Palliative Care for People With Dementia – The Role of a Psychiatry of Later Life Team

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Psychiatry of Later Life

- Multidisciplinary Team
  - Dr. Mia McLaughlin, Joan Quigley CNM2, Claire Cahill RPN, Pauline Hennessy RPN, Noreen Murphy O/T, Pierce Murphy S/W, Valerie Hogan Admin. & me!

- Cover Carlow & Kilkenny Geographical Areas
  - Based is in St. Canice’s Hospital Kilkenny.

- Referrals through the GP or Hospital doctors
- Referrals for people over 65 years of age, with a new onset mental health concern.
- We see people with all mental health illnesses & people with dementia who have responsive behaviours.
POLL – What we do!

From GP or hospital dr.

Referral Received

Patient Centred Care

Discharge to GP

Patient Assessed

Care Planned

Review

Discuss with Patient & Family, Letter to GP, Can be rereferred.

PCC reviews, Clinic, Key Worker, Link with PHN, & Primary Care, MDT review.

Home, Nursing Home, or Hospital

Day Care, Counselling, Education, Activities, Social Supports, CBT, Life Story Work, Family Work, Medication, HBTT, Admission.

Can be rereferred.

From GP or hospital dr.
An Approved Centre under the Mental Health Act 2011, subject to Mental Health Commission Reviews.

Moving towards a Dementia Assessment Ward

- POLL service inherited the ward, there was 28 patients in the ward at that time. We now have 16 residents.

Mix population: 6 long stay Rehab Beds, 4 long stay POLL beds & 6 Acute admission beds.

Admission Criteria: Over 65, diagnosis of dementia, patient of POLL, complex care needs.

Length of admissions vary according to patient’s needs, discharge is planned for day of admission.
Patient Care in St. Gabriel’s Ward

- ‘Patient Centred’ Philosophy of Care.
- MDT involvement in all persons care.
- Family are encouraged and are expected to remain part of the persons care.

Interventions
- Family education & support, group activities, 1:1 interventions, outings, snoozelen, aromatherapy, doll therapy, pet therapy, physiotherapy, SALT, medication management, sleep hygiene, relaxation therapy, baking, mass, medical care...
Enriched Model of Dementia

- Kitwood (1997)

D = NI + H + B + P + SP
Enriched Model of Dementia & POLL

- **Health**
  - POLL provide a holistic approach to Dementia Care
  - Consider the 3 D’s.
  - Relationship between physical health & mental health.
  - Mental health/mental illness.

- **Biography**
  - Know the person
  - Whose reality?

- **Social Psychology**
  - Restoring a sense of self (Selfhood, Sabat 2002).
  - St. Gabriel’s Ward – small unit, moving towards being dementia specific.
  - Education – CNS role
POLL & Palliative Care

How do these two specialties combine?

- **Palliative Care Competence Framework** *(HSE, 2014)*
  - Palliative Approach to Care – All health care staff.
  - General Palliative Care – Some staff have additional training
  - Specialist Palliative Care – The Palliative care team engage with POLL, also our consultant has a Palliative care background.

- **Core Competence Domains**
  1. Principles of Palliative care
  2. Communication
  3. Optimising comfort and quality of life
  4. Care planning and collaborative practice
  5. Loss, grief and bereavement
  6. Professional and ethical practice in the context of palliative care
Case Study – John

John was living at home when his GP referred him to the POLL service as he had developed paranoid delusional beliefs and had become very aggressive towards his family. He was 79 at the time and did not have a diagnosis of dementia. Prior to referral to POLL John had been in the general hospital feeling unwell. John was admitted to the Psychiatric ward for assessment, where his mental health state continued to fail as did his physical health. He was diagnosed with Liver metastases and was transferred to a extended care facility for end of life care.
How did POLL support John? (1)

Assessment:

- Mental Health Assessment; detailed history of presenting illness & biographical history.
- At a later stage cognitive assessment – dementia diagnosed.
- Liaised with family, collateral from them.
- Medical review when John complained of ongoing back & shoulder pain, routine bloods, CT abdomen, MRI.
- Continuous review of mental state.
- Admission to DOP.
Interventions

- Psychological support – reassurance, education,
- Family Counselling – specific intervention to support John’s family.
- Medications – antipsychotics, medications for his memory, pain relief.
- Specialist palliative care team requested to review John.
- Support to John, his family & to staff of care facility where John received end of life care.
Case Study – Mary

Mary is 85 and has been living in a nursing home for over three years. She has vascular Dementia & has become increasingly agitated in the last month. Mary’s ability to communicate verbally is greatly reduced, but staff know her well and easily engage with her. Mary can get quiet frustrated at not being able to talk. Mary no longer reads the paper and has stopped doing the crossword. Mary’s diet has been very poor of late and she has lost weight. Mary was referred to POLL to assess for a reason for the agitation and plan interventions. Mary is now in hospital.
How did POLL support Mary? (1)

Assessment:

- Mental Health Assessment; detailed history of presenting symptoms, biographical history & Cognitive assessment.
- Liaised with family, collateral from them.
- Liaised with staff in the Nursing Home.
- Pain assessment.
- Ongoing review.
- Admission to St. Gabriel’s Ward & medical review as it was needed.
Interventions

- Life story work – working with Mary’s sister.
- Meaningful activity.
- Medication review – depot injection & discontinued oral meds.
- Pain Assessment indicated pain was a factor in Mary’s presentation – pain patch started.
- Rehydration – subcutaneous fluids.
- Specialist Palliative care team & general palliative care from POLL staff.
References.

- Mental Health Act, 2011
"What day is it?" asked Pooh.
"It’s today." squeaked Piglet.
"My favorite day." said Pooh.