in Development Studies17 (1): 54–66.*
9. *McGovern, J (2015). Living better with dementia: Strengths-based social work practice and dementia care. Social Work in Health Care, 54(5), 408–421*
10. *McKnight, J., Block, P (2010) The Abundant Community: Awakening the Power of Families and Neighborhoods (1st ed.). San Francisco, CA: Berrett-Koehler.*
11. *Mehrani, I., Sachdev, P.S (2022) The role of Memory Clinics in the assessment and management of dementia, now and into the future. Current Opinion in Psychiatry1;35(2):118-122.*

12. *Naismith, S.L., Michaelian, J.C., Low, L.F., Arsenova, V., Mehrani, I., Fyfe, K et al. (2022) Characterising Australian memory clinics: current practice and service needs informing national service guidelines. BMC Geriatrics. 14;22(1):578.*
13. *Ng, N.S.Q., Ward, S.A (2019) Diagnosis of dementia in Australia: a narrative review of services and models of care. Australian Health Review 43(4):415-424.*
14. *Phua, A.K., Goh, W.K., Suministrado, S.P., Hilal, S., Ikram, M.K., Venketasubramanian, Net al. (2016)Changing Patterns of Patient Characteristics in a Memory Clinic in Singapore. Journal of the American Medical Directors Association 17(9):863.e9-863.e14.*
15. *Varghese, B., Abraham, M., Kumar, C. S (2018) Memory clinics- a model for dementia care. Indian Journal of Neurosciences ;4(2):48-51*
16. *World Alzheimer Report (2018) The state of the art of dementia research: Newfrontiers Alzheimer's Disease International (ADI), London.*
17. *World Health Organization (2017) Global action plan on the public health response to dementia 2017–2025. Geneva: Licence: CC BY-NC-SA 3.0 IGO.*

**Table 1: Staff composition of multidisciplinary outpatient clinic for Dementia care**

| | N | % |
|---|---|---|
| **Number of respondents** | 44 | 56.4% |
| | | |
| **Multidisciplinary Outpatient clinic for Dementia care** | | |
| Total number | 19 | 43.2% |
| Memory Clinic | 9 | 47.4% |
| Psychogeriatric clinic | 4 | 21% |
| General Outpatient clinic | 6 | 31.6% |
| **Inputs from Psychologists** | | |
| Total number | 28 | 63.7% |
| Multidisciplinary Outpatient clinic | 16 | 57% |
| Access only when needed | 12 | 43% |
| **Inputs from Social workers** | | |
| Total number | 24 | 54.5% |
| Multidisciplinary Outpatient clinic | 15 | 62.5% |
| Access only when needed | 9 | 37.5% |
| **Inputs from Nurses** | | |
| Total number | 22 | 50% |
| Multidisciplinary Outpatient clinic | 10 | 45.5% |
| Access when needed | 12 | 54.5% |

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