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Writing for AJDC: Do you have a project or survey to report, or a change in practice organisation or structure which has worked well (or not), and would you like to share this experience with others? We welcome contributions of this kind, as well as bright ideas for improving the environment or well-being of people with dementia, and letters to the editor responding to articles in *AJDC*. Contact Richard Fleming at rfleming@uow.edu.au

Supporting GPs in diagnosis, care

By **Dr Margaret Winbolt**, Director, Dementia Training Australia, La Trobe University and *AJDC* Advisory Board member



The diagnosis of dementia has long been seen as the province of medical specialists such as geriatricians, neurologists and psychiatrists. However, the increasing number of people presenting with symptoms now places diagnosis firmly within the domain of the primary health sector in general and with GPs in particular. GPs are now being asked to identify and diagnose dementia, referring only unusual or complex presentations to specialists. Once the diagnosis is made, GPs are in the position of having to provide the necessary ongoing care and support to both the person with dementia and their family carers.

Whilst GPs have a generally positive attitude to the importance of recognition and early diagnosis they may be reluctant to make a diagnosis, citing such things as a sense of there being no point as there is no meaningful treatments available, a fear of stigmatising the person, the risk of damaging their relationship with the person and, a lack of referral options post diagnosis (Giezendanner *et al* 2019; Mason *et al* 2020).

Underlying many negative perceptions and apparent barriers is GPs' level of knowledge about, and attitudes to, dementia together with a low level of confidence in making a diagnosis (Mason *et al* 2020; Harmand *et al* 2018).

Overcoming these barriers requires GPs to have the necessary knowledge and skills not only to make the diagnosis but to provide ongoing care. GPs report having received minimal dementia content in both their undergraduate course or GP training programs and GP trainee supervisors have been shown to have little more knowledge than the trainees they supervise (Tierney *et al* 2019).

The recognition of this and the known role of education in increasing GPs' knowledge and confidence (Pond *et al* 2018) has guided the work of Dementia Training Australia's (DTA's) GP education group. The group is led by a committed team of GPs, all of whom have a keen interest in improving the care of people living with dementia and increasing the ability of GPs to provide this care. This has resulted in the development of a series of workshops and online courses specifically for GPs (see <http://bit.ly/DTA-online-courses> and <http://bit.ly/dta-gpcelearning>).

Delivered by GPs, these DTA courses and workshops offer GPs and GP trainees practical approaches to diagnosis and care and explore how a GP might best approach communicating the diagnosis to the patient. The training has been shown to increase participants' knowledge and confidence in relation to dementia (Mason *et al* 2020; Tierney *et al* 2019).

Other initiatives aimed at assisting GPs in the process of diagnosis and post-diagnosis support include the international COGNISANCE project, described on pp14-15 in this issue of *AJDC*. COGNISANCE will provide information to guide GPs and other health practitioners in implementing dementia guidelines in five countries. The project will also develop a package of information specifically for people concerned they may have dementia.

Initiatives such as these will improve and support the ability of GPs to identify and diagnose dementia as well as their ability to provide ongoing care. ■

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