Letters to the Editor

Integrated services for people with dementia

SIR—We discussed the thought-provoking editorial ‘Can we afford not to have integrated dementia services?’ from Roger Bullock, Steve Lillic and Peter Passmore [1] at a recent meeting of the West Midlands Memory Clinic Network [2].

Colleagues from several disciplines working in Memory Services across the West Midlands felt alarmed by the drift of the arguments presented by these respected colleagues. We would caution against adopting their conclusion that: ‘There is need to stop providing dementia services across multiple agencies.’

Their assertion that ‘...there are no integrated dementia services in the United Kingdom...’ is false. We all work in integrated services which engage with appropriate resources across a range of agencies. This, we believe to be entirely appropriate. The alternative which Bullock et al. espouse is a segregated or exclusive service—setting apart people with dementia as a special or sub-population who will receive all their needs as subservient to their dementia label.

Contrast this with the direction of services for people with life-long learning disability, where the thrust is all toward ‘normalisation’ to ensure that individuals receive a proper share of expert help from across the complex range of health and social care [3]. This leaves the experts in learning disability (or dementia) to work effectively to inform, educate and support all parties to gain optimal care for every individual. We commend this approach and hope that it will be advanced through initiatives which the government is contemplating in response to the several reports published recently, and quoted helpfully by Bullock et al.

The need is to improve the quality and capacity of services for people with dementia across multiple agencies.

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Acetylcholinesterase inhibitors and cardiovascular disease

SIR—We read with interest Malone et al.’s research letter on cholinesterase inhibitors and cardiovascular disease [1]. It comes as no surprise that there is wide variation in the prescribing of cognitive enhancers to people with cardiovascular co-morbidity. They rightly state the need for consensus guidelines for prescribing to this group of patients.

Rowland et al. [2] have recently published a proposed guideline in Advances in Psychiatric Treatment to aid the


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