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Version 2.1

ICOPE

INTEGRATED CARE FOR OLDER PEOPLE

Cognition

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Learning objectives

By the end of this module, you will be able to:

- Describe methods for assessing cognition in older people
- List interventions to enhance their cognitive capacity
- Explain care pathways for managing cognitive impairment in older people, both in primary care and in the community
- Describe how to manage conditions associated with cognitive impairment and provide a supporting environment

Introduction to cognitive impairment

Cognitive impairment manifests as increasing forgetfulness, reduced attention and difficulty in problem-solving.

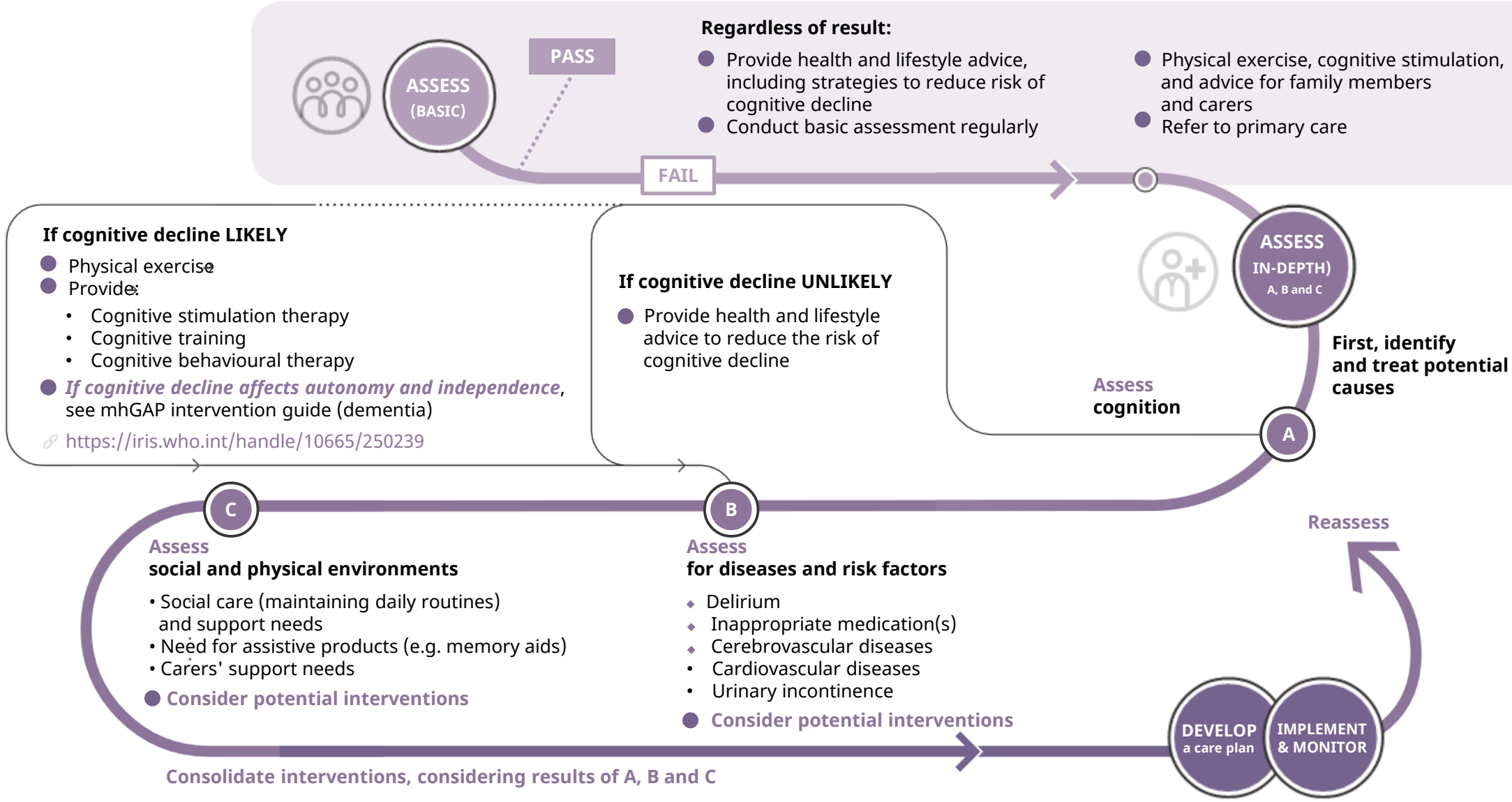
It is associated with clinical conditions (e.g., hearing loss, cardiovascular disease, depressive symptoms) and environmental factors (e.g., unhealthy lifestyle, social isolation).

Particular concern arises when cognitive impairment interferes with daily functioning, leading to dementia.

This care pathway primarily targets older people experiencing cognitive impairment without dementia.

Health and care workers should assess the needs related to both health care and social support.

Care pathway to manage cognitive impairment



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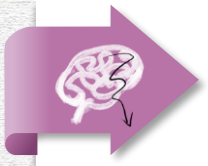

Examples of tools for cognitive assessment

In-depth assessment of cognitive capacity should use a locally validated tool.

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

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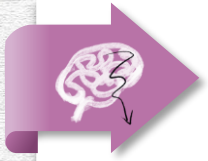

Health and lifestyle advice

For all older people

- Managing risk factors for cardiovascular diseases
- Doing cognitive training through repetitive practice
- Doing regular cognitive stimulation activities
- Being socially active and engaging with the community
- Managing hearing loss and depression

For older people with (potential) cognitive impairment

- Understanding the nature of their condition, available treatment options and support

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Community-based health care

Physical exercise

- Support older people to regularly undertake physical exercise
- Aerobic exercise with moderate intensity, combined with balance and muscle strengthening components

Cognitive stimulation

Individual or group sessions can be organized in a more or less formal way (e.g., a line dancing group, a chess club, a language class).

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Community-based health care

Advice to family members and carers

- Support the social care needs.
- Suggest writing down appointments, setting reminders, and using a calendar.
- Provide orienting information (e.g., date, community events, visitors' identities, weather, news about family members).
- Encourage and arrange contact and activities with friends and family members at home and in the community.
- Make the home safe to reduce the risk of falls and injury.
- Post signs in the home to help the person find their way around (e.g., for the toilet, bedroom, door to outside).
- Arrange for and join in social activities (as appropriate to the person's capacities).
- Learn about and understand the nature of the condition of the person they are caring for, available treatment options and support.
- Take care of the health and well-being of family members and carers.

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Interventions to manage cognitive impairment

Interventions should be provided as part of a comprehensive personalized care plan.

In addition to multimodal exercise and cognitive stimulation, other ways to manage cognitive impairment are:

- **Cognitive stimulation therapy**
- **Cognitive training**
- **Cognitive behavioural therapy**

When specialized knowledge is needed

- Management of people with multiple conditions (including delirium) and with social vulnerabilities (e.g., social isolation)
- Management of behaviours and psychological symptoms associated with dementia (e.g., wandering, apathy [appearing uninterested], agitation, aggression, delusions and hallucinations
- Provision of cognitive behavioural therapy

For a person with dementia, a tailored approach is particularly suitable.

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Interventions for diseases and risk factors

Delirium	Determine the cause (e.g., dehydration, infection, adverse drug reactions, electrolyte or metabolic abnormalities) and provide appropriate treatment.
Inappropriate medication(s)	Review medications and withdraw or prescribe alternatives.
Cerebrovascular and cardiovascular diseases	Manage diseases and reduce risk factors.
Urinary incontinence	See specific care pathway for Urinary Incontinence.

Interventions for social and physical environment

Social care and support needs

- Enable social participation and the ability to maintain daily routines.
- Provide personal care and support for activities of daily living.
- Reduce fall risks at home and nearby areas.

Need for assistive products

Provide guidance on memory aids (e.g., notes, reminders, calendars).

Carer's support needs

Provide advice and training to support an older person with cognitive impairment and ensure the carer's well-being.

Summary

- Conduct in-depth cognitive assessment using locally validated instruments.
- Address reversible risk factors, such as health conditions and environmental barriers, to manage cognitive impairment.
- Promote a healthy lifestyle (including physical exercise, cognitive stimulation and social engagement) to enhance brain health. This is also important for those already experiencing cognitive impairment.

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Summary

- Tailor interventions for cognitive impairment, alongside structured support for families and carers.
- Community health workers can guide older persons and carers in making health choices to reduce the risk of cognitive impairment.
- Raise awareness of cognitive impairment and combat associated stigma while ensuring the rights and dignity of individuals are protected.

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