

Examining Interest in Cognitive Training in Relation to Cognitive Performance, Functional Ability, and Psychosocial Factors Among Older Adults

by

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- Secondary Analysis

- Explore cognition among community dwelling older adults
- Utilize the COLLAGE data base



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- Sample Size $n=1,970$
- Sources of Data
 - interRAI Community Health Assessment (CHA)
 - Functional Supplement to the CHA (FS)
 - COLLAGE Wellness Assessment



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Objectives:

Assess the level of cognitive performance of community-dwelling older adults with select functional abilities

Examine cognitive status in relation to a group of psychosocial factors

Examine the influence of **PREFERENCE** for cognitive training on function and psychosocial factors



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Cognition

Cognitive Performance Scale (CPS2)

- is short term memory OK (CHA)
- is procedural memory OK (FS)
- what is the level of *cognitive skills for daily decision making* (CHA)
- what is the level of ability in *making self understood* (CHA)
- what is the level of ability in eating (FS)



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– How would you rate your memory (Wellness)



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- Developed an eight level hierarchal scale (0-7)
 - 0 no cognitive impairment - Intact
 - 1 - 3 mild cognitive impairment
 - 4 - 7 moderate/severe cognitive impairment



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- Preference Question

- *Are you interested in programs to improve your memory? (Wellness)*



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- Analyses based on 6 groups
 - Intact, not interested in training
 - Intact, interested in training
 - Mild cognitive impairment, not interested
 - Mild cognitive impairment, interested in training
 - Moderate/severe cognitive impairment, not interested in training
 - Moderate/severe cognitive impairment, interested in training



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- Functional Ability

- Instrumental activities of daily living

Scored using a scale from zero to 6, zero – complete independence, 6 – total dependence with full performance by others



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- Psychosocial Factors
 - Friendships
 - Social engagement
 - Loneliness
 - Anxiety
 - Depression
 - Self-rated health



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- Results – Cognition

- Majority of older adults intact or with mild cognitive impairment
- Within “intact” group, 32% were interested in cognitive training
- Among “mild” and “moderate/severe” respondents, 41% and 48% respectively were interested in programs to improve cognition

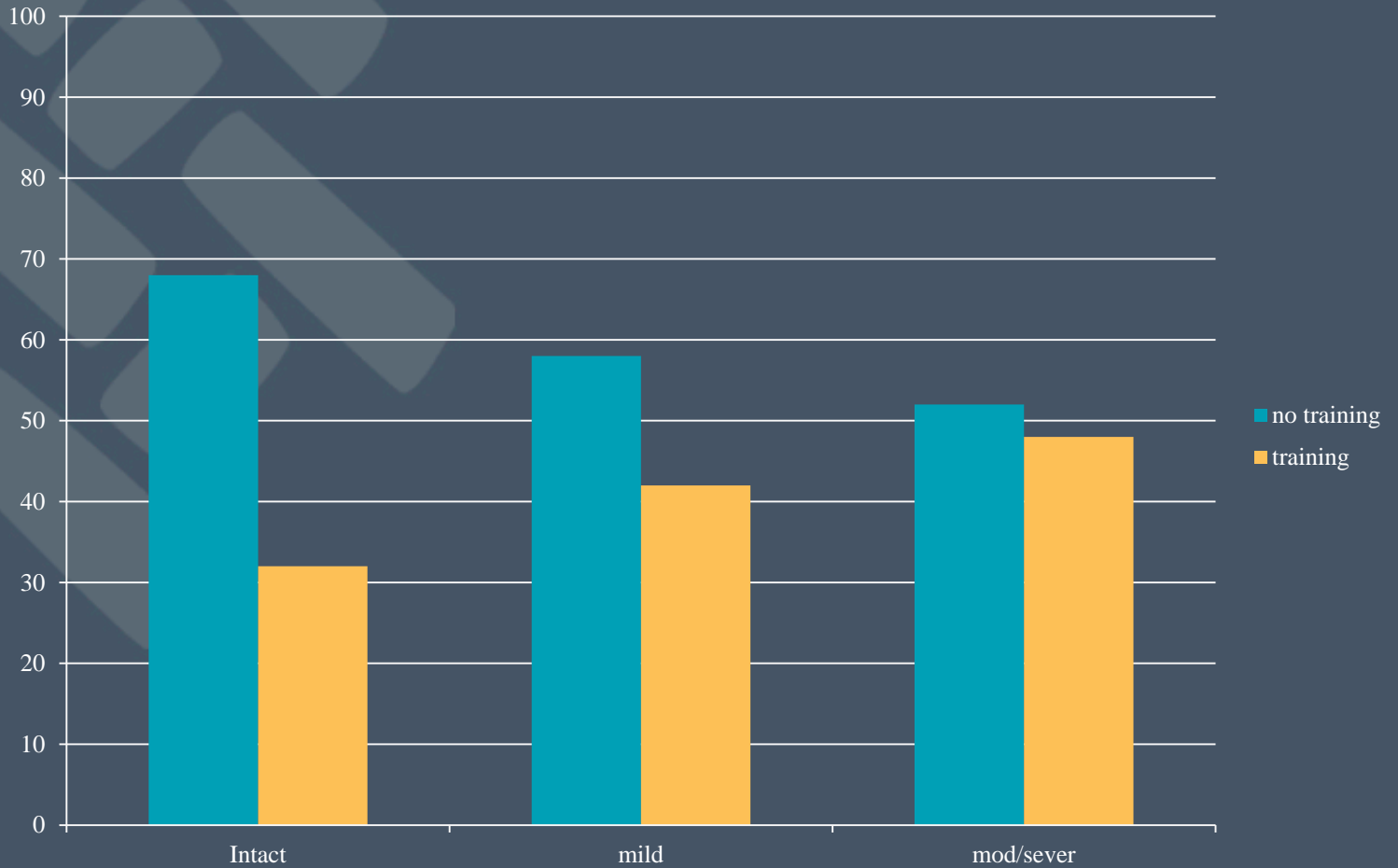


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Cognitive Performance Scale and Memory Training

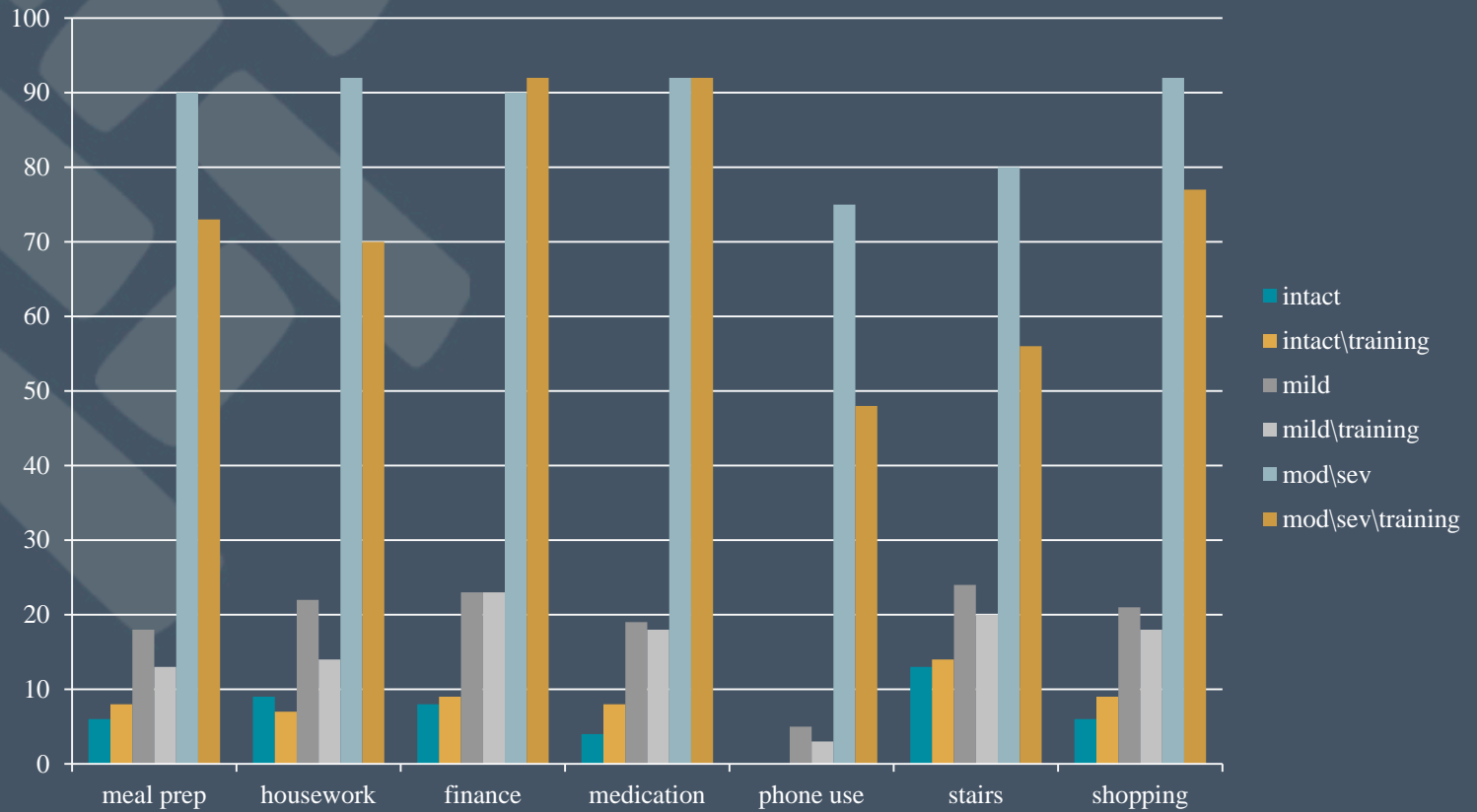


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Not Independent IADL Capacity

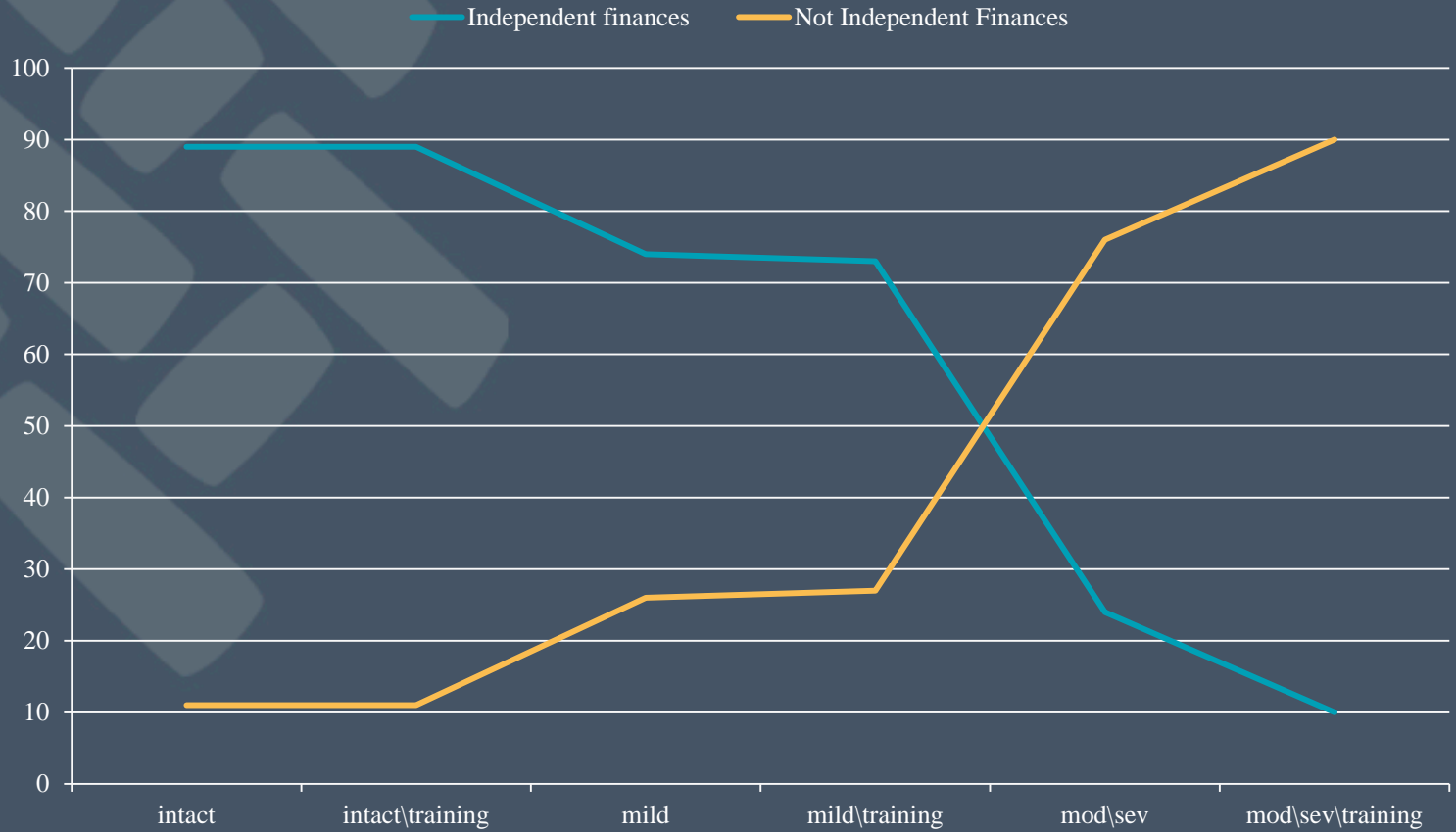


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Finances

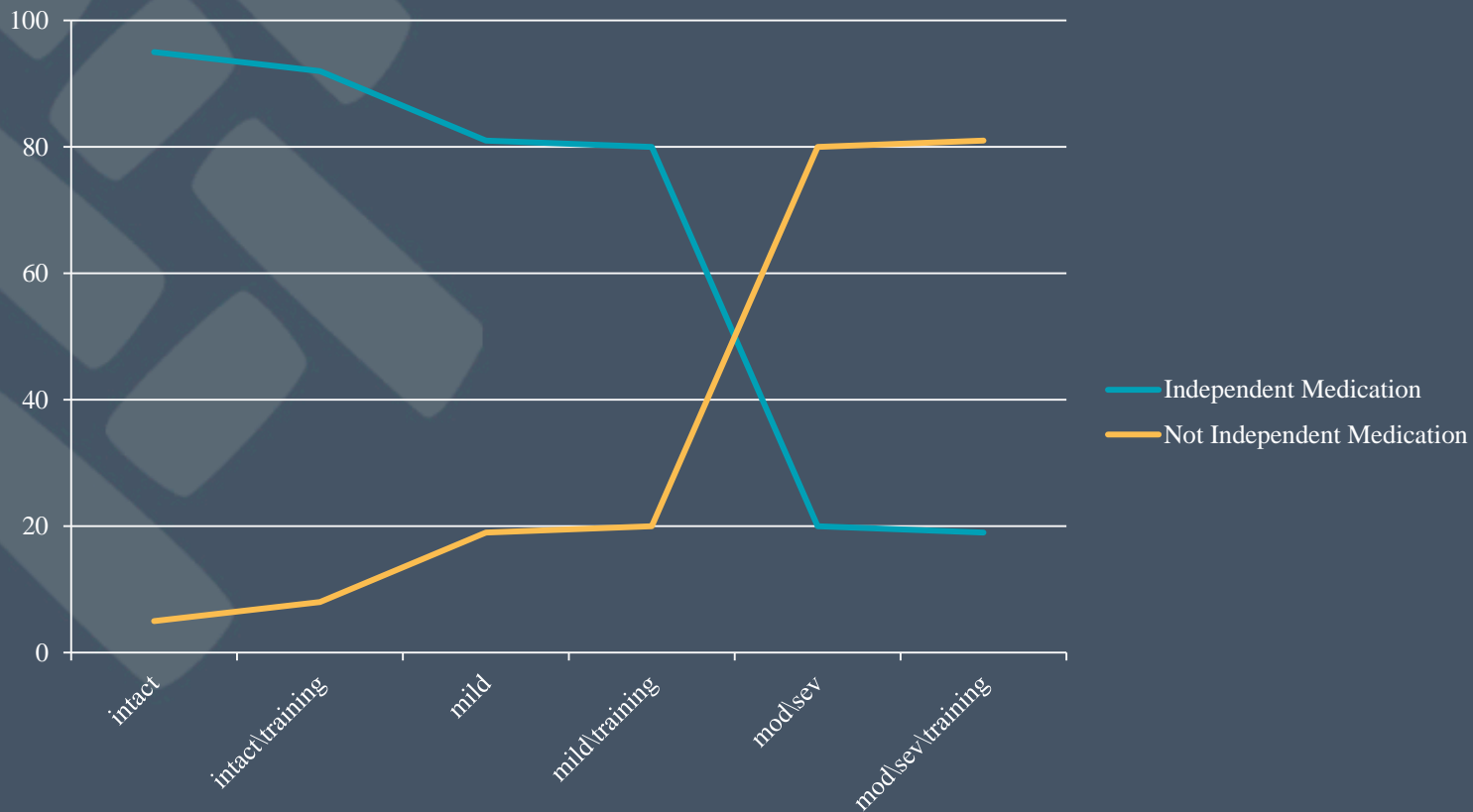


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Medications

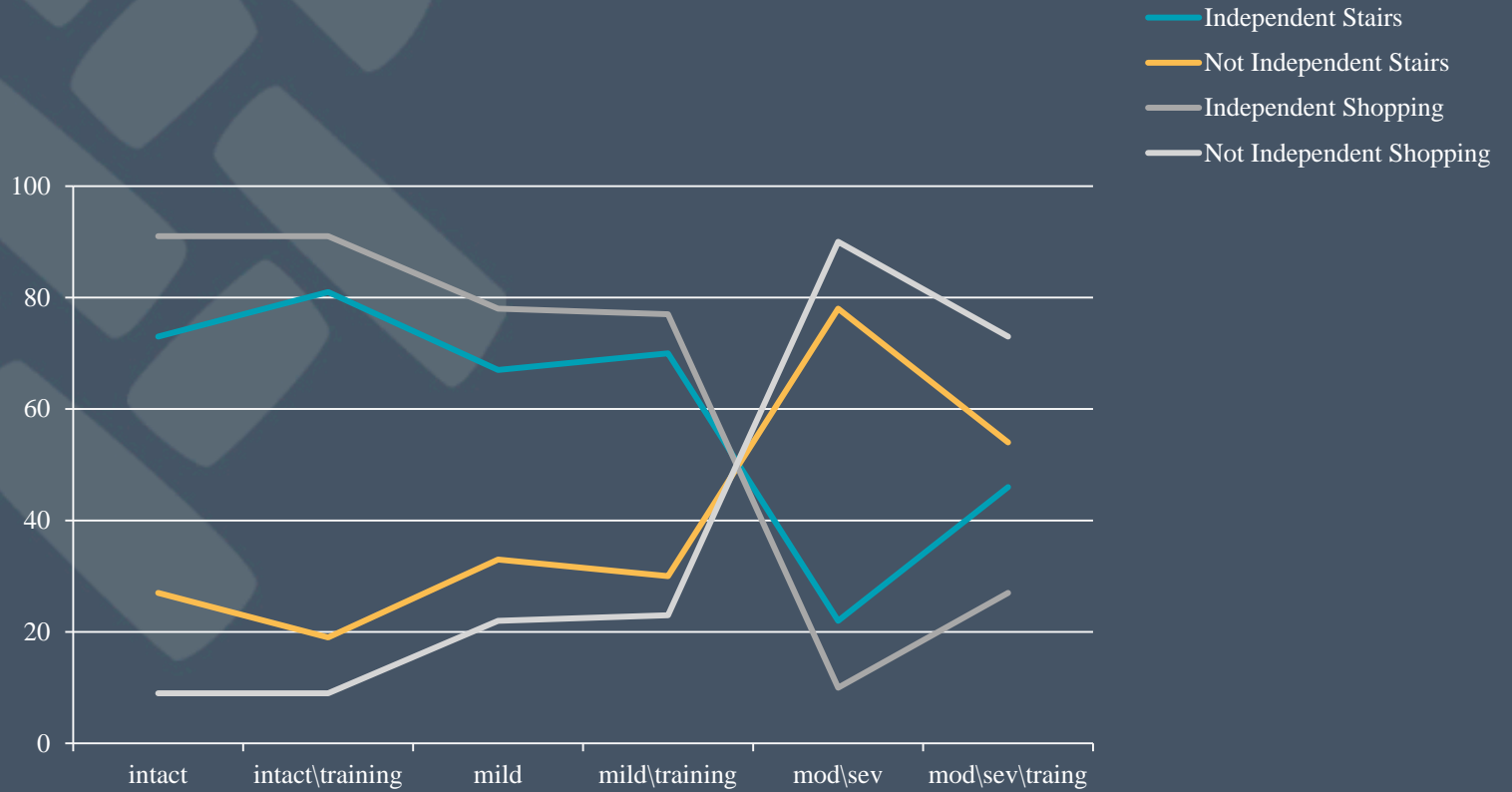


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Stairs and Shopping

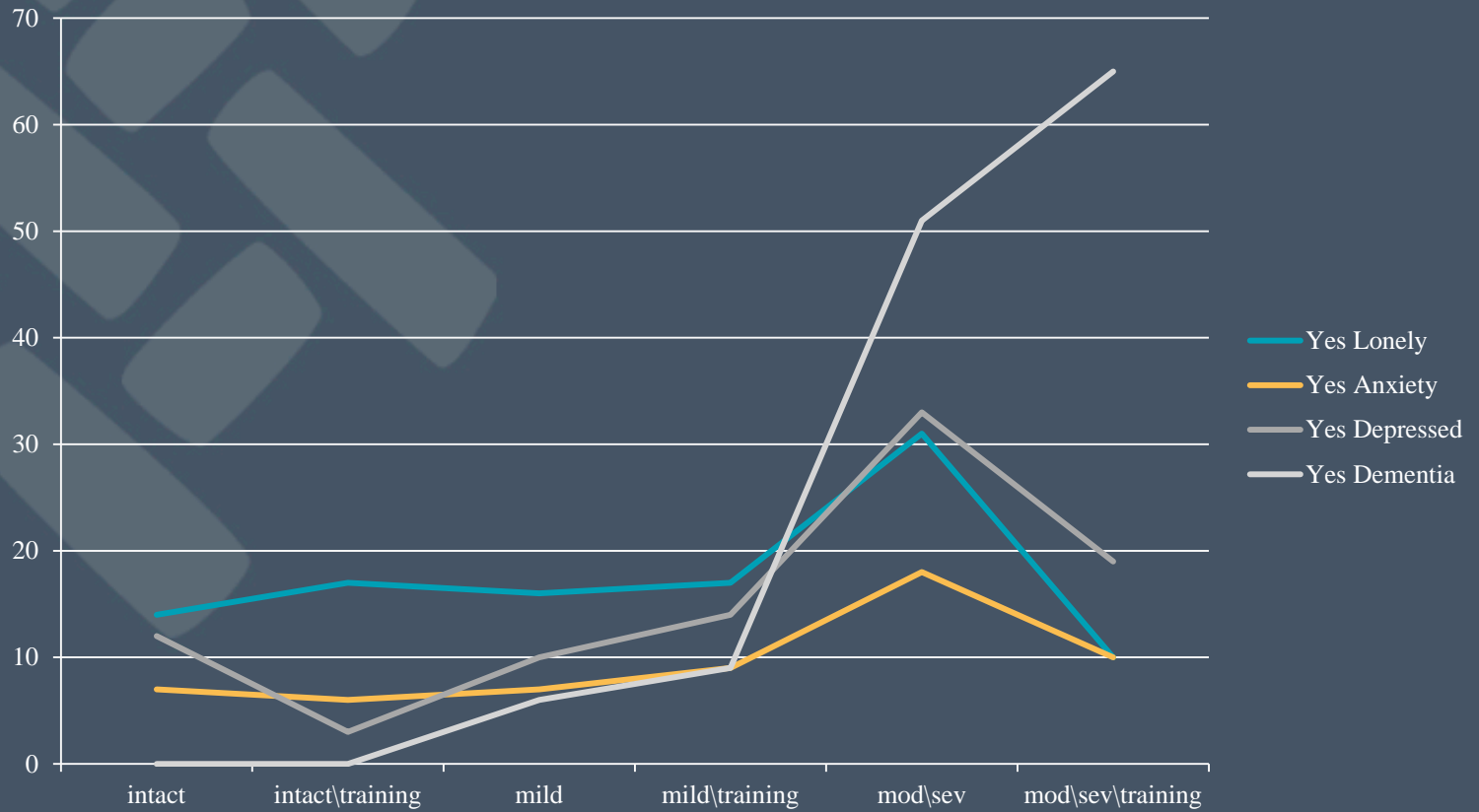


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Lonely, Anxious, Depressed, Dementia

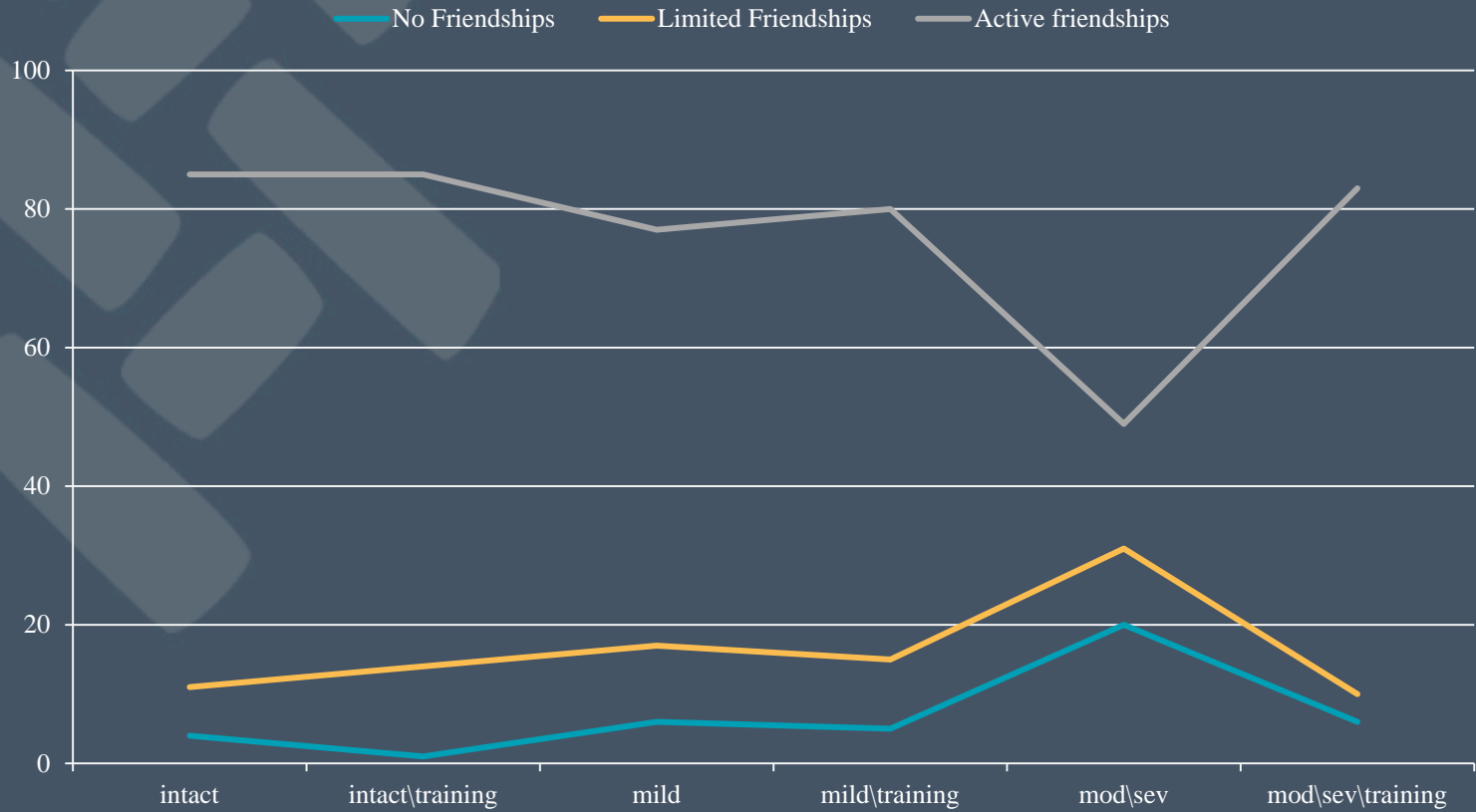


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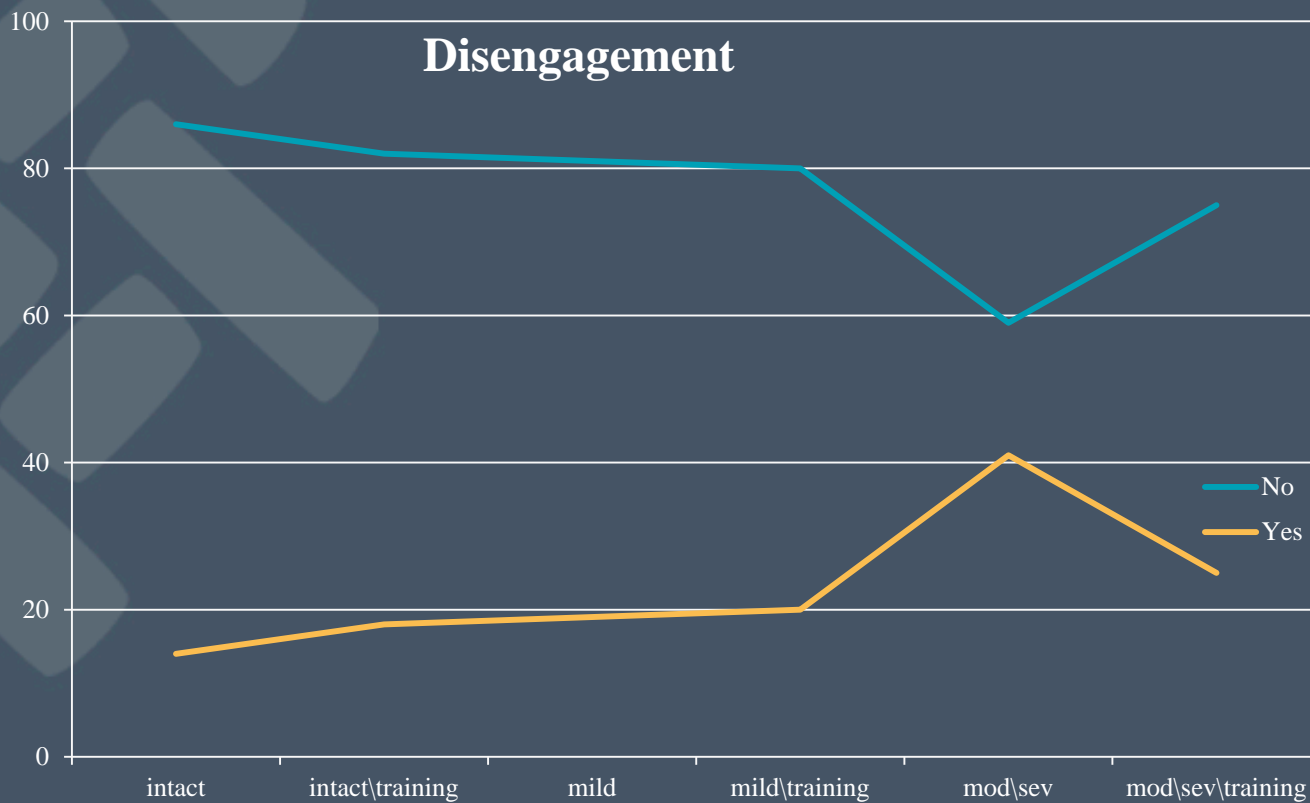
Friendships



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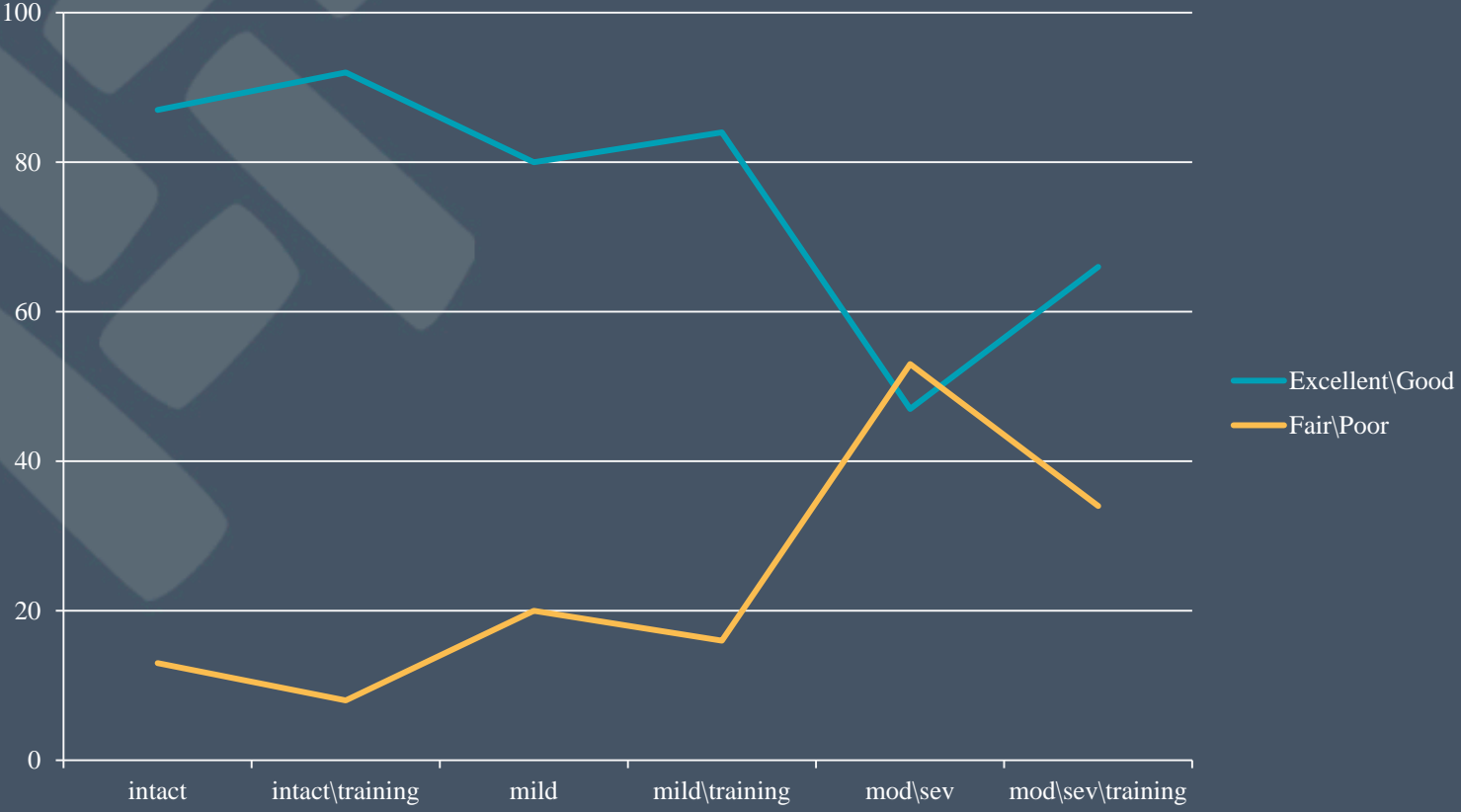


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Self-Rated Health



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- Results

- Majority of residents in CCRCs have no or mild cognitive impairment
- Older adults are able to maintain independence with IADLs even with mild cognitive impairment



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- Results

- With IADL's, there is a protective effect from the DESIRE to participate in a program to improve cognition exclusive of medication and finances
- With an array of psychosocial factors, there is a protective effect from the DESIRE to participate in a program to improve cognition



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- Implications

- Cognition is a key element in the aging process
- Explore desire for memory improvement
 - What are the other factors at work?
- Transference to other health behaviors



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- Thank you for your time and attention



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