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**Topic: W01 - Workshop 02: Geriatric psychiatry and primary care mental health: an EPA and WONCA joint workshop**

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**Primary Care Mental Health for Older Persons and the WHO Mental Health Plan 2013-2020**

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There is a growing interest in earlier diagnosis of dementia. Primary Care is a setting where this early identification can be made; however, there are substantial problems in making this a reality and the consequence is that dementia is under-diagnosed and under-treated. Considerable efforts have been made to enhance the diagnostic skills of Primary Care practitioners through educational interventions. Because of the time-constraints in Primary Care consultations, the focus has been on the development of brief screening tests for assessing neurocognitive function. These include the General Practitioner Assessment of Cognition (GP-COG), the Mini-Cog Assessment Instrument, the Memory Impairment Screen (MIS), the 6 item Cognitive Impairment Test (&CIT). The Memory Alteration Test (MAT) tests verbal, episodic and semantic memory, and appears to distinguish early Alzheimer's disease from mild cognitive impairment. These instruments have been found to be as clinically and psychometrically robust as the longer and more time-consuming Mini Mental State Examination (MMSE) and therefore more appropriate for use in Primary Care. However, despite the availability of these tests there has been little improvement in the recognition of and response to dementia syndromes in Primary Care. The reasons may include practitioners' attitudes, time factors, case-load, reimbursement mechanisms and the lack of the resources for clinical management that patients need. Confidence in working with people with dementia is weak, and where the referral to specialists is rapid there is a strong tendency to transfer responsibility for continuing care from general practice and towards specialist services.