ICOPE

INTEGRATED CARE FOR OLDER PEOPLE

Cognition

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Contents

Introduction to the Guide

This Facilitator Guide is part of the material developed to support training programmes on the WHO Integrated Care for Older People (ICOPE) approach. This guide serves as a roadmap for trainers and facilitators, helping them navigate through the session on the assessment and management of cognitive impairment in older people, while ensuring that key topics are covered and participants are actively engaged. It includes practical tips, potential challenges, and suggested ways to handle different situations that may arise during the session.

Session structure

This Facilitator Guide is organized around four core facilitation actions that you will use throughout the session. These actions are represented by icons and indicate how you should guide participants through the content.

You will see these actions repeated across all slides and modules, providing a consistent structure for facilitation.

Show: The slides

This indicates the slide you should present from the slide deck. When you see Show, display the corresponding slide to participants.

Say: What you explain

This provides a suggested narrative outline for you to explain the slide content. The text is intended as guidance rather than a fixed script. You may adapt the wording to suit your facilitation style, experience and the needs of your participants, while keeping the key messages intact.

Ask: Questions to prompt dialogue

This prompts you to ask questions and encourage dialogue with and among participants.

The discussion associated with these questions should generally take 2 to 5 minutes. However, you should use your best judgment to decide how much time to dedicate to such interactions, considering factors as participant engagement, availability of time, and/or relevance of the topic.

Do: Actions to facilitate learning

This prompts you to carry out an action, such as guiding an activity, managing group interaction or providing instructions to participants.

Keep in mind that this Facilitator Guide is only a roadmap. You are expected to apply your voice and experience to make this tool work for you. As explained, the ‘Say’ sections are simply indications; you can use them as a script when you feel the need to, but you can and

should adapt them to suit your natural training style. Add your own personal touch and personality to every training, while being careful to stick to the session objectives.

A key component of successful face-to-face training is establishing trust and rapport with your learners. Use your own good judgement to assess the attitude and cultural sensitivities of the people in your workshop. Adapt your training techniques and approach accordingly.

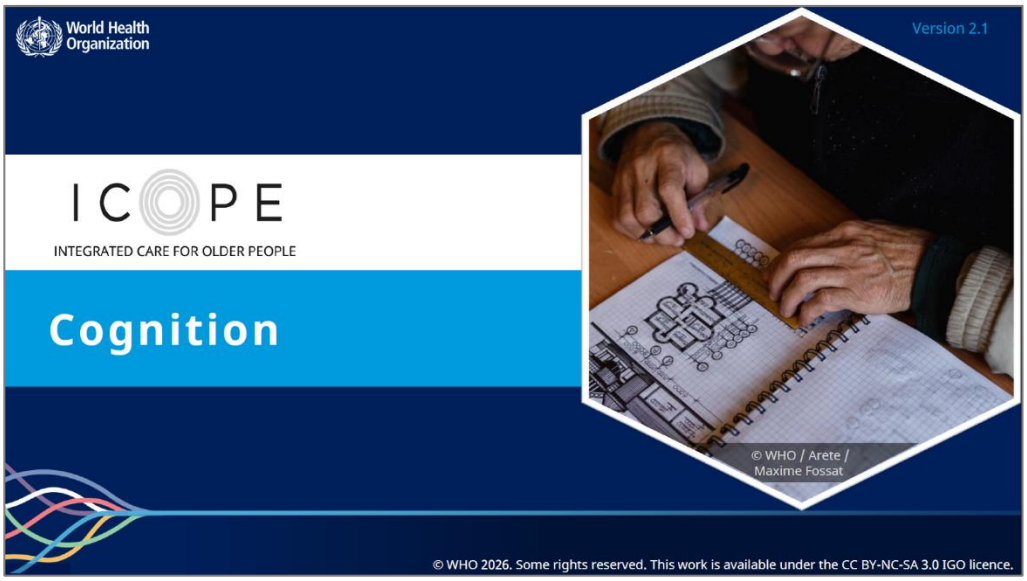
You are going to be great at conducting this training.

Cognition

Do:

- *Formal welcome*
- *Introduction of the facilitator*

Show: Slide 1



Say:

Welcome to the module on Cognition.

Today, we are diving into a module focused on the assessment and management of cognitive impairment in older people. While certain mild changes in cognition can occur with age, cognitive impairment is not a normal or expected part of ageing. When noticeable difficulties with memory, attention, or problem-solving emerge, they may signal an underlying health condition, such as cardiovascular disease or Alzheimer's disease. Early recognition and action are therefore essential to support healthy ageing.

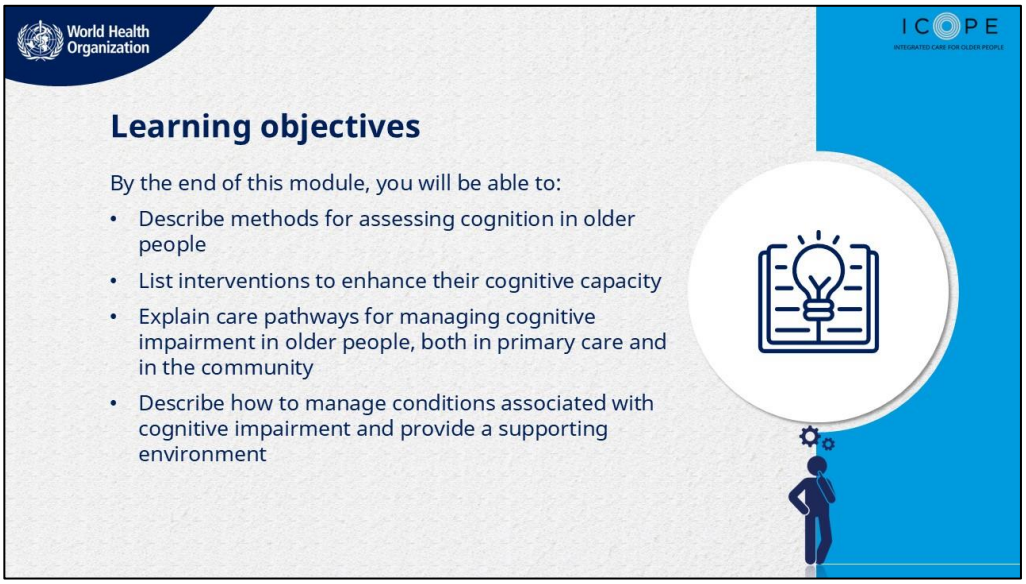
This session will take about 15 minutes.

You will find more details on this topic in Chapter 5 of the ICOPE handbook.

Let us get started!

Learning objectives

Show: Slide 2



Say:

Today's module is all about supporting the cognitive health of older people. By the end of this module, you will be able to:

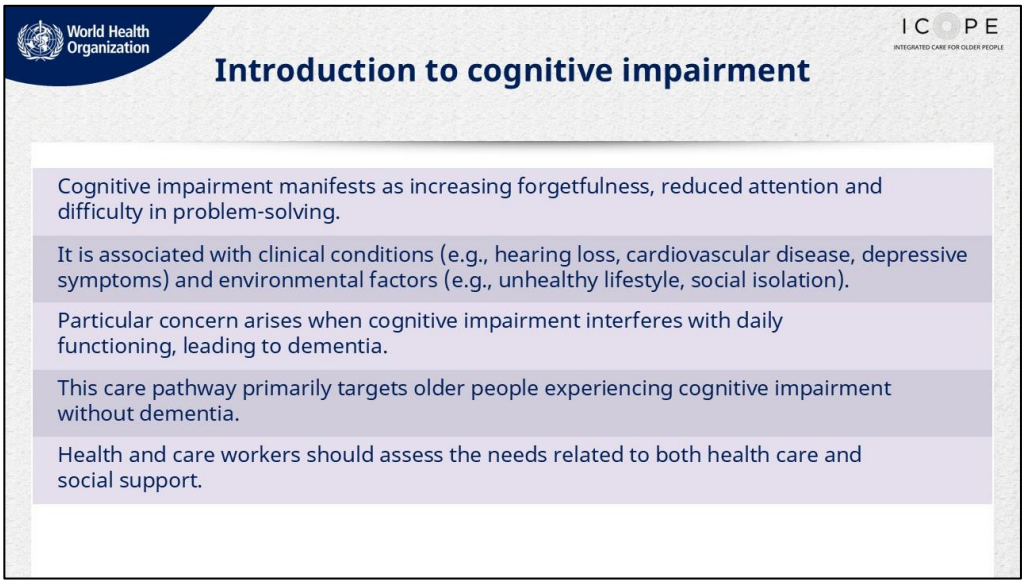
- **Describe methods for assessing cognition in older people:**
  You will learn how to assess cognitive function as part of the ICOPE approach, using brief instruments, clinical judgement, and information from the older person and carers.
- **List interventions to enhance their cognitive capacity:**
  You will identify ICOPE-aligned interventions that help maintain or improve cognitive capacity, including lifestyle actions, cognitive stimulation, and management of health conditions.
- **Explain care pathways for managing cognitive impairment in older people, both in primary care and in the community:**
  You will explore ICOPE care pathways for managing cognitive impairment, from primary care assessment to referral, follow-up, and community-based support.
- **Describe how to manage conditions associated with cognitive impairment and provide a supporting environment:**
  You will learn how to manage conditions associated with cognitive impairment and how to provide a supportive, age-friendly environment that promotes safety, function, and well-being.

Ask:

Have you ever noticed moments of forgetfulness or difficulty concentrating when someone you know has gotten older?

Introduction to cognitive impairment

Show: Slide 3



Say:

Cognitive impairment encompasses increasing forgetfulness, difficulty maintaining attention, and challenges with problem-solving.

We know that cognitive impairment can stem from various sources, including diseases like cardiovascular conditions, hearing loss or Alzheimer's disease. Environmental factors, such as an unhealthy lifestyle or social isolation, may also play a role in determining cognitive impairment.

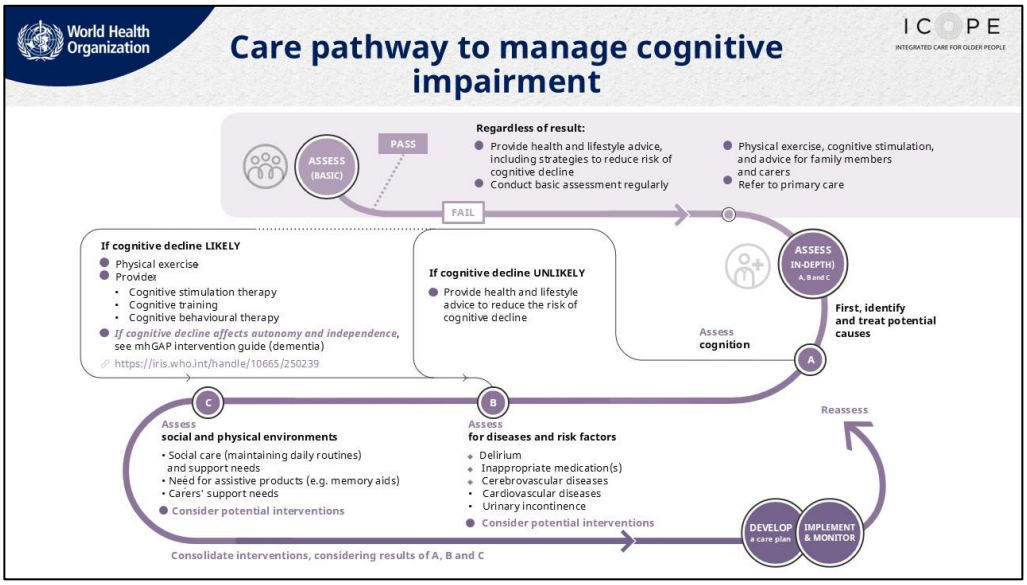
When cognitive impairment interferes with a person's daily life, it may define the condition of dementia.

Cognitive impairment and dementia are not part of normal ageing, and many people will not experience cognitive decline or dementia in older age.

It is important that health professionals and care workers comprehensively assess the person with cognitive impairment, not only for their medical needs but also for providing social care and support.

Care pathway to manage cognitive impairment

Show: Slide 4



Say:

On this slide, you can see the ICOPE generic pathway adapted to the cognitive domain of intrinsic capacity. You can see the four steps mirroring the specific activities guiding the identification, assessment, and management of cognitive impairment.

After a person is identified as presenting a possible cognitive impairment at the ICOPE basic assessment, an in-depth assessment (i.e., second step of the ICOPE approach) should follow. Many validated tools can be used for such a more detailed evaluation. Examples will be provided in the upcoming slides.

- If the in-depth assessment confirms the presence of cognitive impairment, it is recommended to introduce non-pharmacological interventions (e.g., cognitive stimulation therapy, training, and rehabilitation; physical exercise) and refer to the mhGAP Intervention Guide for Dementia (if autonomy and independence are affected).
- Differently, if the in-depth assessment indicates cognitive impairment as unlikely, health and lifestyle advice should still be provided.

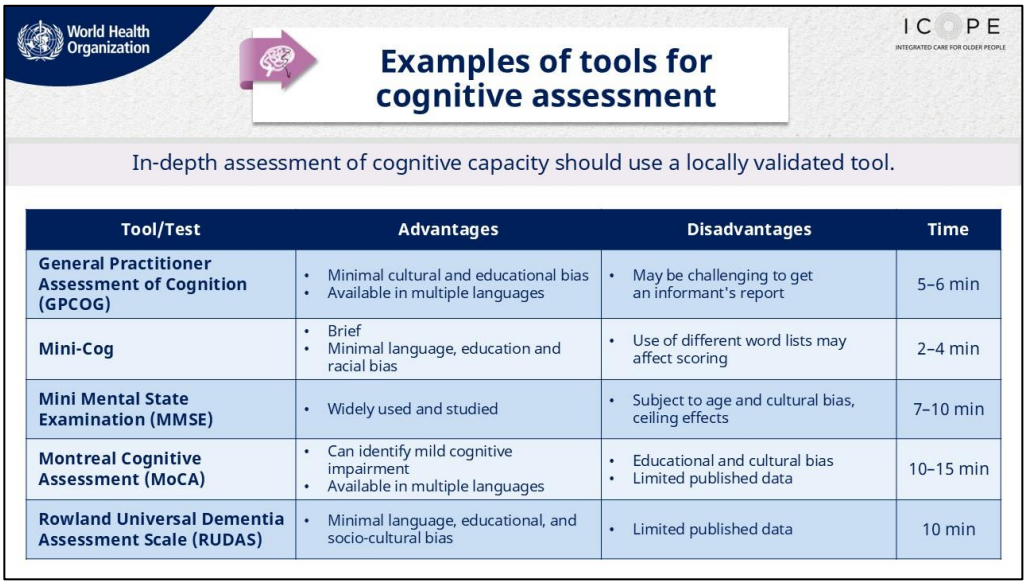
Any underlying diseases and risk factors (e.g., delirium, inappropriate medications, cerebrovascular and cardiovascular conditions) for cognitive impairment should be explored as representing potential opportunities for action. Similarly, the social and physical environments of the older person, including eventual social care needs or the carer's support capacity, should be evaluated.

After having gathered all the key information (represented in the slide as steps A [in-depth assessment of cognition], B [assessment of underlying health conditions], and C

[assessment of the environmental context]), it is then possible to develop a personalized care plan with strategies to implement and monitor it over time.

Examples of tools for cognitive assessment

Show: Slide 5



Tool/Test	Advantages	Disadvantages	Time
General Practitioner Assessment of Cognition (GPCOG)	• Minimal cultural and educational bias • Available in multiple languages	• May be challenging to get an informant's report	5–6 min
Mini-Cog	• Brief • Minimal language, education and racial bias	• Use of different word lists may affect scoring	2–4 min
Mini Mental State Examination (MMSE)	• Widely used and studied	• Subject to age and cultural bias, ceiling effects	7–10 min
Montreal Cognitive Assessment (MoCA)	• Can identify mild cognitive impairment • Available in multiple languages	• Educational and cultural bias • Limited published data	10–15 min
Rowland Universal Dementia Assessment Scale (RUDAS)	• Minimal language, educational, and socio-cultural bias	• Limited published data	10 min

Say:

Let us now go back and explore the tools to conduct an in-depth assessment of cognition in primary care. These instruments are crucial after the basic assessment to 1) validate the presence of the impairment, and 2) measure its severity. Many validated instruments are available in the literature. The most used instruments and translated into different languages are:

- **General Practitioner Assessment of Cognition (GPCOG):** It is known for minimal cultural and educational bias and is available in multiple languages. However, obtaining an informant's report may be challenging.
- **Mini-Cog:** It is a brief assessment, taking only 2–4 minutes to complete. One of its advantages is its minimal language, educational and racial bias. However, it is important to note that different word lists may affect scoring.
- **Mini-Mental State Examination (MMSE):** It is widely used and studied; it takes around 7–10 minutes to complete. However, it is subject to age and cultural bias and may have ceiling effects.
- **Montreal Cognitive Assessment (MoCA)**: This test can identify mild cognitive impairment and is available in multiple languages. However, it does have some educational and cultural biases and limited published data.
- **Rowland Universal Dementia (RUDAS):** It has a minimal language, educational, and socio-cultural bias, and takes about 10 minutes to be administered. Unfortunately, published data are still limited.

It is important to note that standard cognitive assessments may not be suitable for individuals with limited schooling. In such cases, relying on interviews and clinical judgment is recommended. Additionally, if cognitive impairment is suspected, assessing difficulties with activities of daily living is crucial for planning social care and support.

As mentioned, if cognitive impairment affects an older person's personality and ability to function effectively within their environment, a specialized assessment may be needed to diagnose dementia or Alzheimer’s disease (the most common cause of dementia).

Health and lifestyle advice

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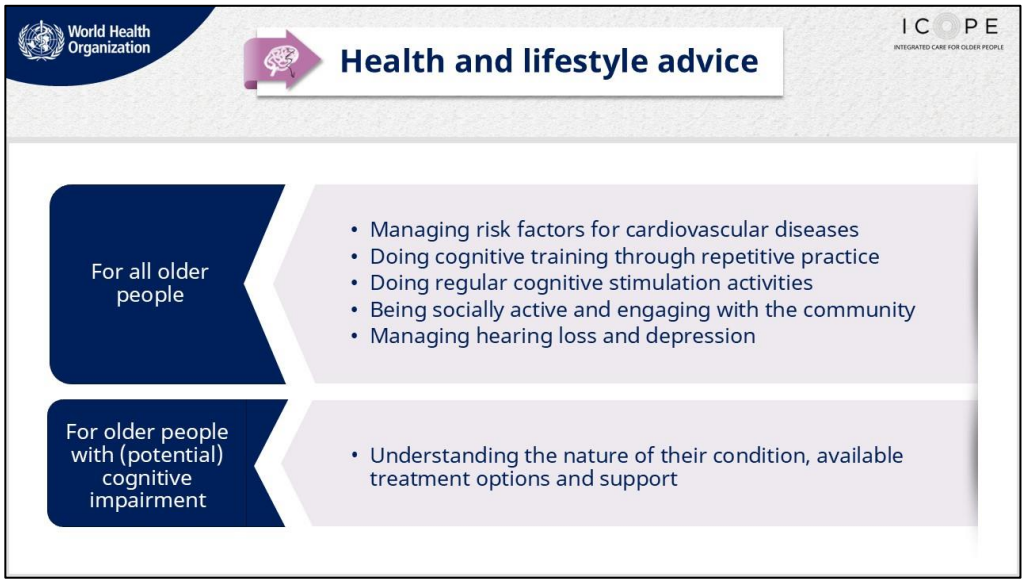


Say:

Let us look at the practical, evidence-based guidance for promoting and protecting cognitive health in older people. We can distinguish between general recommendations for all older people and more tailored advice for those who may already be experiencing cognitive impairment or are at increased risk.

For all older people, the focus is on prevention and maintenance. It is important to encourage older people to adopt habits that support brain health and overall well-being, such as:

- Managing cardiovascular risk factors such as high blood pressure, diabetes, and high cholesterol. These conditions are intricately linked to cognitive impairment.
- Engaging in cognitive training that involves repetitive practice of memory, attention or problem-solving tasks, which can help maintain mental sharpness.
- Participating in regular cognitive stimulation, such as reading, puzzles, learning new skills or engaging in creative hobbies.
- Staying socially active. Maintaining strong social connections and participating in community life can protect against loneliness and cognitive deterioration.
- Addressing hearing loss and depression, both of which are modifiable risk factors for cognitive impairment and often go unrecognized in older people.

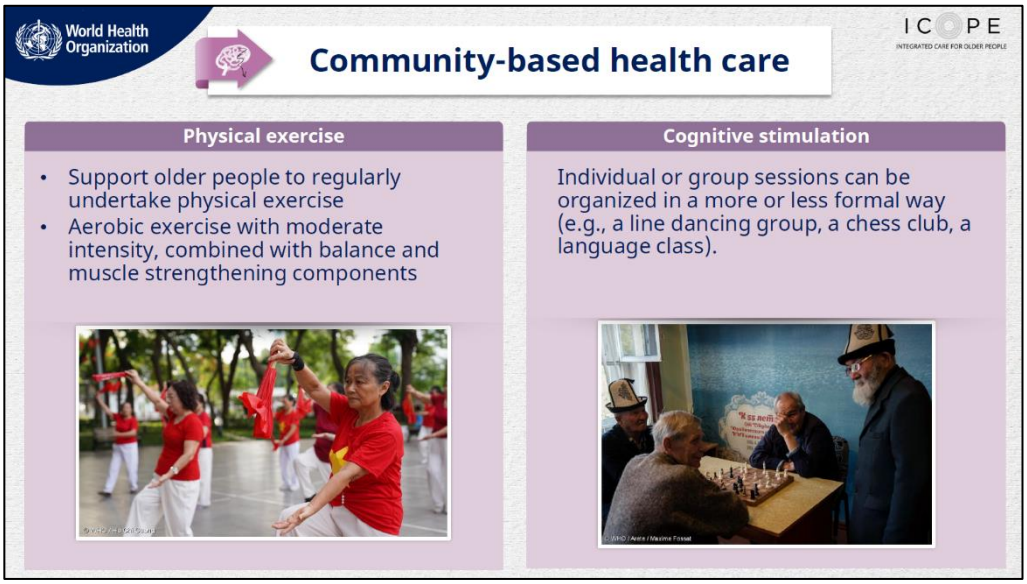
For those already showing signs of cognitive impairment, the emphasis shifts to understanding and support:

- Help individuals and their families understand the nature of the condition, including what to expect and how it may progress.

- Provide clear information about available treatment options, including non-pharmacological interventions.
- Ensure access to support systems, such as caregiver assistance, community resources, and mental health services.

Community-based health care

Show: Slide 7



Say:

Community-based interventions for older people, particularly those facing cognitive impairment, are particularly important and should focus on three key areas: physical activity, cognitive stimulation, and advice to family members and carers.

Regular physical activity, including aerobic, balance, and muscle-strengthening exercises like Tai Chi, is crucial for healthy ageing. Older people should aim for regular exercise at moderate intensity, three to four times a week for 30–45 minutes. Community programs and walking groups can help.

Cognitive stimulation is equally important. Activities such as chess clubs or language classes offer enjoyable and social mental stimulation tailored to individual interests and abilities.

Show: Slide 8

Say:

This slide summarizes simple ways families can support a person living at home. It highlights how small, everyday actions can make a big difference.

Carers can help by keeping track of appointments with calendars or reminders, and by offering gentle orientation (e.g., sharing the date, weather, upcoming visits, or community events).

It is emphasized the value of staying socially connected. Families can arrange regular contact with friends and relatives and join the person in simple, enjoyable activities that match their abilities.

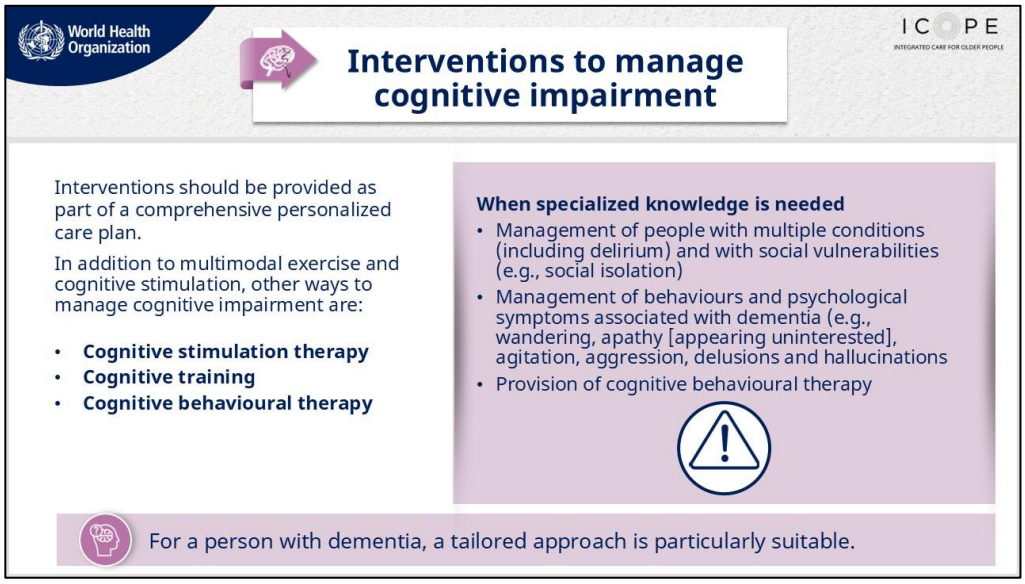
It also highlights the importance of a safe home environment through actions such as removing fall hazards and using clear signs or labels to help the person find their way.

Encourage carers to learn about the person's condition and available support so they feel prepared.

Finally, stress that carers need to look after their own health and well-being, seeking rest and support when needed.

Interventions to manage cognitive impairment

Show: Slide 9



Say:

Now, let us discuss interventions to specifically manage cognitive impairment.

The slide introduces key interventions to support older persons with cognitive impairment. Please note that all interventions should be part of a personalized care plan, built around the person's needs, strengths, and preferences.

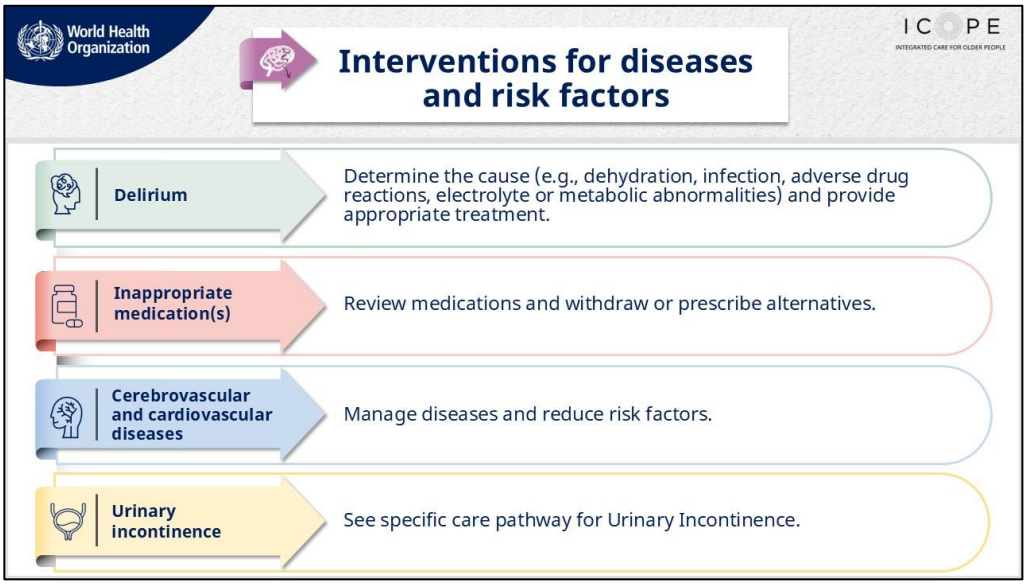
Beyond multimodal exercise and general cognitive stimulation, structured approaches can help maintain or improve cognitive capacity. These include cognitive stimulation therapy, cognitive training, and cognitive behavioural therapy. Each offers a different type of support, from group-based activities that encourage engagement, to targeted exercises, to therapy that addresses thoughts, emotions, and coping skills.

Some situations still require specialized knowledge, especially when a person has multiple conditions or presents social vulnerability. Referral to specialist is also indicated to find support in the management of behavioural and psychological symptoms, often associated with dementia (e.g., agitation, apathy, wandering, or hallucinations).

Please remember that people living with dementia are in the special need of a person-tailored, flexible approach.

Interventions for diseases and risk factors

Show: Slide 10



Say:

A couple of slides ago, we said that several conditions may affect cognitive capacity. Now, let us look at which of these must be carefully considered, assessed and managed.

Common reversible conditions that can affect cognition include delirium, inappropriate medications, cerebrovascular and cardiovascular diseases, and urinary incontinence. Identifying and treating these conditions when detected can often improve cognitive symptoms.

For instance, severe dehydration can lead to delirium (i.e., an acute state of confusion and/or a loss of focus). Other factors (e.g., infections, adverse drug reactions, or metabolic abnormalities) can also cause or contribute to the onset of delirium.

Inappropriate medication use can contribute to worsening cognitive capacity. Particular caution is required with certain drug classes, such as sedatives, hypnotics, and other medications with anticholinergic or psychoactive effects.

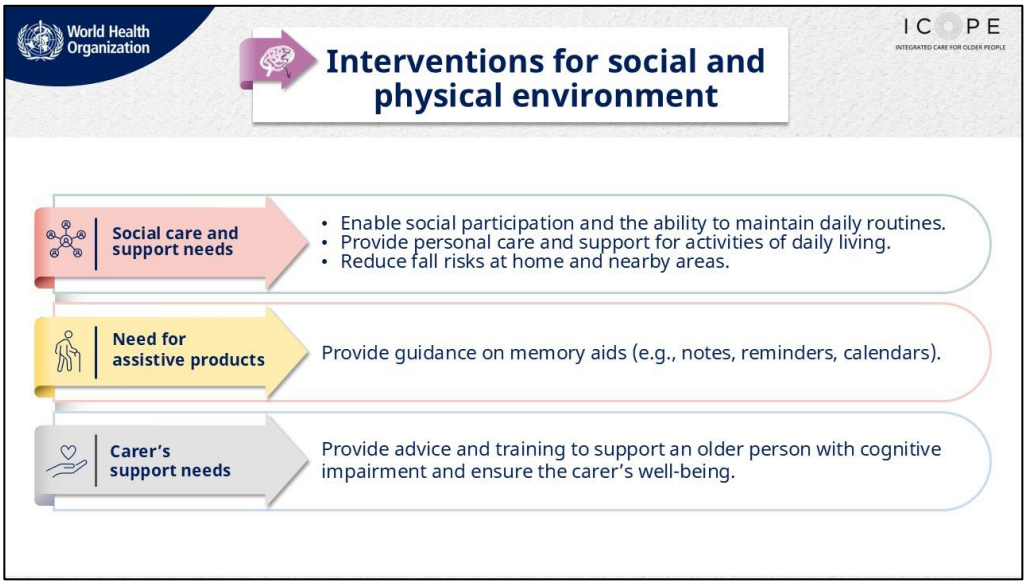
Cerebrovascular and cardiovascular diseases are closely linked to the development and progression of cognitive impairment. Preventive strategies are therefore essential, particularly for individuals with a history of stroke, transient ischaemic attacks, heart disease, or other vascular events, to reduce the risk of cognitive decline or prevent further deterioration

Urinary incontinence is often associated with cognitive impairment and can contribute to its worsening if not properly managed. It is thus important to refer to the specific care pathway

to assess whether urinary incontinence is present and, if so, to initiate timely and suitable interventions.

Interventions for the social and physical environment

Show: Slide 11



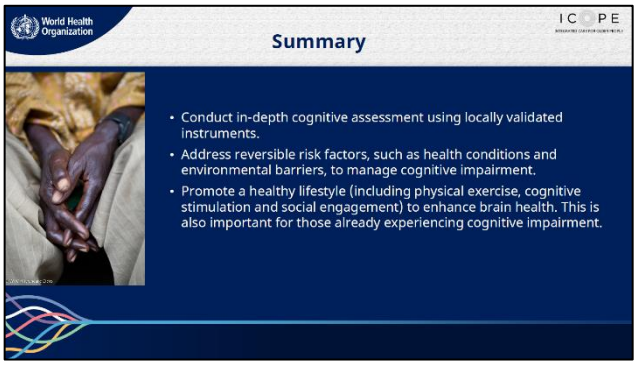
Say:

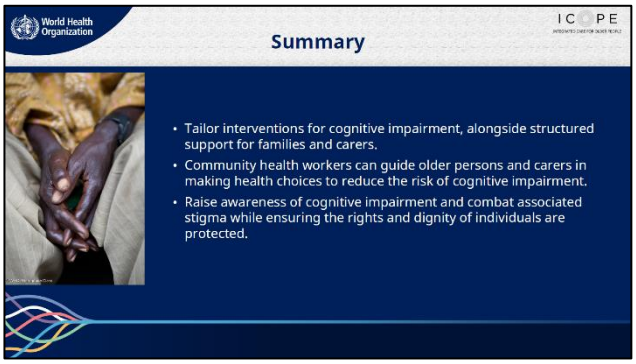
This slide highlights the importance of addressing the broader context in which older people with cognitive impairment lives. In particular, these areas of intervention should be considered:

1. **Social care and support needs:** Support should aim to enable social participation and help older people maintain their daily routines, which are essential for cognitive and emotional stability. Provide personal care and assistance with activities of daily living (e.g., bathing, dressing, eating) when needed. Assess and manage fall risks, both inside the home and in the surrounding environment, to ensure safety and prevent injury.
2. **Need for assistive products:** Introduce and support the use of memory aids such as notes, calendars, and reminders to help older people navigate daily life and maintain independence. These tools can be simple yet powerful in supporting memory and orientation, especially in the initial stages of cognitive impairment.
3. **Carer's support needs:** Caregivers play a vital role and must be equipped with the knowledge and skills to support the older person effectively. Offer training and practical advice on how to manage cognitive symptoms and behavioural changes. Equally important is to support the caregiver's own well-being, recognizing the emotional, physical, and financial strain caregiving can bring.

Summary

Show: Slides 12 and 13





Do:

Go through the slides and recap the points discussed during the session.

Say:

To summarize this session, we have focused on the assessment and management of cognitive impairment in older people, explaining how to conduct in-depth cognitive assessments using locally validated instruments to ensure accurate and context-appropriate evaluation.

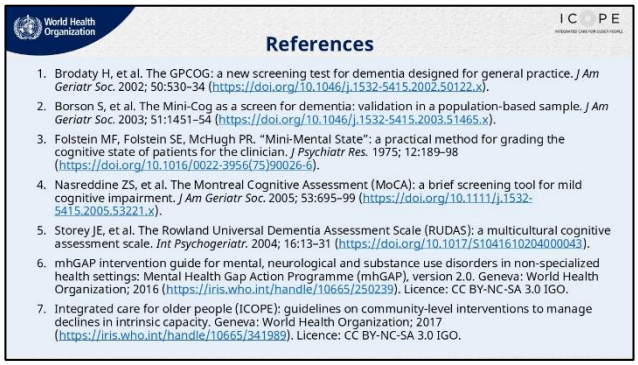
We highlighted the need to address reversible risk factors, including underlying health conditions and environmental barriers, as part of managing cognitive impairment. We also emphasized the role of a healthy lifestyle in promoting brain health, including regular physical activity, cognitive stimulation, and social engagement. These approaches are important both for reducing the risk of cognitive impairment and for supporting people who are already experiencing cognitive decline.

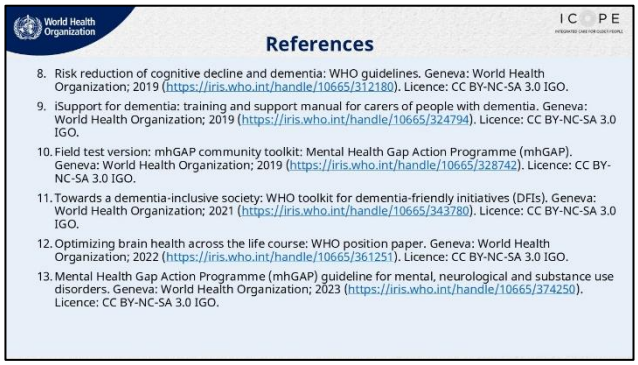
We further discussed the importance of tailoring interventions to individual needs and providing structured support for families and carers. Community health workers play a key role in guiding older people and their carers to make informed health choices that reduce risk and support cognitive health.

Always remember to raise awareness about cognitive impairment, combat stigma, and ensure that the rights, dignity, and inclusion of older people are respected.

References

Show: Slides 14 and 15





Say:

Here are some useful links and citations for your reference. Thank you for your time and participation.