

COGNITION

Facilitator Guide: Module 8



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Introduction to the Guide

Welcome to the Facilitator Guide for the WHO Integrated Care for Older People (ICOPE). This guide serves as a roadmap for the facilitators, helping them navigate through the session while ensuring that key topics are covered and participants are engaged. It may also include tips, potential challenges and suggested ways to handle different situations that may arise during the session.

Iconography

The following icons are used in the Facilitator Guide to indicate the type of content being presented.

Icon	Action	Description
	Session Title	Indicates the name of the session being conducted.
	Session Objectives	Lists the learning objectives to be achieved.
	Timing	Indicates the duration of the session or activity.
	Show	Indicates the slide to be presented.
	Say	What to say or explain while facilitating. It will contain the recommended script/ answers to be discussed.
	Ask	Ask the participants a question and encourage them to respond.
	Do	What to do to facilitate an activity or provide guidance to learners.
	Play	Indicates a video clip to be presented.

Session Structure

This facilitator guide is organised according to the way you will present the material on each slide:

- **Show** – The slides
- **Say** – This is a scripted narrative outline for you.
- **Ask** – Questions to prompt dialogue with and among the participants
 - The dialogue associated with the questions should take between 5 to 10 minutes. However, you will need to use your best judgement about the time to dedicate to the question-and-answer sessions. Some sessions may last longer.
- **Do** – Prompts you to do an action

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. 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 it 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 judgment 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.

Draft Version for field testing

Module 8: Cognition

	Session Title:	Cognition
	Timing:	10 min
	Session Objectives:	• Describe the methodologies to assess the cognitive capacity of older people. • List the interventions to improve the cognitive capacity of older people. • Explain the care pathways to manage the cognitive impairment of older people.

Cognition



Time: 10 min



Do:

- *Formal welcome*
- *Introduction of facilitator*



Show: Slide 1



Say:

Welcome to the module on Cognition.

Today, we're diving into a module focused on cognitive impairment among older people. As we age, it's common to experience increasing forgetfulness, difficulty focusing, and challenges with problem-solving. While the exact reasons for cognitive impairment aren't always clear, it can be linked to certain diseases like cardiovascular conditions or Alzheimer's diseases. Also, unhealthy behaviours, such as lack of exercise and social isolation, may play a detrimental role on cognition.

Let's 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'll be able to:

1. Describe ways to assess the cognitive capacity of older people.
2. List the interventions that can improve cognitive capacity in older people.
3. Explain the care pathways to manage cognitive impairment in older people.

Let's dive in and explore these important aspects together!

Introduction to Cognitive Impairment



Show: Slide 3

Introduction to Cognitive Impairment

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

Causes include diseases (such as cardiovascular diseases or Alzheimer's) and environmental factors (such as unhealthy lifestyle and social isolation).

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

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

Health professionals must assess the need for both medical and social care and support.

<https://www.who.int/news/maternal-newborn-child-adolescent-health-and-ageing/ageing-and-health/integrated-care-for-older-people-icope>



Ask:

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



Say:

Today, we're exploring cognitive impairment among older people. 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 or Alzheimer's diseases. Environmental factors, such as an inactive lifestyle or social isolation, may also play a role in determining cognitive impairment.

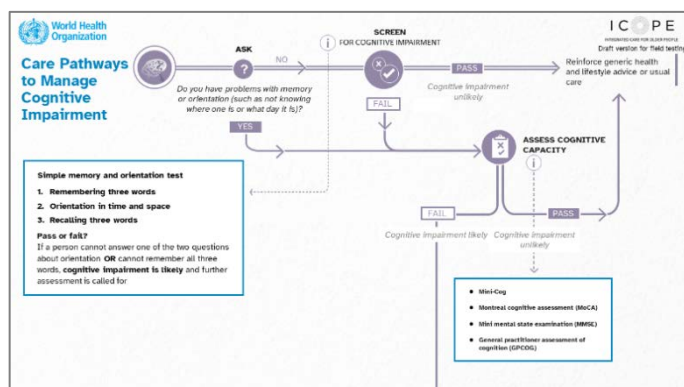
When cognitive impairment interferes with the person's daily life, it may define the condition of dementia.

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

Care Pathways to Manage Cognitive Impairment



Show: Slide 4



Say:

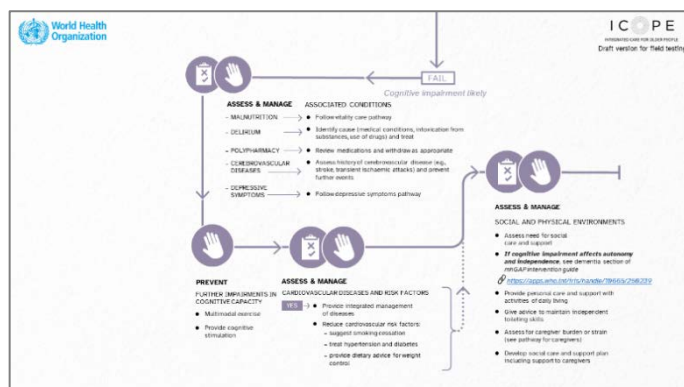
Now, we will discuss care pathways to manage cognitive impairment in older people.

First, we ask the older person if he/she has been experiencing memory or orientation problems. If the answer is “No”, we then proceed with a simple three-step memory and orientation test:

1. Remembering three words: We ask the person to repeat three simple words.
2. Orientation in time and space: We ask the person to recall the current date and location.
3. Recalling three words again: We ask the person to repeat the three words we told him/her a few minutes before.

If the person struggles with orientation or recalling the three words, further in-depth evaluation for possible cognitive impairment is necessary.

For the assessment of cognitive capacity, many validated tools are available, including the Mini-Cog, the Montreal Cognitive Assessment (MoCA), the Mini-Mental State Examination (MMSE), and the General Practitioner Assessment of Cognition (GPCOG). We'll discuss these in detail in the upcoming slides.

**Show:** Slide 5**Say:**

Let's discuss what happens when the in-depth assessment indicates the presence of cognitive impairment.

When cognitive impairment is detected, it's crucial to assess and manage any associated underlying disease. It is thus important to assess and manage eventual cardiovascular diseases and risk factors (e.g., smoking, hypertension, diabetes, and weight control through dietary advice).

Specialised care is needed for:

- Diagnosing and treating dementia.
- Managing associated conditions like delirium, cerebrovascular, and cardiovascular diseases.

For specific issues like malnutrition and depressive symptoms, the ICOPE approach has specific care pathways described in forthcoming modules.

To prevent further impairment in cognitive capacity, it is important to recommend multimodal exercise and cognitive stimulation.

Additionally, social and physical environments should be carefully considered. This means exploring the need for social care and support, personal care assistance, toileting skills, caregiver burden, and eventually developing a social care and support plan.

By evaluating these issues potentially associated with cognitive impairment, we gather part of the critical material that, together with the results coming from the assessment of other domains, will support the development of a consistent person-centred care plan.

Tools for In-Depth Cognition Assessment



Show: Slide 6

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IC O P E

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Tools for In-Depth Cognition Assessment

More in-depth assessment of cognitive capacity uses a locally validated tool.

Examples of Cognition Assessment Tools for Use in Primary Health Care Settings

Tool/Test	Advantage	Disadvantage	Time
Mini-Cog http://mini-cog.com/wp-content/uploads/2015/12/Universal-Mini-Cog-Form-611916.pdf	Brief, minimal language, educational and racial bias	Use of different word lists may affect scoring	2-4 min
Montreal cognitive assessment (MoCA) https://www.mocatest.org/	Can identify mild cognitive impairment, available in multiple languages	Educational and cultural bias, limited published data	10-15 min
Mini mental state examination (MMSE) https://www.psych.com/products/3496237	Widely used and studied	Subject to age and cultural bias, ceiling effects	7-10 min
General practitioner assessment of cognition (GPCOG) http://gpcog.com.au/index/downloads	Minimal cultural and educational bias, available in multiple languages	May be challenging to get an informant's report	5-6 min

If cognitive impairments affect an older person's ability to function effectively within his/her environment, a specialised assessment may be needed to explore a possible diagnoses of dementia or Alzheimer's disease (the most common cause of dementia).

mhGAP Intervention guide ver2.
<https://www.who.int/publications/i/item/9789241543739>



Say:

Let us now go back and explore the tools measuring cognitive impairment. These instruments are crucial after a positive screening to 1) validate the eventual presence of the impairment, and 2) measure the severity of it. Many validated instruments are available in the literature. The most commonly used and translated in different languages are:

- The Mini-Cog. It's a brief assessment, taking only 2-4 minutes to complete. One of its advantages is its minimal language, educational, and racial bias. However, it's important to note that different word lists may affect scoring.
- The 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.
- The Mini Mental State Examination (MMSE). Widely used and studied, it takes around 7-10 minutes to complete. However, it's subject to age and cultural bias and may have ceiling effects.
- The General Practitioner Assessment of Cognition (GPCOG). It's known for minimal cultural and educational bias and is available in multiple languages. However, obtaining an informant's report may be challenging.

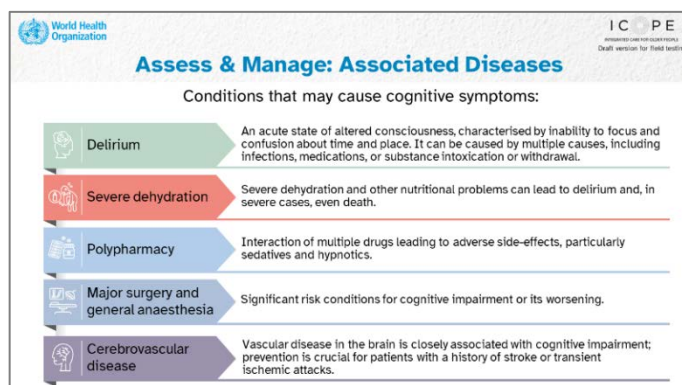
It's important to note that standard cognitive assessments may not be suitable for individuals with limited schooling. In such cases, relying on interviews and clinical judgment is recommended. Additionally, if cognitive impairment is suspected, assessing difficulties with activities of daily living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

As mentioned, if cognitive impairment affects an older personality and ability to function effectively within their environment, a specialised assessment may be needed to diagnose dementia or Alzheimer's disease (the most common cause of dementia). Protocols for assessing and managing dementia can be found in the WHO mhGAP Intervention Guide at <https://apps.who.int/iris/handle/10665/250239>.

Assess & Manage: Associated Diseases



Show: Slide 7



Say:

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

Common reversible conditions that can affect cognition include severe dehydration, malnutrition, infections, and polypharmacy. Exploring the possible presence of these conditions and treating them when detected may often improve cognitive symptoms.

For instance, severe dehydration can lead to delirium, which is characterised by an acute state of confusion and/or a loss of focus. At the same time, delirium can result from various factors, such as infections, medications, or metabolic abnormalities.

Polypharmacy, or the use of more than four medications per day, can also lead to adverse cognitive effects. Special caution is also necessary in the use of specific medications (e.g., sedatives and hypnotics) in older persons as potentially impacting on cognitive capacity.

Major surgery and general anaesthesia are also known risk factors for delirium and cognitive impairment.

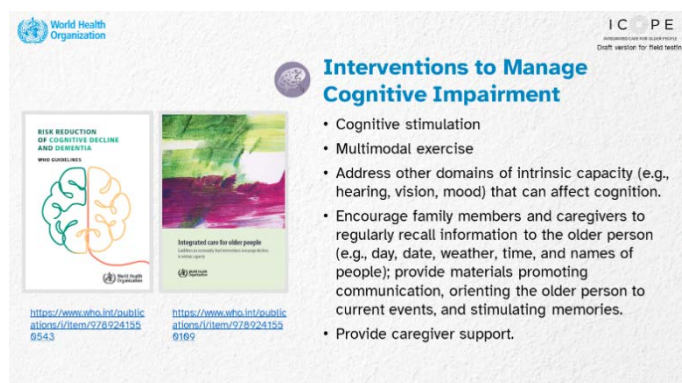
Cerebrovascular diseases are closely linked to cognitive impairment. It is thus important to adopt preventive strategies to prevent the onset or worsening of cognitive impairment in patients with a history of cerebrovascular events.

By addressing these associated diseases, we can better manage cognitive health and improve overall well-being.

Intervention to Manage Cognitive Impairment



Show: Slide 8



Say:

Now, let's discuss interventions to manage cognitive impairment. These interventions are described in the ICOPE guidelines.

Cognitive stimulation, such as engaging in activities that challenge the mind, can be beneficial for individuals with cognitive impairment.

Additionally, interventions like multimodal exercise, which we'll explore more in the ICOPE module on locomotor capacity, also contribute to preserving brain health.

It's also essential to address eventual impairments in other domains of intrinsic capacity, like hearing, vision, and mood. It is always important to remember that, although we are here discussing domain per domain, in reality, they are closely linked and interacting.

Family members and caregivers can play a significant role in cognitive stimulation by regularly providing information about the day, date, and weather and engaging in activities that stimulate memory and communication.

If cognitive impairment affects a person's independence, it is important to extend the focus to the caregivers and be sure they are able to sustain the -often informal and unpaid- task. The ICOPE approach includes a specific module to evaluate the eventual needs of the caregivers to intervene as necessary in his/her support.

By implementing these interventions, we can better support individuals with cognitive impairment and enhance their overall well-being.

Summary



Show: Slide 9

Summary

- In-depth assessment of cognitive capacity can be carried out using the locally validated version of tools such as:
 - Mini-Cog
 - Montreal Cognitive Assessment (MoCA)
 - Mini-Mental State Examination (MMSE)
 - General Practitioner Assessment of Cognition (GPCOG)
- Manage cognitive impairment by targeting reversible risk factors, and promoting cognitive stimulation, multimodal exercise and holistic approaches (including family support and caregiver assistance).



Do:

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