

222 (20%) had mild cognitive impairment, while 622 (57%) had dementia, with 48% diagnosed with Alzheimer's disease dementia and 58% with other types of dementia. More than 75% of patients had less than ten consultations. Patients with dementia had more consultations than those without, as presented in Table 1.

Conclusions: The recent establishment of Memory Clinics in developing countries addresses a crucial gap in specialist care for dementia patients. In our experience, the diagnosis and the number of comorbidities may predict the level of interventions patients require. A more comprehensive understanding of the patient profile and their needs will assist in tailoring resources for implementing memory clinics and estimating the cost of care. Further studies need to address the characteristics of patients that require specialist-level attention.

FC33: Attitudes of Primary Care Physicians towards Cognitive Impairment-Dementia. A survey in Galicia, Spain

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Introduction and Objectives: Cognitive impairment-dementia is an increasing health concern with a major economic and social impact. This study aims to examine how it is currently approached in primary care practices in the Autonomous Community of Galicia, Spain.

Methods: A working group was formed between two scientific societies, which developed a survey that was sent online to 2206 primary care doctors, subsequently analysing the responses received.

Results: A total of 124 primary care doctors (5.3%) responded to the survey, 69.4% of which were women, with a mean age of 54 years. Out of these doctors, 92 (80%) have been working for more than 10 years, 30 (24.2%) have never received any training on the topic of study and only 31 (25%) have received some training in the last 5 years. The initial complaint derives from close relatives (76.6%) and this complaint usually entails memory problems (59.7%). The screening test used by 77.4% of the professionals is the MMSE with a higher prevalence among younger doctors (p-value 0.04). In the case of suspected cognitive impairment, doctors perform a cognitive assessment scale (96%), order a blood test (83.9%) and perform functional assessment scales (77.4%). They do so on a scheduled basis (79%). In total, 42.7% recognise that they reach the diagnosis in moderate dementia stages, hindered as a result of care-based reasons (66.9%). Doctors have difficulties in detecting the pathology associated with cognitive impairment in 52.4% of cases. In dementia management, 66.1% have difficulties in providing caregiver support and 42.7% with pharmacological treatment. In cases of advanced dementia, the problem is the lack of support from social services (47.6%), hospital specialists (45.2%) and the difficulty of pharmacological treatment (43.5%).

Conclusions: Primary care doctors report that the main barriers in the care for cognitive impairment-dementia are: training, healthcare organization, social, management of specific dementia treatments and associated pathologies and coordination with hospital care.

Key words: Primary care, cognitive impairment, dementia, screening, survey, attitudes