



Mallow Primary  
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# A Qualitative Study of Older Irish adults Experiences of Cognitive Assessments in a Primary Care Setting

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## BACKGROUND

In 2010, there were an estimated 36 million people living with dementia worldwide, by 2050 there will be 115.4 million. Cognitive assessment or CAs is one step in the pathway to dementia and mild cognitive impairment (MCI) diagnosis, and the Mini-Mental State Examination (MMSE) remains the most frequently used cognitive assessment, although there are several others. There is evidence to suggest that GP's are reluctant to diagnose patients with dementia/MCI due to stigma, work load, and therapeutic nihilism, however, CAs are recommended best practice for dealing with suspected cases and treatment of dementia/MCI. There is a dearth of knowledge concerning patient's experiences of completing of CAs in a hospital or primary care setting, with the exception of Krehone et al. 2011, and Cahill et al. 2013. Patients with subjective memory loss (self-reported) were invited to attend for CAs (MMSE, and MoCa-Montreal Cognitive Assessment), in a primary care centre in Ireland. 11 patients took part, and all were followed up with an semi-structured interview in their homes. This poster examines their experiences in the context of the need for CAs in primary care and concomitant increasing global rates of dementia.

## METHODS

- 11 patients (all over the age of 65) with subjective memory loss took part. The MMSE AND MoCa were used (Patients less than 24 for MMSE did not complete MoCa).
- An occupational therapist and a researcher conducted the CAs, along with depression scales and informal discussions concerning health and memory.
- Results were discussed with GPs and a medical examination was also conducted.
- The majority of patients were 'normal', however, some were displaying signs of dementia and MCI. All patients were referred to their GP and other health services.
- Follow up semi-structured interviews were conducted in the primary care centre and in patients homes. These semi-structured interviews were based on an extensive literature review. The aim of these interviews was to understand the patients perspective of the CAs.

## OUTCOME MEASURES

An experienced interviewer was instructed to ask open ended questions about the cognitive assessments and blank copies of the MMSE and MoCa were used as prompts, the following are sample questions:

- Do you remember the questions we asked you?
- Did some of the questions seem strange, or did they make you feel silly/strange/embarrassed?
- Looking at the CAs now are there any questions that you knew but could not answer then?
- Where you happy with your answers?
- Did you feel under pressure during the questions? Did you feel it was a 'test'?
- Did you feel a pressure not to fail or to do well? Were you worried about the results?
- Are you worried more or less about your memory/confusion since the assessment?
- Would you consider having cognitive assessments on an annual review, or a six month review?
- Do you think that your age/health/hearing/education/literacy impacted on your ability to complete the cognitive assessments?

### GLOBAL Costs and Projections, Risk for dementia

Cost today is \$600 BILLION-per annum for formal care for people living with dementia.

115.5 million living with dementia by 2050

In China, India and Southeast Asia-rates will increase by 300%

Rates will double every 20 years

No cure for dementia presently

Need for global and national strategies and implementation of measures

Biggest risk factor is age- there is a global ageing population

## QUALITATIVE OUTCOMES

### Cognitive Assessments (CAs) are a 'test'

Patients considered the CAs as a 'test', regarding the process as something that they could fail and felt 'all the pressure of a test'. Some patients answered the questions again at home, and improved on their score. Suggesting there is an element of pressure within CAs process

**CAs are 'elementary'** (regardless of a patients cognitive functioning Patients called the CAs unchallenging, elementary and basic. Some described them as 'for children', and 'something you would ask a child'. Others said 'it was embarrassing to be asked those questions'

### CAs are an indicator of future problems

Some patients said that the experience of the CA as a 'worry for the future', others said 'it was extremely worrying, and changed their belief in their abilities'

**CAs were not impacted by health and education** -Patients all stated that there was no health complaint that would impact on their ability to answer the questions and their education/literacy was not a factor

**CAs made patients want to improve their memory**- Patients indicated they had taken up doing mental challenges, and taken up crosswords etc. since the CAs

**CAs should be preformed on a regular basis**- Most patients felt that a yearly cognitive check-up should be offered, mainly to measure changes in ability and increase awareness or 'it would make you more aware'.

### CAs need to be preformed in a non-clinical environment

## CONCLUSIONS

This research adds to the limited knowledge of patients experiences of CAs, more studies are needed to fully understand the patients perspective. More time and a non-clinical environment are desired by patients to help improve the experience of CAs

CAs are designed to test basic skills of visual and word association, memory and awareness. For patients the basic nature was 'elementary' and patients found this disconcerting and upsetting. CAs are perceived as a test, and there is a fear of failure associated with the CAs. By taking part in the CAs, patients felt that there must be something wrong with them or there will be something wrong with them in the future.

Spending time to describe the nature of CAs will help lessen these issues for patients, despite all these concerns patients want CAs to become part of annual checkup within primary care.

In the context of a global ageing population and increasing rates of dementia, GPs and those working in Primary Care must find ways to make CAs part of their working environment, and begin to use CAs before patients develop signs of dementia and MCI.

Some patients were unable to recall the CAs, so not all information was qualitatively attainable. This will have to be considered in future research.

## Limitations to study

Although this was a good sample, and people had self-reported, some of the qualitative outcomes were unattainable, as two patients had no memory of taking part in the CA's.

