



I C O P E

INTEGRATED CARE FOR OLDER PEOPLE

COGNITION

Learning Objectives

By the end of this module, you will:

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



Introduction to Cognitive Decline

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

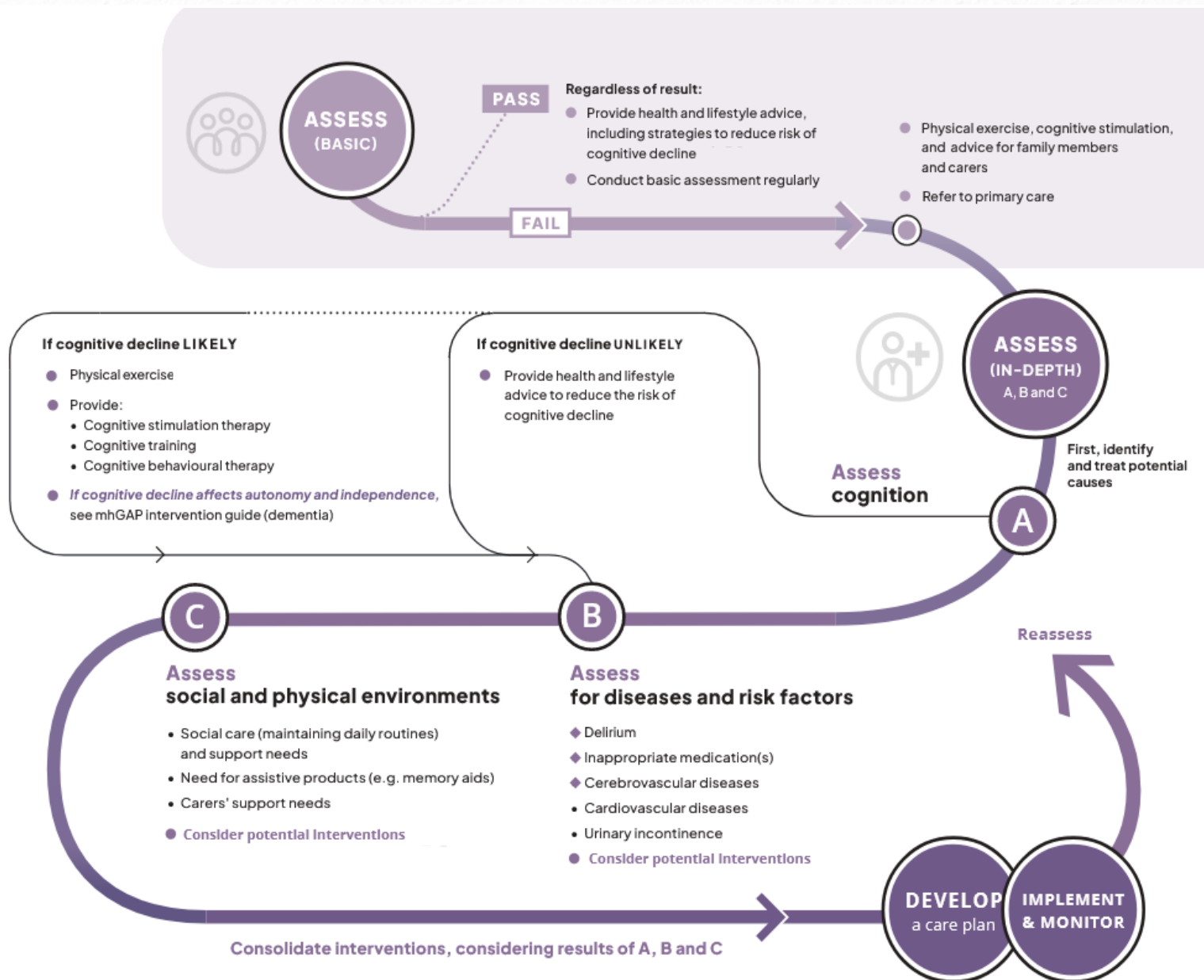
It is associated with clinical conditions (e.g., hearing loss, cardiovascular disease, depressive symptoms) and environmental factors (e.g., unhealthy lifestyle, social isolation).

Concern arises when cognitive decline 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 decline





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



Health and lifestyle advice

For all older people

- Managing risk factors for CVD
- 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



Community-based health care

Physical exercise

- Aerobic exercise with moderate intensity, as well as balance and muscle-strengthening exercises (e.g., Tai Chi).
- Support older people to undertake physical exercise (three to four times per week for 30–45 minutes for more than 12 weeks).

Cognitive stimulation

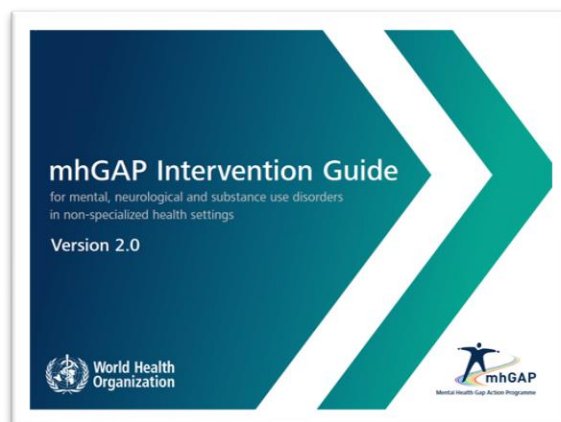
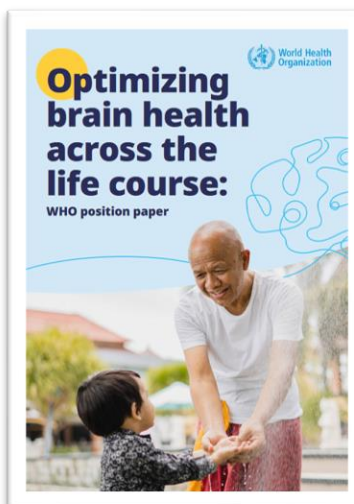
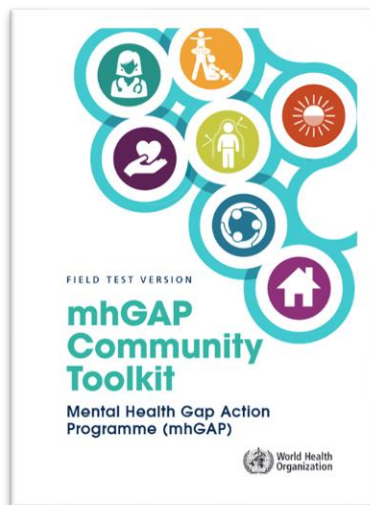
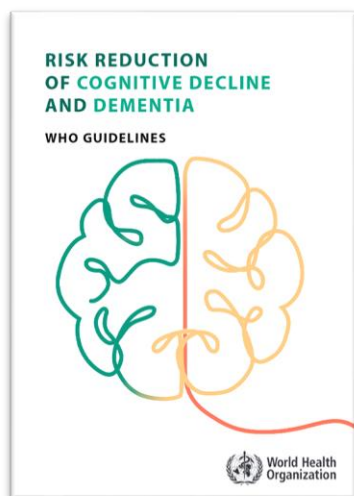
- Individual or group sessions can be organised in a more or less formal way (e.g., a line dancing group, a chess club, a language class).

Advice to family members and carers

- Writing down appointments, setting reminders, and using a calendar.
- Support the social care needs.
- Provide orienting information (e.g., date, current community events, identity of visitors, weather, news of family members).
- Encourage and arrange contact and activities with friends and family members at home and in the community.
- Make and keep the home safe to reduce the risk of falls and injury.
- Post signs in the home to help the person find their way about (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, and available treatment options and support.
- Importance of taking care of their health and well-being.



Interventions to Manage Cognitive Decline



Part of a comprehensive personalised care plan

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

Consider referring to a specialist for cases complicated by multiple comorbidities or presenting behavioural and neuropsychiatric disorders

Prescription of anti-dementia medicines for cognitive decline without diagnosis of dementia is not recommended.

Cognitive stimulation therapy

Cognitive training

Cognitive behavioural therapy



Interventions for diseases and risk factors



Delirium

Determine the cause (e.g., severe dehydration, infection, medication effects, or electrolyte-related metabolic abnormalities) and provide appropriate treatment.



Inappropriate medication(s)

Review medications and withdraw or prescribe alternatives.



Cerebrovascular and cardiovascular diseases

Management of diseases and reduction of risk factors



Urinary incontinence

See Urinary Incontinence care pathway.



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 with activities of daily living
Identify and manage the risk of falls at home and in the home surroundings.



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 decline 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 decline.
- Promote a healthy lifestyle (including physical exercise, cognitive stimulation, and social engagement) to enhance brain health. This is also important in those already experiencing cognitive decline.



Summary



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

References

- Brodaty H, et al. The GPCOG: A New Screening Test for Dementia Designed for General Practice. *J Am Geriatr Soc* 2002;50:530–34. <https://doi.org/10.1046/j.1532-5415.2002.50122.x>.
- Borson S, et al. The Mini-Cog as a Screen for Dementia: Validation in a Population-Based Sample. *J Am Geriatr Soc* 2003;51:1451–4. <https://doi.org/10.1046/j.1532-5415.2003.51465.x>.
- Folstein MF, Folstein SE, McHugh PR. 'Mini-Mental State'. A Practical Method for Grading the Cognitive State of Patients for the Clinician. *J Psychiatr Res* 1975;12:189–98. [https://doi.org/10.1016/0022-3956\(75\)90026-6](https://doi.org/10.1016/0022-3956(75)90026-6).
- Nasreddine ZS, et al. The Montreal Cognitive Assessment, MoCA: A Brief Screening Tool for Mild Cognitive Impairment. *J Am Geriatr Soc* 2005;53:695–9. <https://doi.org/10.1111/j.1532-5415.2005.53221.x>.
- Storey JE, et al. The Rowland Universal Dementia Assessment Scale (RUDAS): A Multicultural Cognitive Assessment Scale. *Int Psychogeriatr* 2004;16:13–31. <https://doi.org/10.1017/s1041610204000043>.
- *mhGAP intervention guide for mental, neurological and substance use disorders in non-specialized health settings: mental health Gap Action Programme (mhGAP), version 2.0*. World Health Organization (Geneva, Switzerland), 2016. <https://iris.who.int/handle/10665/250239>.
- *Integrated care for older people (ICOPE): guidelines on community-level interventions to manage declines in intrinsic capacity*. World Health Organization (Geneva, Switzerland), 2017. <https://iris.who.int/handle/10665/341989>.
- *Risk reduction of cognitive decline and dementia: WHO guidelines*. World Health Organization (Geneva, Switzerland), 2019. <https://iris.who.int/handle/10665/312180>.
- *iSupport for dementia: training and support manual for carers of people with dementia*. World Health Organization (Geneva, Switzerland), 2019. <https://iris.who.int/handle/10665/324794>.
- *Field test version: mhGAP community toolkit: Mental Health Gap Action Programme (mhGAP)*. World Health Organization (Geneva, Switzerland), 2019. <https://iris.who.int/handle/10665/328742>.
- *Towards a dementia-inclusive society: WHO toolkit for dementia-friendly initiatives (DFIs)*. World Health Organization (Geneva, Switzerland), 2021. <https://iris.who.int/handle/10665/343780>.
- *Optimizing brain health across the life course: WHO position paper*. World Health Organization (Geneva, Switzerland), 2022. <https://iris.who.int/handle/10665/361251>.
- *Mental Health Gap Action Programme (mhGAP) guideline for mental, neurological and substance use disorders*. World Health Organization (Geneva, Switzerland), 2023. <https://iris.who.int/handle/10665/374250>.