



St. Patrick's  
University Hospital

*Dr. Declan Lyons, Consultant Psychiatrist*  
*Dr. Rebecca Quin, Senior Clinical Psychologist*

# THE MEMORY CLINIC



# Team Composition



*Administration*

*Prisca Coleman*

*Psychiatry*

*Dr. Declan Lyons & registrars*

*Clinical Neuropsychology* *Dr. Rebecca Quin*

*Dr. Karen Looney*

*Clinical Nurse Specialist* *Gráinne Dempsey*

*Admissions*

*Shane Kirwan*

# Aims of The Memory Clinic



St. Patrick's  
University Hospital

- *Comprehensive assessment*
- *To reach a diagnosis or working diagnosis for each individual case*
- *To offer, initiate and monitor research based treatments*
- *To provide clients, carers and health care professionals with research based information*
- *To participate in clinical research*
- *To ensure a comprehensive service based on research and good practice standards*

# Current Research

- The application of magnetic resonance imaging to the study of cognitive processes in older adults.

*Dr. Arun Bodke, School of Medicine, Trinity College Dublin*

- Profile of older adults attending the Memory Clinic at St Patrick's hospital



# The Memory Clinic so far . . . .

2003 – 2011 . . . . .



St. Patrick's  
University Hospital



# Demographic Details

Total population to date: 104

Gender: Male: 49.5% Female: 50.5%

Average Age: 66yrs (SD 11.65)

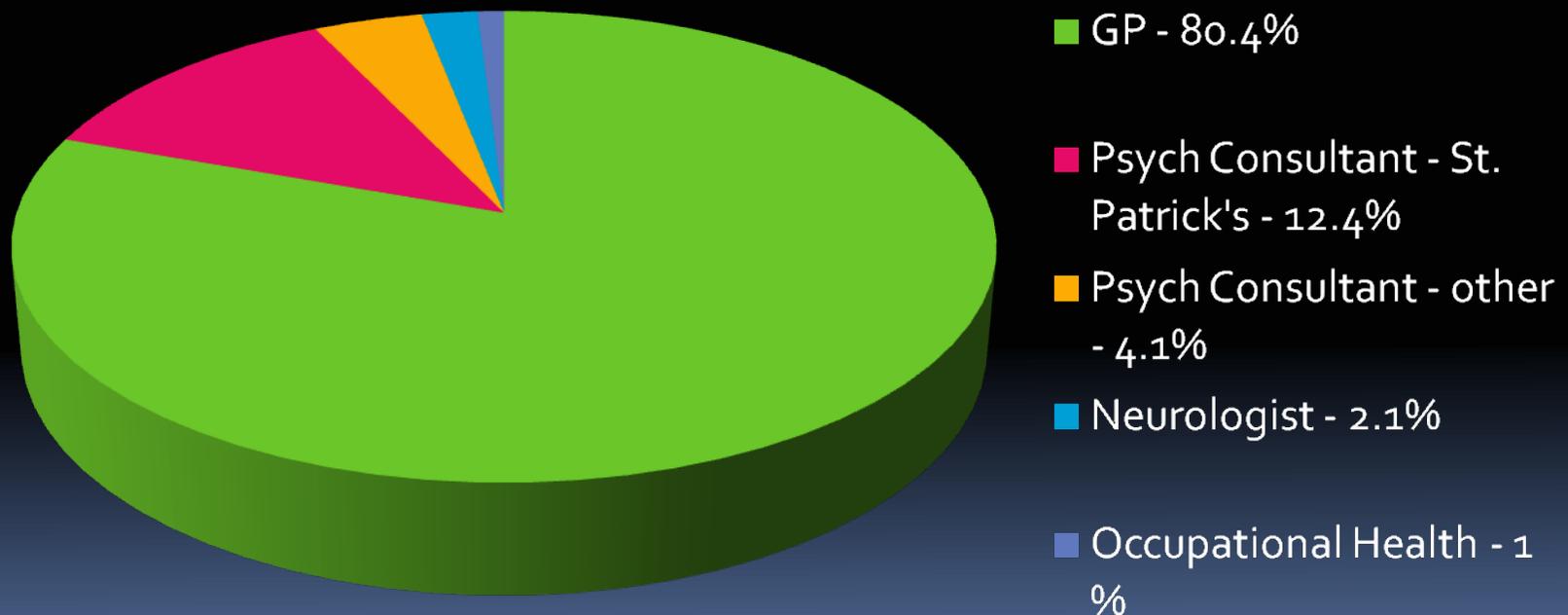
Origin: Leinster: 80.4% Ulster: 5.2%  
Munster: 9.3% Connaught: 5.1%

Education: 68% had completed both primary & secondary level (i.e. 13 – 15 yrs)

Employment status: Retired/not working: 51.1%  
Working (part- or full-time): 42.5%

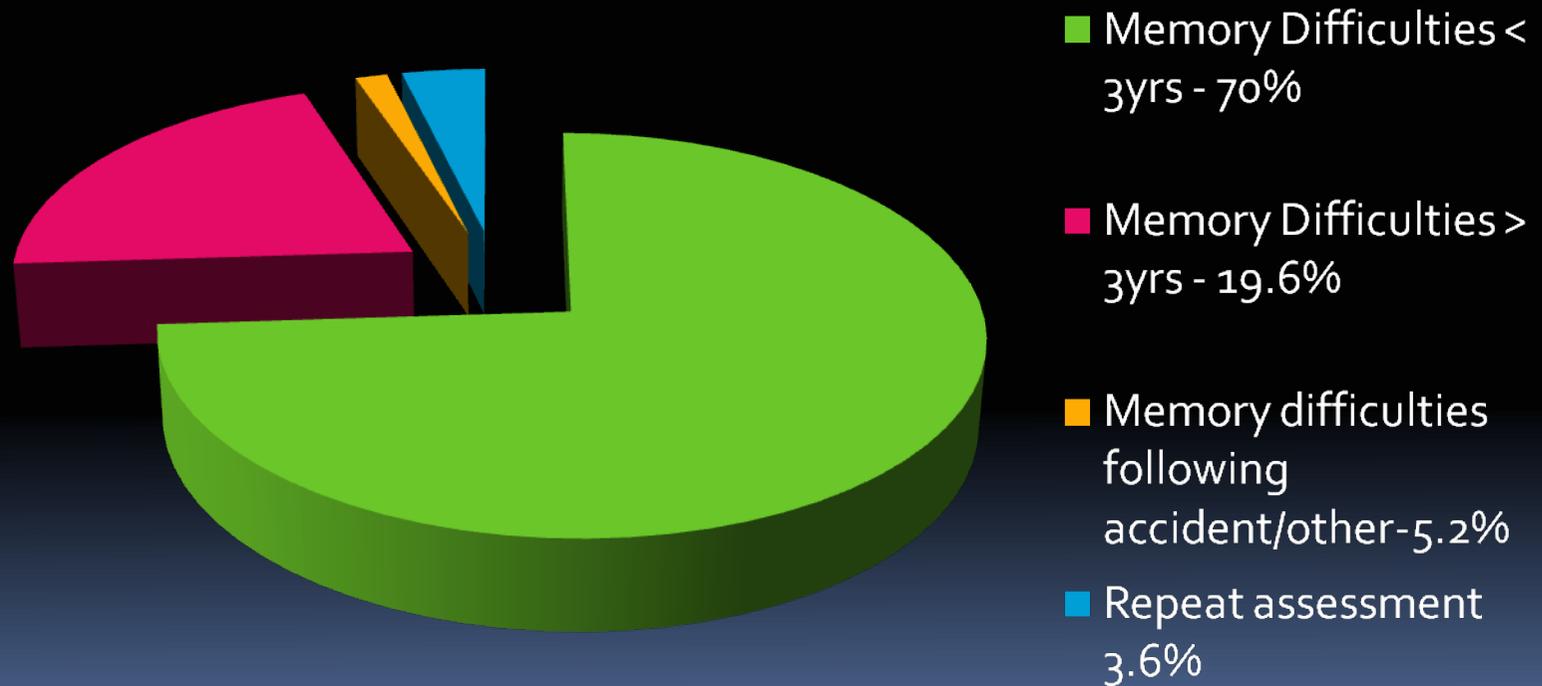
# Source of Referrals

Referral Source

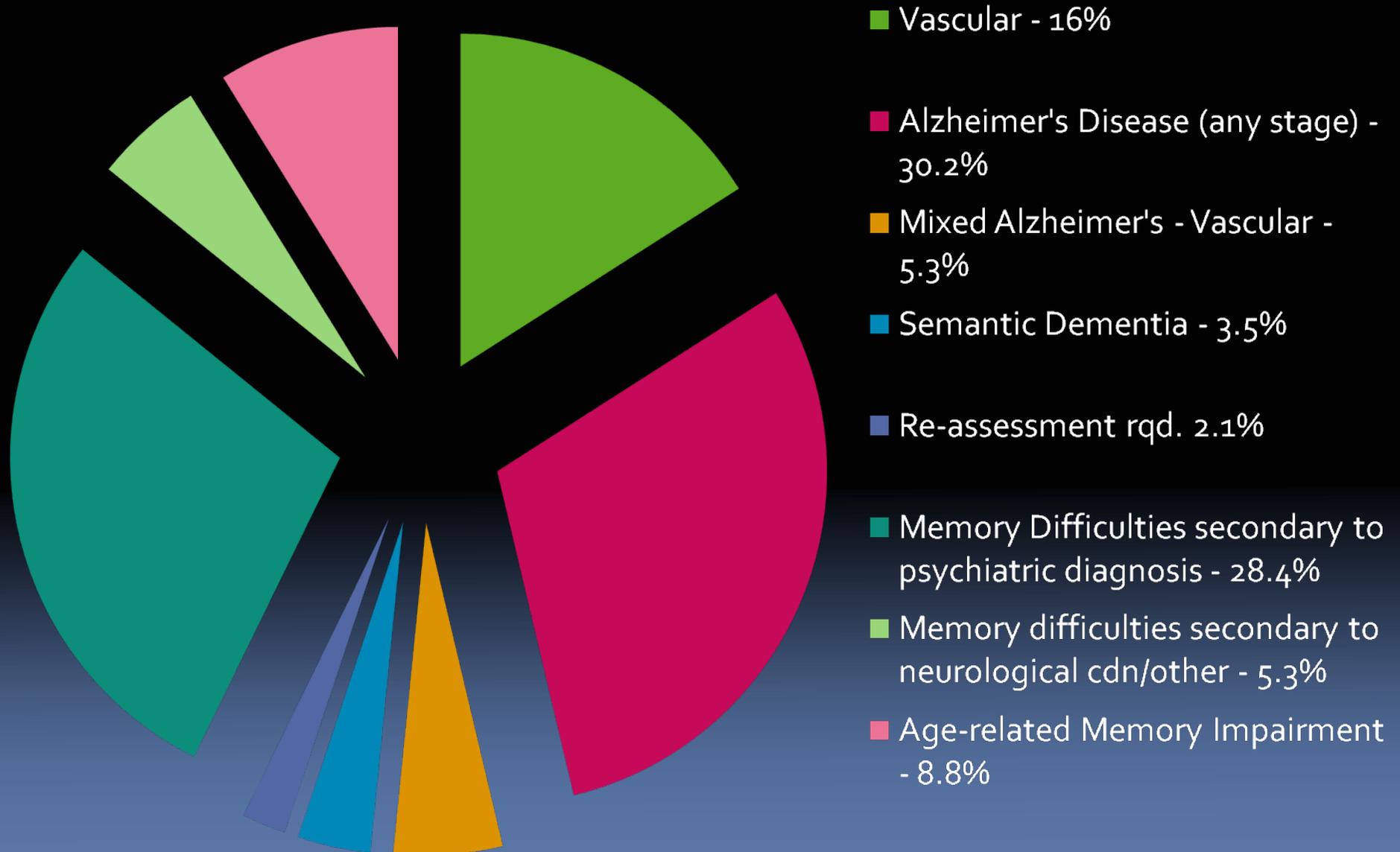


# Reason for Referral

Reason for Referral

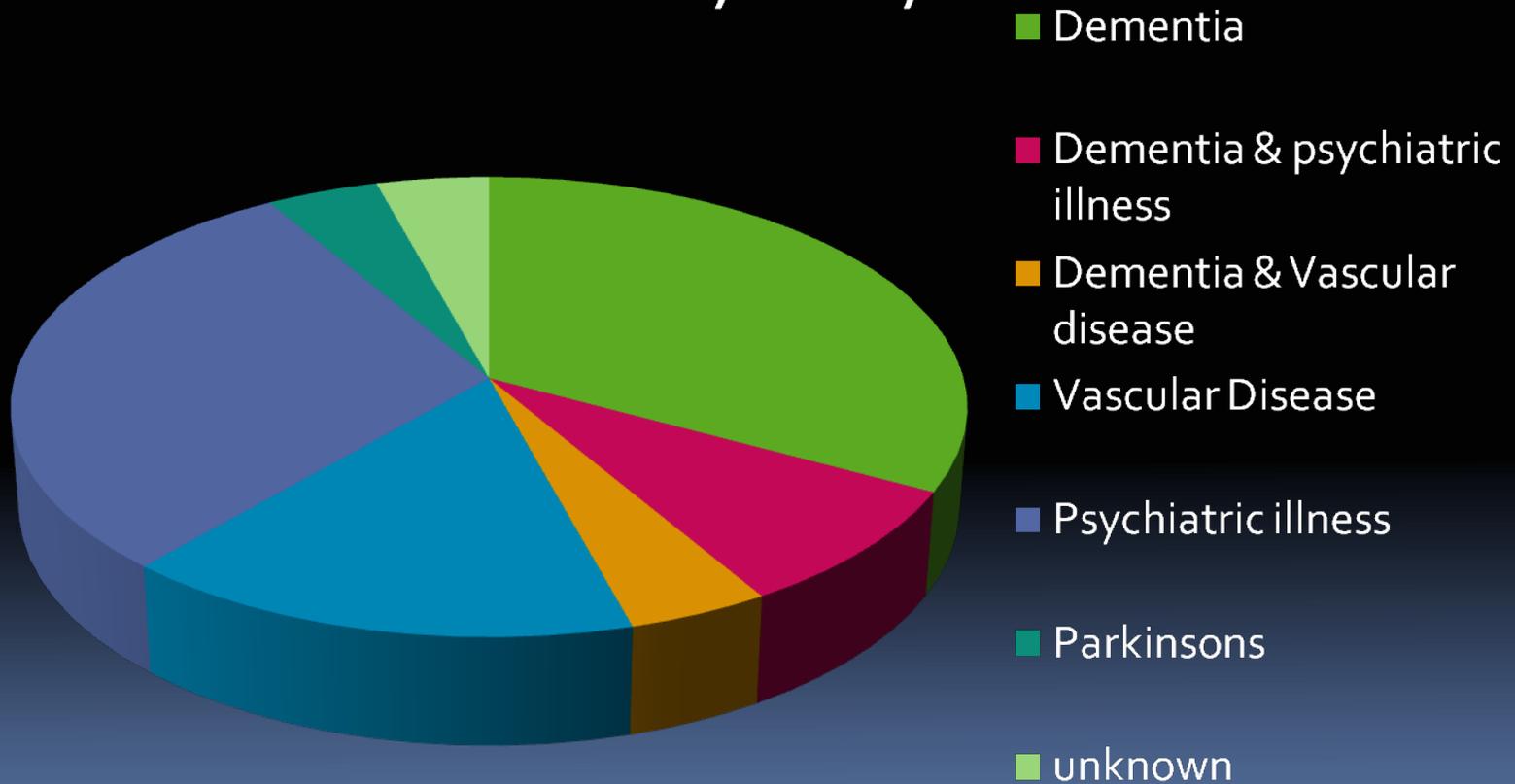


# Diagnosis/Outcome



# Family History

Family History



# Trends

- More **multi-professional** collaborative assessment vs. single discipline evaluation (however discipline that follows patient to community likely to have greatest impact)
- More patients with **depression** seeking assessment (greater patient and clinician awareness)
- Memory clinic at centre of **diagnostic network** linking in expertise from neuro-imaging, genetics and neuroscience
- **Do more** with patient and for longer –not just diagnosis and discharge.

# The Assessment process - 1



St. Patrick's  
University Hospital

- *Keyworker assigned*
- *MRI brain scan*
- *Blood screening*
- *Carer interview*
- *Neuropsychological testing*
- *Feedback*
- *Report*
- *Recommendations*
- *Advice on carer and patient support*

# Assessment process -2

- **Inpatient** -3 working days (cost to insurer only)
- **Single day evaluation:** interviews, investigation review, neuropsychology, consensus meeting, feedback 1 week later.
- **3 day admission** facilitates observation (mood, BPSD), MDT assessment meeting, collation of investigations, collateral information.
- **Option to extend:** treat depression, neurology consult, initiate cholinesterase inhibitor, extend investigations, carer support and provide session with patient and carer on strategies to enhance memory and cognition.

# Assessment process - 3

- **Inpatient brief assessment** largely acceptable to patient  
–occasional explanatory phone call/ meeting needed
- **General hospital facilities** available to memory clinic patients (psychoeducation, Evergreen programme/lectures, diversional activities, relaxation, information centre)
- **Comprehensive report** (medical/psychiatric history, investigations and their significance, neuropsychology data, consensus opinion re: diagnosis, treatment plan and recommendations, 'what the patient has been told', follow-up plans)

# Challenges- for our service

- **Home assessment** before evaluation valuable but labour intensive
- More formalised **links** with **voluntary sector/ community** services required
- Carer/ patient **support networks** could be better organised via hospital
- Who **follows up** at the different stages of illness?
- Need more comprehensive **auditing** of our service

# Challenges

- Greater **diagnostic accuracy** (especially with arrival of disease modifying compounds for AD)
- Research and incorporate **new technology** for assisted living, **cognitive remediation** in treatment packages
- Respond to likely **increased demand** and offer evidence based interventions at earlier stages e.g. MCI
- Greater '**systems thinking**' and fostering of links between public/private/voluntary sector along defined investigative and therapeutic pathways.

# Challenges- for all services

- **Broaden our remit** from diagnostic service only to offer more support through longitudinal course of illness
- Offer more **coordinated and comprehensive services** for early onset cases where need is greatest
- Are we challenging barriers to presentation/**stigma**?
- Diagnostic uncertainty may be **resource intensive** – more comprehensive investigations , prolonged follow up needed.



St. Patrick's  
University  
Hospital

St. Patrick's  
University Hospital

The Memory Clinic,  
St. Patrick's University Hospital,  
James Street,  
Dublin 8  
01 - 2493437

**THANK YOU FOR LISTENING**