

# 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.

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## Module 8: Cognition

	Session Title:	<b>Cognition</b>
	<b>Timing:</b>	10 min
	<b>Session Objectives:</b>	<ul style="list-style-type: none"> <li>• Describe methods for assessing cognition in older people.</li> <li>• List interventions to enhance their cognitive capacity.</li> <li>• Explain care pathways for managing cognitive decline in older people, both in primary care and in the community.</li> <li>• Describe how to manage conditions associated with cognitive decline and provide a supporting environment.</li> </ul>

## Cognition

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**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 disease. Also, unhealthy behaviours, such as lack of exercise and social isolation, may play a detrimental role on cognition.

Let's get started!



## Learning Objectives

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**Show:** Slide 2

**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.



**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.

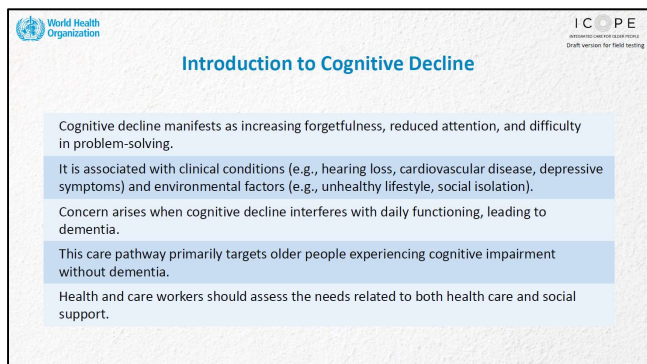
Let's dive in and explore these important aspects together!



## Introduction to Cognitive Decline



**Show:** Slide 3



**Ask:**

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



**Say:**

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

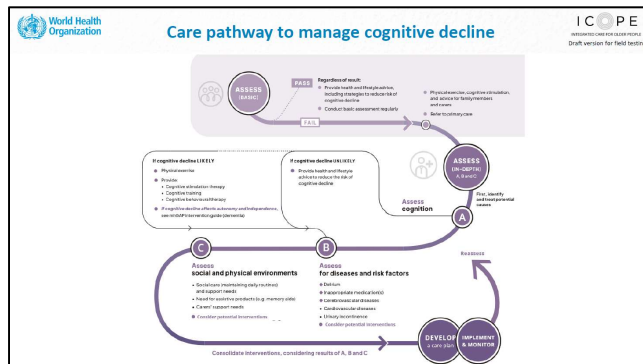
When cognitive decline interferes with the person's daily life, it may define the condition of dementia.

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 Pathway to Manage Cognitive Decline



**Show:** Slide 4



**Say:**

Now, we will discuss care pathways to manage cognitive decline 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 memory and orientation test:

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

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

Many validated tools are available for in-depth assessments of cognitive capacity, and we'll discuss these in detail in the upcoming slides.

- If the in-depth assessment indicates the possible 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).
- If cognitive impairment is unlikely, health and lifestyle advice can still be provided.

It is also important to assess and manage any underlying diseases and risk factors (e.g., delirium, inappropriate medications, cerebrovascular and cardiovascular conditions). It is also important to look at the social and physical environments, checking whether there are specific social care and support needs or the carer may require support.

After having gathered all the key information, it is then possible to proceed to the consolidation of the findings (from steps A [Cognition], B [Health conditions], and C [Environment]), developing a personalised care plan with strategies to implement and monitor it over time.

## Examples of Tools for Cognitive Assessment



**Show:** Slide 5

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



**Say:**

Let us now go back and explore the tools measuring cognitive impairment. These instruments are crucial after the basic assessment 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 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.
- 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 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 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 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.

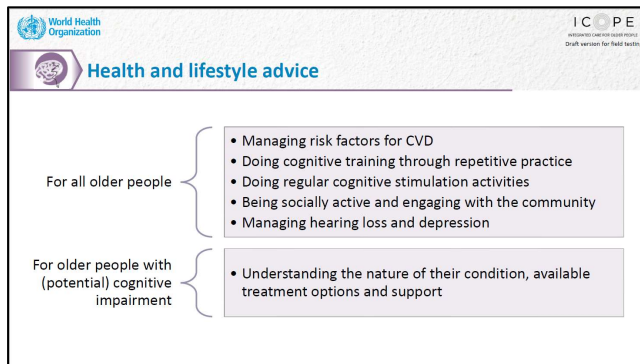
It's important to note that standard cognitive assessments may not be suitable for individuals with limited schooling. In such cases, relying on interviews and clinical judgment is recommended. Additionally, if cognitive impairment is suspected, assessing difficulties with activities of daily living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

## Health and Lifestyle Advice



**Show:** Slide 6



**Say:**

This slide offers practical, evidence-based guidance for promoting and protecting cognitive health in older adults. It distinguishes between general recommendations for all older people and more tailored advice for those who may already be experiencing cognitive decline or are at risk.

For all older people, the focus is on prevention and maintenance. Encourage older adults to adopt habits that support brain health and overall well-being:

- Manage cardiovascular risk factors such as high blood pressure, diabetes, and high cholesterol. These conditions are closely linked to cognitive decline.
- Engage in cognitive training—activities that involve repetitive practice of memory, attention, or problem-solving tasks can help maintain mental sharpness.
- Participate in regular cognitive stimulation, such as reading, puzzles, learning new skills, or engaging in creative hobbies.
- Stay socially active. Maintaining strong social connections and participating in community life can protect against loneliness and cognitive deterioration.
- Address hearing loss and depression, both of which are modifiable risk factors for cognitive decline and often go unrecognized in older adults.

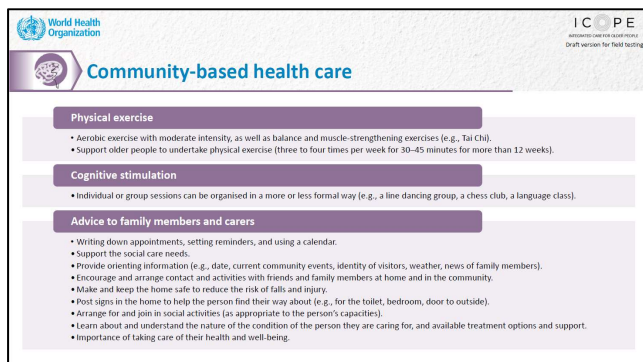
For those already showing signs of cognitive decline, the emphasis shifts to understanding and support:

- 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:**

Here we see the significance of community-based interventions for older adults, particularly those facing cognitive decline, focusing 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 aging. Older adults should aim for regularly exercise at moderate intensity, three to four times a week for 30–45 minutes. Community programs and walking groups can help.

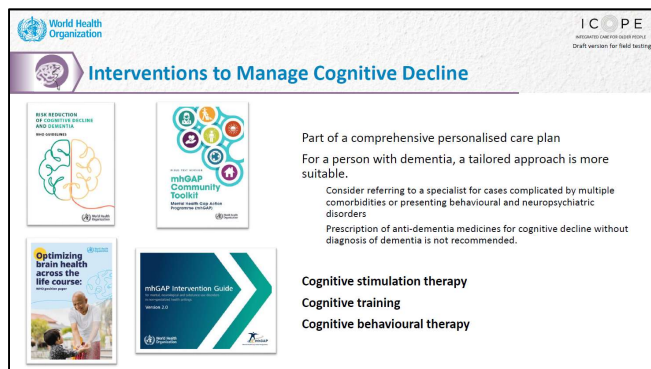
Cognitive engagement is equally important. Activities such as chess clubs or language classes offer enjoyable and social mental stimulation tailored to individual interests and abilities.

Supporting family members and carers is essential. Strategies include using reminders and calendars, encouraging social interactions, ensuring a safe home environment, and emphasizing the importance of caregiver self-care for their well-being.

## Interventions to Manage Cognitive Decline



**Show:** Slide 8



**Say:**

Now, let's discuss interventions to manage cognitive decline.

Cognitive interventions should be part of a broader, individualized care plan that reflects the older person's needs, preferences, and overall health status. For individuals with dementia, a tailored approach is essential. This may include adapting communication, routines, and support strategies to the person's cognitive and functional abilities.

It is important to consider the referral to a specialist (e.g., neurologist, geriatrician, psychiatrist) when the case is complicated by multiple comorbidities, there are behavioral or neuropsychiatric symptoms (e.g., agitation, hallucinations, severe mood changes), and/or the diagnosis is uncertain.

The slide clearly states that anti-dementia medications should not be prescribed for individuals with cognitive decline unless a formal diagnosis of dementia has been made. This helps avoid unnecessary or potentially harmful pharmacological interventions.

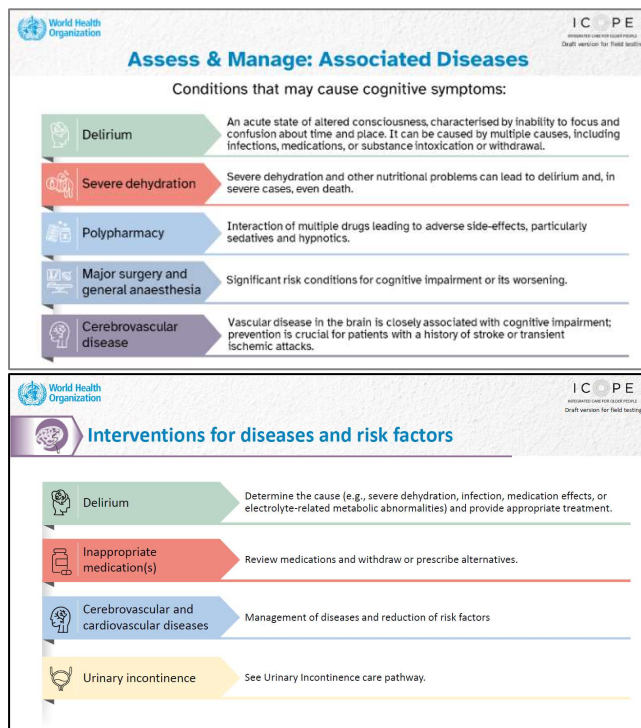
You can also see here the non-pharmacological interventions that are recommended:

- Cognitive Stimulation Therapy: Group-based activities designed to improve cognitive and social functioning.
- Cognitive Training: Structured practice of specific cognitive tasks (e.g., memory, attention).
- Cognitive Behavioural Therapy: Particularly useful when cognitive decline is accompanied by anxiety or depression.

## Interventions for Diseases and Risk Factors



**Show:** Slide 9



**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 delirium, inappropriate medications, cerebrovascular and cardiovascular diseases, and urinary incontinence. 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.

Cerebrovascular and cardiovascular 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 specific events.

Urinary incontinence may also be associated with cognitive impairment and concur with its worsening. It is thus important to refer to the specific care pathway to verify the possible existence of this condition and eventually intervene on it.



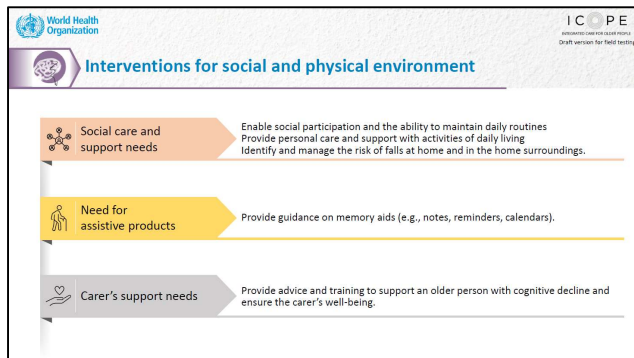
By addressing these associated diseases, we can better manage cognitive health and improve overall well-being.

Draft Version for field testing

## Interventions for Social and Physical Environment



**Show:** Slide 10



**Say:**

This slide highlights the importance of addressing the broader context in which older adults live—particularly those experiencing cognitive decline.

Key areas of intervention on environmental barriers are:

1. **Social Care and Support Needs.** Support should aim to enable social participation and help older adults 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 adults navigate daily life and maintain independence. These tools can be simple yet powerful in supporting memory and orientation, especially in the early stages of cognitive decline.
3. **Carer's Support Needs.** Caregivers play a central 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 behavioral 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 11 and 12

World Health Organization

ICOPE  
International Cognitive Potential for Older People  
Draft version for field testing

### 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.

World Health Organization

ICOPE  
International Cognitive Potential for Older People  
Draft version for field testing

### 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.



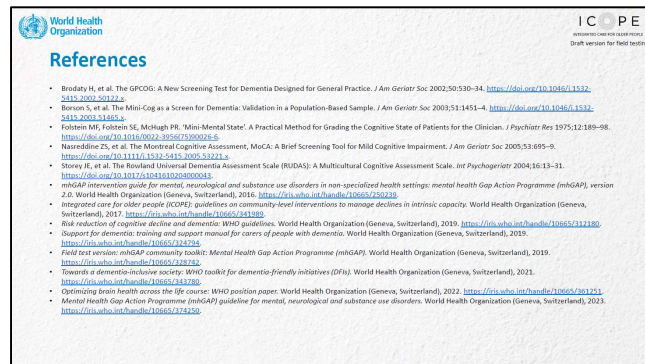
**Do:**

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

## References



**Show:** Slide 13



Here are some references to essential publications or websites.