GPCOG: a fast, reliable tool to help GPs diagnose dementia

In the 15 years since its development in Australia, the General Practitioner Assessment of Cognition (GPCOG) has proven to be an invaluable tool for first-line clinicians. Liesbeth Aerts, Katrin Seeher and Henry Brodaty explain how the test, and recently updated online tool, can be useful in promoting better assessment and timely care for people with dementia.

GPCOG was originally developed in 2002 as a tool for GPs, primary care physicians and family doctors to help them assess patients and detect cognitive impairment.

Obtaining a dementia diagnosis can be a difficult and lengthy process, involving different specialists and many tests. Nevertheless, early detection is crucial to help with timely management of symptoms, including the planning of assistance. It is also important for general health management, as having memory problems or dementia could mean that the diagnosis or treatment of concurrent illnesses may require more attention. Recent clinical studies indicate that both currently available symptomatic drugs for dementia and those still under development could have a more positive impact when started early in the disease process.

GPs are the best-positioned professionals to address early concerns or to notice changes in patients, but they face several hurdles. Commonly used instruments to test memory and cognition (such as the Mini-Mental State Examination) are not always accessible or practical to use in primary care settings, because of their complexity and the extensive time requirements. They may involve lengthy training or high licensing fees.

To bridge this gap and provide GPs with a reliable yet quick and accessible screening instrument, Professor Henry Brodaty (co-author here) and colleagues developed the GPCOG (Brodaty et al 2002). It combines the most useful items from commonly accepted comprehensive tests for cognition, dementia and independence.

The result is a four-item patient examination to assess time orientation, visuospatial functioning, planning, information processing and memory. If the results of this test are equivocal, GPs can continue with a six-item interview with a knowledgeable informant to see whether there has been a decline in the patient’s memory or general abilities.

Both parts of the test are very short and can also be conducted in parallel. In less than five minutes, a GP can gather information on different aspects of cognition and whether there has been a recent decline.

Free resource

GPs can perform the GPCOG as a traditional paper-and-pencil test or as an interactive online application, both available free of charge for clinical and research use. Instructions on the use of GPCOG, interpretation of the results and an informative training video are available on the GPCOG website (wwwGPCOG.com.au) and via the Dementia Collaborative Research Centres’ (DCRCs’) new DementiaKT Hub website (www.dementiaKT.com.au).

Over the past decade, the GPCOG has been translated and validated in many languages and has been used by clinicians and researchers on all continents (see map). The test remains valid, independent of patient gender or cultural and linguistic background.

Both the paper-and-pencil test and the online tool are available at the GPCOG website in English, Chinese, French, German, Greek, Italian, Korean, Polish, Romanian, Russian and Spanish; but the tool has also been translated into Arabic, Portuguese, Dutch, Farsi, Hebrew, Hungarian, Maltese, Sinhalese, Turkish, Thai, Urdu, Vietnamese and Welsh which will be added to the website in time.

Updating GPCOG

In 2016, the GPCOG website (www.gpcog.com.au) had a makeover, with funding provided by the DCRCs’ Knowledge Translation Program. The website and test are now easier to navigate, especially when using smart phones or tablets. Importantly for GPs, the website holds a wealth of information on how to proceed if a patient’s test score indicates there is cognitive impairment.

We have also updated the overview of recommended investigations based on

The global reach of the General Practitioner Assessment of Cognition: the GPCOG was originally developed and validated in Australia. Since then, it has been translated (orange) or translated and validated (green) for use in the local language of many countries around the world. Currently, the team is working on additional validations (yellow) and translations (red) via collaborations with local researchers and clinicians.
Creating a dementia-friendly society, starting with kids

Jess Baker presents an update on the Kids4Dementia project, an innovative classroom-based program designed to educate the next generation about dementia

If you married someone with dementia, could you then get it?”, “How can you have no memory, yet still do stuff?”, “If you get dementia does that mean you have to go to one of those awful jail places, where you just sit and watch TV?” This is a small sample of the curiosity I have encountered while developing Kids4Dementia, an innovative dementia education program for Year 5 and 6 schoolchildren.

The children I have met are keen and receptive to learning more about a condition that many did not know ‘was even a thing’. This parallels a large British poll, where 62% of eight- to 17-year-olds reported that they would like to help people with dementia but felt held back by a lack of understanding of the condition (Alzheimer’s Society, 2016).

Kids4Dementia is focused on tackling this stigma by changing attitudes at a generational level – creating positive attitudes amongst today’s children. It is evidence-based and was developed, in part, from the results of focus groups with 49 children in the community and people with dementia and their relatives. The contemporary, classroom-based program presents an accessible population strategy approach for all children with or without an experience of dementia.

Through an engaging animated story, real-life videos and fun activities, students learn that a person with dementia has a brain that works differently and explains how dementia can affect people in a variety of ways. Each module in the Kids4Dementia program is accompanied by a class activity, such as drawing (above) and writing a letter or poem (next page).

References


Dr Liesbeth Aerts is a Research Associate with the Dementia Collaborative Research Centre: Assessment and Better Care (DCRC: ABC), School of Psychiatry, UNSW Australia; Dr Katrin Seeher is Visiting Fellow with the DCRC: ABC and a consultant with the World Health Organisation; Professor Henry Brodaty, who developed the GPCOG with Professors Felicity Hupper, Dintly Pond and others, is DCRC: ABC Director, Co-Director of the Centre for Health Brain Ageing (CHeBA), Scientia Professor of Ageing and Mental Health, UNSW Australia, Consultant Psychogeriatrician Aged Care Psychiatry and head of the Memory Disorders Clinic, Prince of Wales Hospital, Sydney. To follow up on this article, contact Liesbeth at: laerts@unsw.edu.au.

• GP education program supports timely diagnosis: see p44
• The role of GPs and practice nurses in dementia prevention: see p45