



Service Priorities and Programmes
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Demographic profile on community elders with suspected mild cognitive impairment receiving cognitive assessment service in department of occupational therapy

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Introduction

People with mild cognitive impairment (MCI) have higher risk of deteriorating into a state of early dementia. These people's cognitive and ADL performance, care-givers' and their quality of life can be depredated. However, not many of them are early detected. Therefore, updated, timely and valid cognitive assessments should be provided to community elders, in order to cater the rising concerns and demands from society.

Objectives

To study the demographic pattern of patients with suspected MCI, from cognitive assessment service (CAS) in out-patient sector of department of OT, CMC; and to explore service directions.

Methodology

Patients who had memory complaints referred from SOPD and GOPD included. Cognitive and functional assessments were conducted.

Result

From January 2012 to January 2013, 460 patients were referred for CAS. 214 patients scored at or above cut-off of Cantonese version of Mini Mental State Examination (CMMSE), with mean score of 24.9 out of 30; and 85 of them were further assessed with the Hong Kong Montreal Cognitive Assessment (HK-MoCA). In which, 40% of them scored below cut-off (i.e. 22) of HK-MoCA, with mean score 18 out of 30. Main cognitive areas affected were short term memory and abstract thinking. Other affected areas were visospatial ability, verbal fluency and vigilance. Language repetition and orientation were generally intact. Among them, the mean age was 68; 55% were female, 45% were male. 9% of patients had history of cerebrovascular accident. Most of them (94%) were living with family members; others were receiving residential care

(6%). All of them were independent in basic ADL. But for instrumental ADL, 42% of patients required assistance and 10% was even totally dependent. 27% of patients also suffered from behavioral and psychological symptoms (BPSD), most of them were affect-related, such as agitation (18%), depression (9%), and anxiety (6%). Conclusion Early detection and diagnosis of MCI are keys to timely treatment such as pharmacological intervention, cognitive or compensatory training, care-givers education, for the sake of enhancing and maintaining functional independence. Hence, appropriately selected and sensitive cognitive assessment by OT is one of the crucial factors in providing holistic care to patients and combating with the deterioration during the course of disease.