

Additional file 2. Barriers and enablers to other recommended behaviours elicited in interviews

Clinical behaviours	Barriers	Enablers
Refer for pathology testing	<ul style="list-style-type: none"> - None cited 	<ul style="list-style-type: none"> - Believe pathology necessary to rule out other possible causes of dementia-like symptoms - Pathology required to refer patient to specialist/CDAMS - Pathology services easily accessible - Pathology testing a routine procedure
Refer for head/brain CT scan	<ul style="list-style-type: none"> - Believe brain CT not necessary/helpful for all patients - Believe brain CT not needed to refer patient to specialist/CDAMS - Not aware brain CT should form part of the diagnostic work up of patients with suspected dementia - Difficult for patients to access CT facilities 	<ul style="list-style-type: none"> - Brain CT needed to refer patient to specialist/CDAMS - Able to access CT facilities - Believe brain CT useful/necessary to rule out other conditions - Brain CT helps to define type of dementia
Review current medication	<ul style="list-style-type: none"> - Complicated medication regimen requires pharmacist review - Doesn't believe review of medication is part of diagnostic work up of suspected dementia 	<ul style="list-style-type: none"> - Aware some medications affect cognitive function - Believe review of current medication is part of diagnostic work up of suspected dementia - Reviewing medications is a routine procedure
Disclose or reinforce a diagnosis of dementia	<ul style="list-style-type: none"> - Uncomfortable discussing issue - Not wish to upset the patient - Believe labelling the disease not important - Believe some patients find label confronting/stigmatising - Believe some patients not able to understand diagnosis - Believe more important for carer to know than patient 	<ul style="list-style-type: none"> - Believe important to be honest with patients about their diagnosis - Have a responsibility to patient to disclose the diagnosis - Comfortable discussing issue - Believe patient is aware of the diagnosis (due to consultation with specialist) so shouldn't avoid talking about it - Believe patient (and carer) need to know so they can prepare for the future
Refer to specialist (including via CDAMS) for access to dementia-modifying medications	<ul style="list-style-type: none"> - Patient's other medical conditions considered a higher priority; patient too ill for other treatment - Cognitive impairment level not considered sufficient to be eligible for medication - GP believes the medication is not particularly effective - Difficulty accessing CDAMS/specialist (for review and commencement of medication) - Patient/carers refusal - Refer only in instances where patients believed to have Alzheimer's dementia - Formal diagnosis considered unnecessary and won't affect patients management 	<ul style="list-style-type: none"> - Need for specialist authorisation to access medication - Need for confirmation of diagnosis - Desire to access support services provided/coordinated by CDAMS/specialist referral (e.g. care packages, respite, carer support) - Able to access CDAMS/specialist - Patient/carers request for specialist review

<p>Provide information on, or refer for, recreational and activities to promote cognitive stimulation</p>	<ul style="list-style-type: none"> - Believe this is done by others (e.g. CDAMS, ACAS, specialist recommends information or refers patients and carers) - Believe patients/carer will organise - Believe not all patients interested - Consider some patients incapable of doing such activities - Only when requested or believe needed - Not aware of what available/appropriate - Forget to do - Believe patient already undertaking cognitive/recreational activities 	<ul style="list-style-type: none"> - Routine management for patients with dementia and their carers - Routine management for older patients - Believe beneficial for patients and carers (effects for patients with dementia; respite for carer) - Aware of programmes/activities available and appropriate
<p>Provide, or refer for, caregiver training</p>	<ul style="list-style-type: none"> - GP believes CDAMS/specialist organises or refers carer to appropriate place - GP believes carer has organised/will organise if required - Not aware that formal training programmes available - Only recommends when requested by carer or believes needed - Forgets/doesn't think to do - GP believes many carers not interested - Carer refusal 	<ul style="list-style-type: none"> - GP aware of training programmes (e.g. Alzheimer's Australia) - Believes programmes are beneficial
<p>Promote awareness of changing driving capacity as disease progresses</p>	<ul style="list-style-type: none"> - Believe inability to drive causes practical difficulties for patients, especially in country areas (e.g. shopping, accessing appointments) and emotional/social impacts (e.g. loss of independence, social isolation), so possible risk has to be weighed against these - Considers it a difficult issue to deal with so avoids as long as possible - Considers low risk if patient continues driving (esp. in early stages) - Concerned about effect on doctor-patient relationship if GP seen to be involved - Believe GPs shouldn't be responsible for dealing with this issue 	<ul style="list-style-type: none"> - Important issue that needs to be dealt with - Concern about the risk to patients and others - Believe role of GP to deal with this issue - While inability to drive may cause difficulties for patients, considers it more important to respond to changing driving capacity
<p>Discuss legal issues</p>	<ul style="list-style-type: none"> - Believe this is dealt with by others (e.g. CDAMS, ACAS) - Considers it a difficult issue so avoids if possible - Believe doesn't have the knowledge/skills/experience to deal with this issue - Believe once dementia diagnosis made it is too late to deal with these issues; they need to be done beforehand 	<ul style="list-style-type: none"> - Important issue that needs to be dealt with - Believe will cause problems later for patient, carer and GP if not dealt with - Believe it is GPs' role to discuss - Refers to appropriate sources to organise if GP doesn't have sufficient knowledge/skills

	<ul style="list-style-type: none">- Not think to raise issue- Believe patients/carers usually deal with issue themselves	
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