

# Comorbidity and dementia: a mixed-method study on improving health care for people with dementia (CoDem)

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## Plain English summary

### Improving health care for people with dementia

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## Plain English summary

In the UK people living with dementia (PLWD) have an average of 4.6 long-term medical conditions in addition to their dementia. Despite this, health-care services are generally organised around single conditions rather than caring for the person as a whole. The aim of this study was to explore how having dementia alongside diabetes, stroke or vision impairment affects access to care and to identify ways in which services might be improved for this group.

We undertook (1) a review of the literature, (2) a statistical analysis of differences in service use between people with and people without dementia, (3) interviews and group discussions with 28 PLWD, 33 family carers and 56 health-care professionals (HCPs) and (4) a conference in which HCPs, members of the public and representatives from the voluntary sector generated priorities for research and practice.

We found that PLWD may have poorer access to health services than those without dementia. Systems are not designed to involve family carers in decision-making and there is a lack of guidance for HCPs when they are making decisions about care, for example when weighing up the risks and benefits of treatment.

Key elements of good care for PLWD and other medical conditions include having the PLWD and family carer at the centre, flexibility around processes and good communication, which ensures that all services are aware when someone has a diagnosis of dementia. Guidance for HCPs needs to take into account the impact of a diagnosis of dementia on pre-existing conditions such as diabetes.

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