



Royal College of Physicians

Professor Rowan Harwood Biography

Professor of palliative and end-of-life care in the University of Nottingham, and honorary consultant geriatrician. He has wide clinical and research interests including delirium, dementia, stroke, continence, rehabilitation, end of life care, falls and clinical ethics. He spent 10 years as a stroke physician. Since 2009 has worked to develop and evaluate better ways to manage cognitively impaired older people in general hospitals, and other dementia-related research. Currently working to establish an appropriate and acceptable paradigm for end-of-life care amongst older people with frailty or dementia. Has written 4 books on stroke and dementia, and 100 academic papers.

Presentation Summary

Topic: Dementia – what physicians need to know?

One in three emergency admissions is of a confused older person; 40% of those over 70 admitted to hospital have dementia. They are usually there for good reason. Crises have multiple dimensions, including acute medical, delirium or other mental health problems, functional problems, and carer or care system problems. Multiple models help in managing patients appropriately: attentive acute medicine, comprehensive geriatric assessment, rehabilitation, person-centred and end of life care. Adjustments to hospital processes are required to accommodate the needs of a person with dementia, despite an often-adverse environment. The philosophy of person-centred dementia care aims to reduce distress (and resulting challenging behaviours), and improve experience and wellbeing. Family involvement is important. Decisions must be made carefully, discharges planned and transitions managed (often to care homes or end-of-life care). Medical care has many aspects, requiring close working with other specialties (such as orthopaedics and old age psychiatry), and community health and social care provision.