

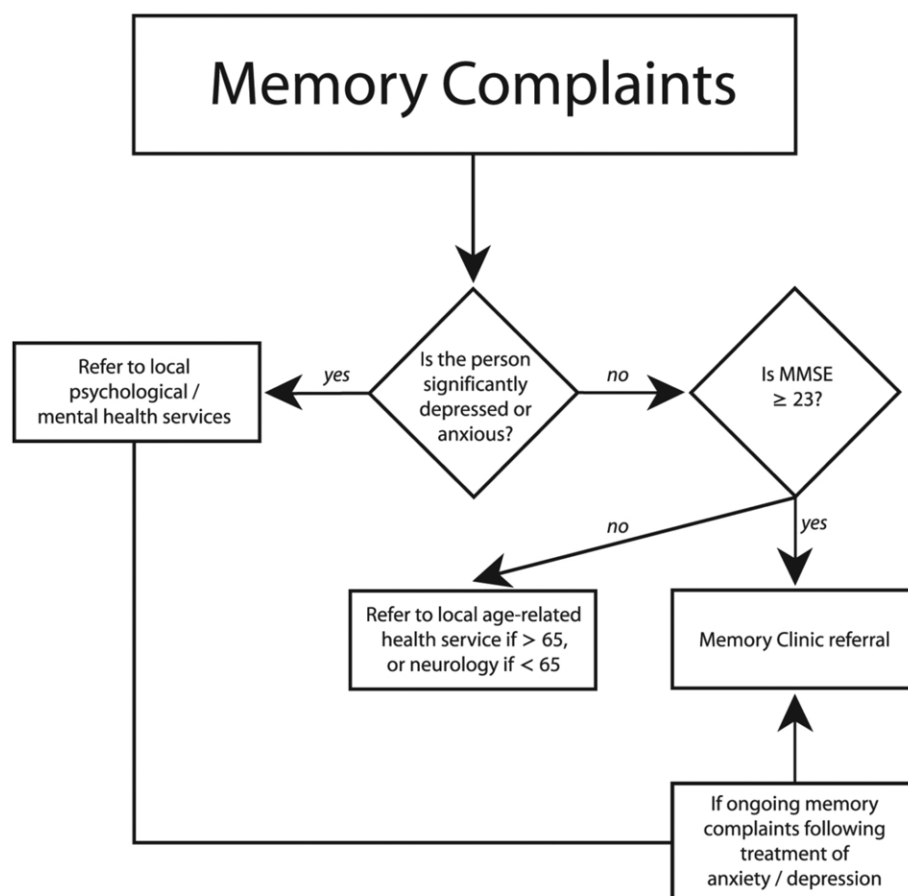


MERCER'S INSTITUTE FOR SUCCESSFUL AGEING

The Mercer's Memory Clinic deals primarily with patients with memory problems that most likely have a neurodegenerative basis and are at an early stage of the disease process. The Clinic provides an assessment and disclosure service; it does not provide ongoing care and treatment which is provided by local services in their own community. Once a diagnosis is made, the patient and family are discharged back to the referring source.

Referrals **must** be made on the official referral form and **all sections of the form must be completed**. This is to ensure efficient triage of referrals and to tailor the structure of the assessment for the specific needs of each patient.

Who should you refer to the Memory Clinic for assessment?



There may be a cognitive assessment service near you.

Please check www.memoryclinics.ie/venue for an up to date list of regional memory clinics.

When referring the patient for a memory clinic assessment please consider the following:

1. Delirium

Clarify the pattern of onset of symptoms with a caregiver – if the decline is reasonably acute or temporally associated with medical illness, check for fluctuating symptoms, inattention, disorganised thinking and/or altered level of consciousness. These symptoms will significantly impact on neuropsychological testing. Once the underlying cause of delirium is treated, memory clinic assessment should be deferred for approximately six months to allow maximum cognitive recovery.

2. Depression/Anxiety

Mood and anxiety disorders can have a significant but reversible impact on cognition, particularly attention, executive function and memory. These symptoms will also limit the patient's ability to engage with the testing process. Optimal treatment of depression/anxiety prior to referral will contribute to an accurate assessment of baseline cognition. This may include referral to local Psychology and/or Psychiatry services. These services will also be able to assess the possible impact of a patient's mental state on their cognitive function.

3. Behavioural and psychological symptoms of dementia

Prominent behavioural or psychological symptoms, such as delusions, hallucinations or agitation/aggression, will significantly impact on a patient's cognitive profile and their ability to participate in formal testing. Referral to Psychiatry for the Elderly services will facilitate optimisation of symptoms and patients may be referred onward to the memory clinic, if further assessment is necessary.

4. Neurological Disorders

Cognitive deficits in the presence of prominent motor or neurological symptoms, such as parkinsonism, gait disturbance or swallow disorder, are best evaluated in a Neurology service.

5. Alcohol/Substance dependence

In cases where a neurodegenerative cause is unlikely, patients with current substance dependence and cognitive complaints are best referred to local Addiction services and their cognitive function re-evaluated after a 3 to 6-month period of abstinence.

6. Head Injury

These patients should be referred to a specialist head injury service e.g. National Rehabilitation Hospital, Headway, Acquired Brain Injury Ireland.

Research is an important component of the Mercer's Memory Clinic and patients and their families may be asked to participate in research. Research participation is independent of the clinical assessment. Any research participation is entirely voluntary, and subject to their giving consent.

These guidelines are aimed at helping clinicians decide on whether a referral to the Mercer's Memory Clinic is indicated for their patient. If you have any questions, please contact the Clinic directly.

The Memory Clinic

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