



Service Priorities and Programmes
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Efficacy of computer-based cognitive training program for elderly with cognitive decline managed in the primary care: a local experience.

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Introduction

Studies on computer-based cognitive training for people with cognitive decline reported positive benefits.

Objectives

1) explore the onset period before patient consulted general out-patient clinic for their cognitive problem, 2) explore the relationship between cognitive function and computer-based cognitive training.

Methodology

A retrospective study was conducted in Yau Ma Tei Jockey Club Clinic Enhancement of Public Primary Care Services (EPPS) Occupational Therapy Centre. Modified computer-based cognitive training was designed to improve attention, memory, calculation and reasoning. Patient received a total of 8 sessions, once weekly. Demographic data of self-declared onset of memory decline, Everyday Memory Questionnaire (EMQ), Barthel index (BI) and Chinese version of the Activities of Daily Living Questionnaire (ADLQ-CV) on instrumental activity of daily living (IADL) were measured at baseline. CMMSE was used as an outcome measure.

Result

From Oct 2012 and Sept 2013, 291 clients (mean age = 79.38, 56.36% female, mean year of education=4.68) were selected. The baseline CMMSE score was 20.11 where 45.70% of them were below their cut-off. From the record of their first GOPC occupational therapy visit, their self-declared onset time of memory decline ranged from 1 month to 12 years with average 1.87 years. For EMQ, the baseline was 6.91 which indicated moderate influence on clients' daily living. Among the 291 clients, 43 of them joined the computer-based cognitive training. Their baseline score of CMMSE

and EMQ were 21.26 and 7.61. Significant difference was found in both CMMSE with mean post-score=22.14, SD=2.75 ($p=0.041$) and EMQ with mean post-score=6.44, SD=2.73 ($p=0.015$). Stronger significant difference for client age group <80 were found in both CMMSE (post-score=23.22, SD =1.65; $p=0.000$) and EMQ (post-score=6.00, SD =2.37; $p=0.005$). Conclusion: In primary care setting, education on early consultation and intervention should be promulgated to the public as some patients delayed seeking medical advice for as long as 12 years. We recommend early intervention such as computer-based cognitive training which is effective especially for clients younger than 80, and educational class for patients and carers.