

Pre-diagnostic symptoms of young-onset dementia in the General Practice

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PRECDE

Prevalence REcognition and Care pathways in young Onset DEmentia



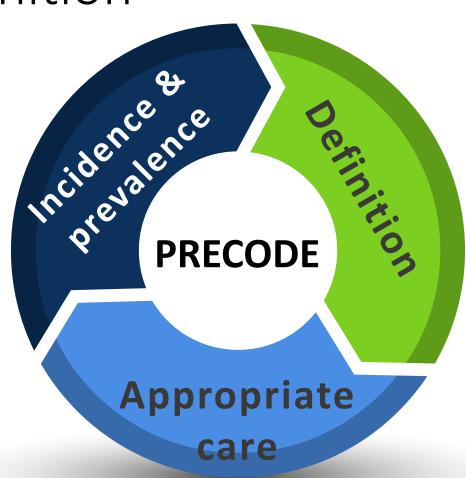
Problem definition

Incidence & prevalence

To create enough healthcare services for people living with young-onset dementia, it is essential to know the prevalence and incidence.

Appropriate care

For general practitioners and occupational physicians to offer appropriate help, recognition of young-onset dementia has to be improved.



Young-onset dementia occurs in people in an active life phase. Specialized care for people living with young-onset dementia is scarce.

Definition

To be able to study the prevalence and incidence of young-onset dementia, the definition of this concept has to be clear and universal.



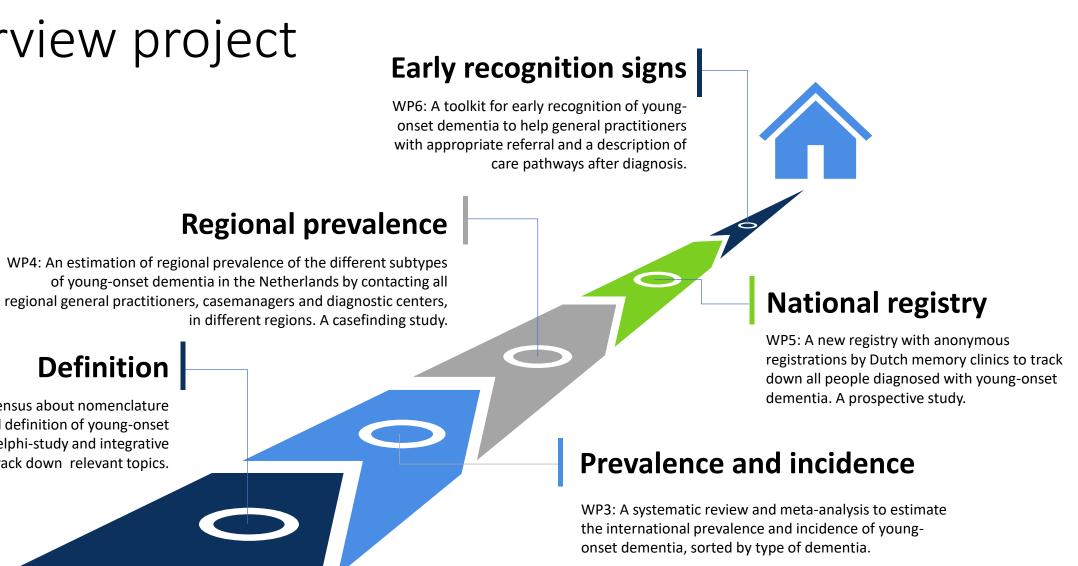
Definition

WP2: International consensus about nomenclature

dementia by use of a Delphi-study and integrative

and operational definition of young-onset

review to track down relevant topics.





Early recognition signs

WP6: A toolkit for early recognition of youngonset dementia to help general practitioners with appropriate referral and a description of care pathways after diagnosis.

Regional prevalence

WP4: An estimation of regional prevalence of the different subtypes of young-onset dementia in the Netherlands by contacting all regional general practitioners, casemanagers and diagnostic centers, in different regions. A casefinding study.

Definition

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National registry

WP5: A new registry with anonymous registrations by Dutch memory clinics to track down all people diagnosed with young-onset dementia. A prospective study.

Prevalence and incidence

WP3: A systematic review and meta-analysis to estimate the international prevalence and incidence of young-onset dementia, sorted by type of dementia.



Delphi procedure

Integrative review of peer reviewed and grey literature



Delphi study



Results

- Consensus is reached for a preferred term: young-onset dementia.
- A moderate level of agreement is reached to prefer the age of 65 at symptom onset as cut-off age.





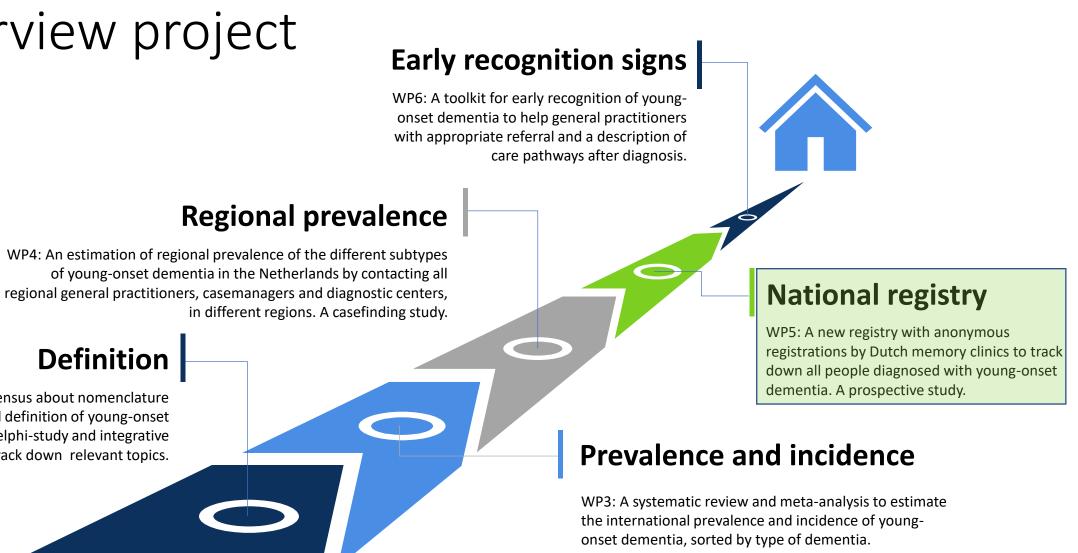
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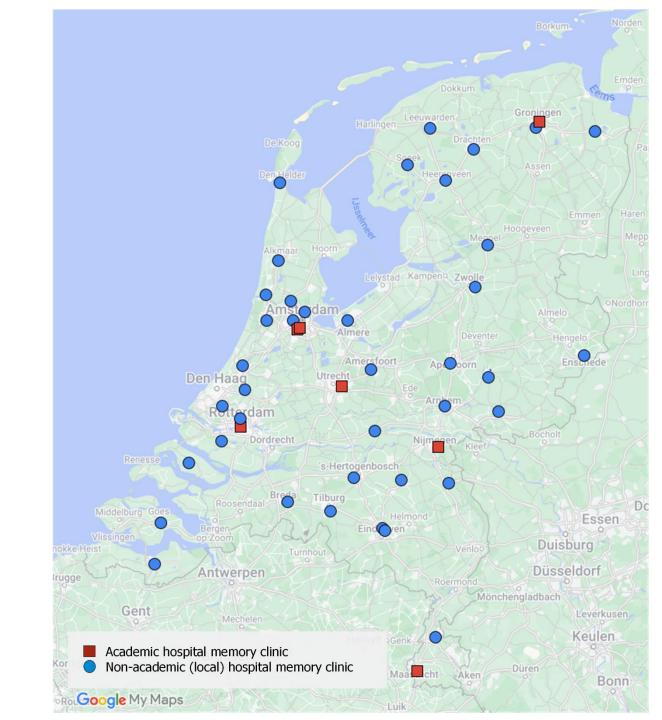
review to track down relevant topics.



Participating memory clinics

Total: 47 clinics

- 7 academic centers
- 40 peripheral centers



Baseline characteristics (n=711)

Total group	
(N=711)	
371(52%)	
62±5.8	
590(83%)	
10±3.4	
146(22%)	
396(61%)	
86(13%)	
12(2%)	
14(2%)	
66(10%)	
504(74%)	
29(4%)	
66(10%)	
6(1%)	
279(39%)	
432(61%)	

Referring physician				
General practitioner	363(51%)			
Neurologist	212(30%)			
Psychiatrist	24(3%)			
Internal/geriatric medicine	58(8%)			
Elderly care physician	24(3%)			
Other	27(4%)			
Second opinion (%)	268(38%)			
Screening test results				
MMSE (0-30)	22.0±5.1			
MoCA (0-30)	17.7±5.4			
Complaints at presentation				
Memory	472(67%)			
Language	162(23%)			
Organizing/planning	101(14%)			
Attention/concentration	55(8%)			
Behavioral	144(20%)			
Other	29(4%)			
Duration of complaints				
<1 year	70(10%)			
1-2 years ago	243(35%)			
2-4years ago	218(31%)			
>4 years ago	164(24%)			



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Introduction

Research

JAMA Neurology | Original Investigation

Global Prevalence of Young-Onset Dementia A Systematic Review and Meta-analysis

Stevie Hendriks, MSc; Kirsten Peetoom, PhD; Christian Bakker, PhD; Wiesje M. van der Flier, PhD; Janne M. Papma, PhD; Raymond Koopmans, PhD; Frans R. J. Verhey, MD, PhD; Marjolein de Vugt, PhD; Sebastian Köhler, PhD; and the Young-Onset Dementia Epidemiology Study Group



DOI: 10.1004/014.14073



Global incidence of young-onset dementia: A systematic review and meta-analysis

- Prevalence 3.9 million persons with YOD worldwide
- Incidence 370.000 new cases every year



Introduction

Average diagnostic delay of 4.4 years before persons receive a diagnosis of YOD.

Reasons for diagnostic delay:

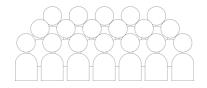
- Large heterogeneity of first symptoms
- Young age
- Misdiagnoses

Aim: to investigate how people with YOD present themselves at the General Practice (GP) up to five years before diagnosis



Methods

• Research Network Family Medicine (RNFM) primary care database



150.000 patients



RESEARCH NETWORK FAMILY MEDICINE MAASTRICHT



Methods





89 persons with YOD

162 controls







5 years

Diagnosis

Symptom categories

Cognitive symptoms

Affective symptoms

Behavioral symptoms

Vascular symptoms

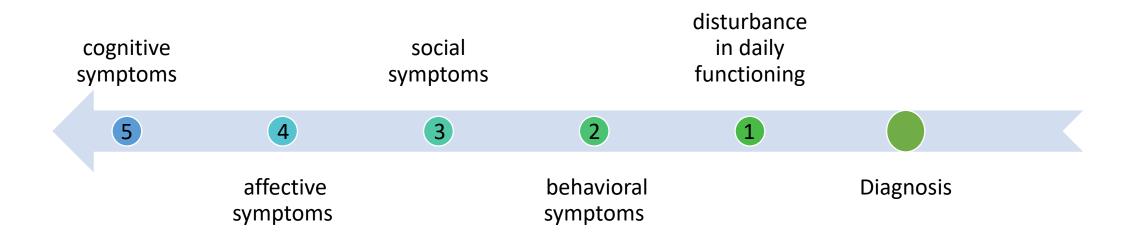
Gait disturbances

Changes in weight or appetite

Social symptoms

Disturbances in daily functioning

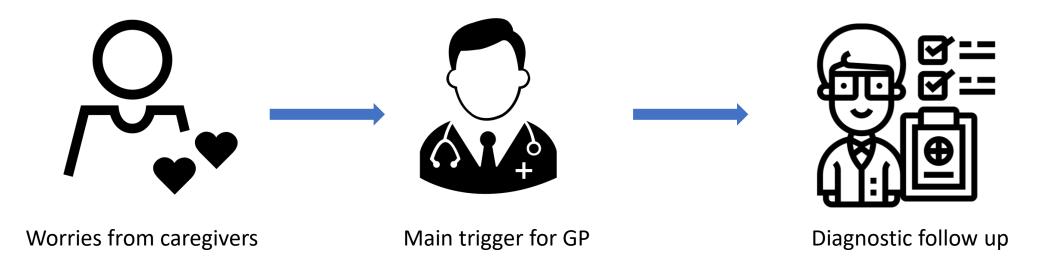




Cognitive symptoms	Affective symptoms	Social symptoms	Behavioral symptoms	Disturbances daily functioning
Forgetfulness	Depressive mood	Worries from caregivers	Change in character	Overall decline in functionality
Confusion	Anxiety	Work problems	Agitation	Neglect
Language problems	Being upset	Relationship problems	Aggression	Isolation



Results





Discussion

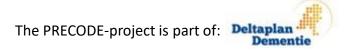
- First indication that persons with YOD present different in the years before diagnosis
- However, clinical relevance is limited
- Future research:
 - Single symptoms
 - Longitudinal course of symptoms
 - Compare persons with YOD to persons with depression/burn-out





Amsterdam UMC







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https://content.iospress.com/download/ journal-of-alzheimersdisease/jad220215?id=journal-ofalzheimers-disease%2Fjad220215

> www.precode-project.nl mail@precode-project.nl

Project leader: Prof. Dr. Marjolein de Vugt (Alzheimer Center Limburg, Maastricht, The Netherlands)



University Medical Centers





