GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg University Health Board

Exploring the impact of a psycho-educational course for individuals with a diagnosis of Mild Cognitive Impairment and their loved ones

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Today

- What is Mild Cognitive Impairment?
- Preventing further decline
- Previous gap in service
- A new treatment for MCI : the “Life with a Mild Cognitive Impairment” course
- Evaluating the course so far
- Moving forward

Mild Cognitive Impairment (MCI)

Mild Cognitive Impairment (MCI) is an early stage of cognitive ability loss

Individuals with a MCI have difficulties with **cognitive processes**, such as memory, attention and language (Alzheimer's Society, 2024)

The global prevalence of MCI in community-dwelling adults is **15%** (Bai et al, 2022)

MCI differs from a dementia as the cognitive changes are **less severe** and individuals with an MCI are usually able to complete everyday tasks **independently**.

Approximately **10-15%** of individuals diagnosed with an MCI will go on to develop a dementia (Public Health Wales, 2022)

Uncertainty following diagnosis

Individuals with an MCI are often not certain about the **meaning of their diagnosis** (Frank et al, 2006; Dean and Wilcock, 2012) or the distinction between normal aging and **dementia** (Beard & Neary, 2012).

Individuals are sometimes not even aware of their MCI diagnosis (Munawar et al, 2023).

The experience of **uncertainty following diagnosis** is associated with a lack of clarity and consistency in the information individuals received about MCI (Gomersall et al, 2015).

Care partners can also be uncertain of what an MCI diagnosis means and **how to cope** with their loved one’s cognitive difficulties (Blatchford & Cook, 2022).

Living with MCI

Having an MCI can negatively impact an individual's **quality of life** (Bárrios et al, 2013).

Neuropsychiatric symptoms, such as depression, apathy and irritability, are reported by nearly half of individuals with an MCI (Lyketsos et al, 2002).

Patients report frustration with memory difficulties, anxiety, diminished self-confidence and fear of embarrassment (Frank et al, 2006), sadness, fear of becoming a burden and decreased involvement in hobbies (Dean and Wilcock, 2012)

Munawar et al (2023) found that 47% of friends or relatives experienced at least a mild degree of **carer burden**.

Friends and relatives who provide a caring role describe experiencing a range of negative emotions, such as frustration, guilt, and anger (Dean & Wilcock, 2012).

Preventing further decline

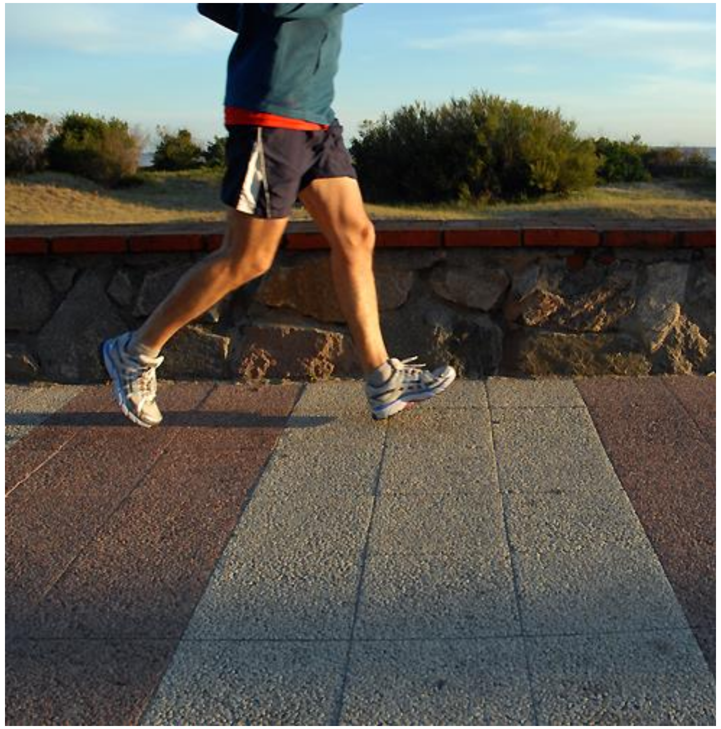
There are many ways to **lower the risk of further cognitive decline**, which may help to prevent the likelihood of MCI developing into a dementia

Twelve risk factors that should be modified to prevent or delay up to 40% of dementias (Livingstone et al, 2020)

These risk factors include **obesity, smoking, lack of physical exercise, hearing loss and poor sleep**

Health behaviours can **improve cognition in individuals with a MCI**:

- Intentional weight loss through diet management (Horie et al, 2016)
- Physical exercise (Song et al, 2018; Zhang et al, 2020; Whitty et al, 2020)



> *"For people diagnosed with MCI, early intervention approaches to monitor cognitive decline is important and advice around the six steps risk reduction messages will improve the understanding of health promotion and prevention activities to maximise their wellbeing"*

The All Wales Dementia Care Pathway of Standards
(Public Health Wales, 2022)

Step 1: Be physically active

Step 2: Maintain a healthy weight

Step 3: Be socially and mentally active

Step 4: Avoid drinking too much alcohol

Step 5: Stop smoking

Step 6: Commit to review your health

Dementia: Reduce your risk in 6 steps
(Welsh Government, 2015)

An MCI shaped gap in service provision

Many NHS services **do not offer sufficient post-diagnostic support** for individuals with an MCI and their loved ones.

Individuals who were diagnosed with an MCI following referral to the Memory Assessment Service (MAS) were discharged to their GP without further specific post-diagnostic support.

The **"Life with a Mild Cognitive Impairment"** course was developed to close this gap.

The course content was strongly influenced by **Livingstone et al's (2020) Lancet report.**

The Lancet Commissions

Dementia prevention, intervention, and care: 2020 report of the *Lancet* Commission

Gill Livingston, Jonathan Huntley, Andrew Sommerlad, David Ames, Clive Ballard, Sube Banerjee, Carol Brayne, Alistair Burns, Jiska Cohen-Mansfield, Claudia Cooper, Sergi G Costafreda, Amit Dias, Nick Fox, Laura N Gitlin, Robert Howard, Helen C Kales, Mika Kivimäki, Eric B Larson, Adesola Ogunniyi, Vasiliki Orgeta, Karen Ritchie, Kenneth Rockwood, Elizabeth L Sampson, Quincy Samus, Lon S Schneider, Geir Selbæk, Linda Teri, Naaheed Mukadam

Aims

The main aims of the course were to support participants to:

Understand the potential impact of having an MCI on day-to-day life and learn skills to build confidence in managing their MCI and related symptoms.

Understand risk factors for further cognitive impairment and learn how to manage these.

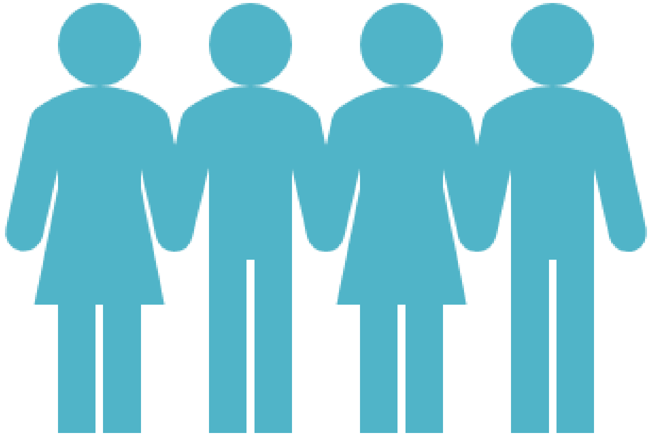
Increase their quality of life and plan for the future.

The evaluation aims were:

To explore whether attending the “Life with a Mild Cognitive Impairment” course has an impact on the quality of life of individuals with an MCI and their loved ones.

To investigate potential strengths and weaknesses of the course.

Methods



Participants

28 service users and 21 friends or relatives

Data was collected from five courses run across three localities (Bridgend, Rhondda/Taff Ely, and Merthyr/Cynon), covering the breadth of CTMUHB

No set limit on number of participants in each group

Measures

Pre and post measure: the Mild Cognitive Impairment Questionnaire (MCQ) and MCQ-Carer.

- Assesses two constructs; practical concerns and emotional concerns.

Post measure: mixed-methods general feedback form

Methods: Procedure

Week	Session topic
1	What is Mild Cognitive Impairment? Separating the myths from the truth
2	Risk reduction strategies, treatment and management of Mild Cognitive Impairment
3	Living well with a Mild Cognitive Impairment
4	Psychological wellbeing: managing stress and worry
5	Providing emotional support, effective communication, conflict management and behaviour
6	Making changes and planning for the future

The course was made up of six weekly sessions that each lasted one hour.

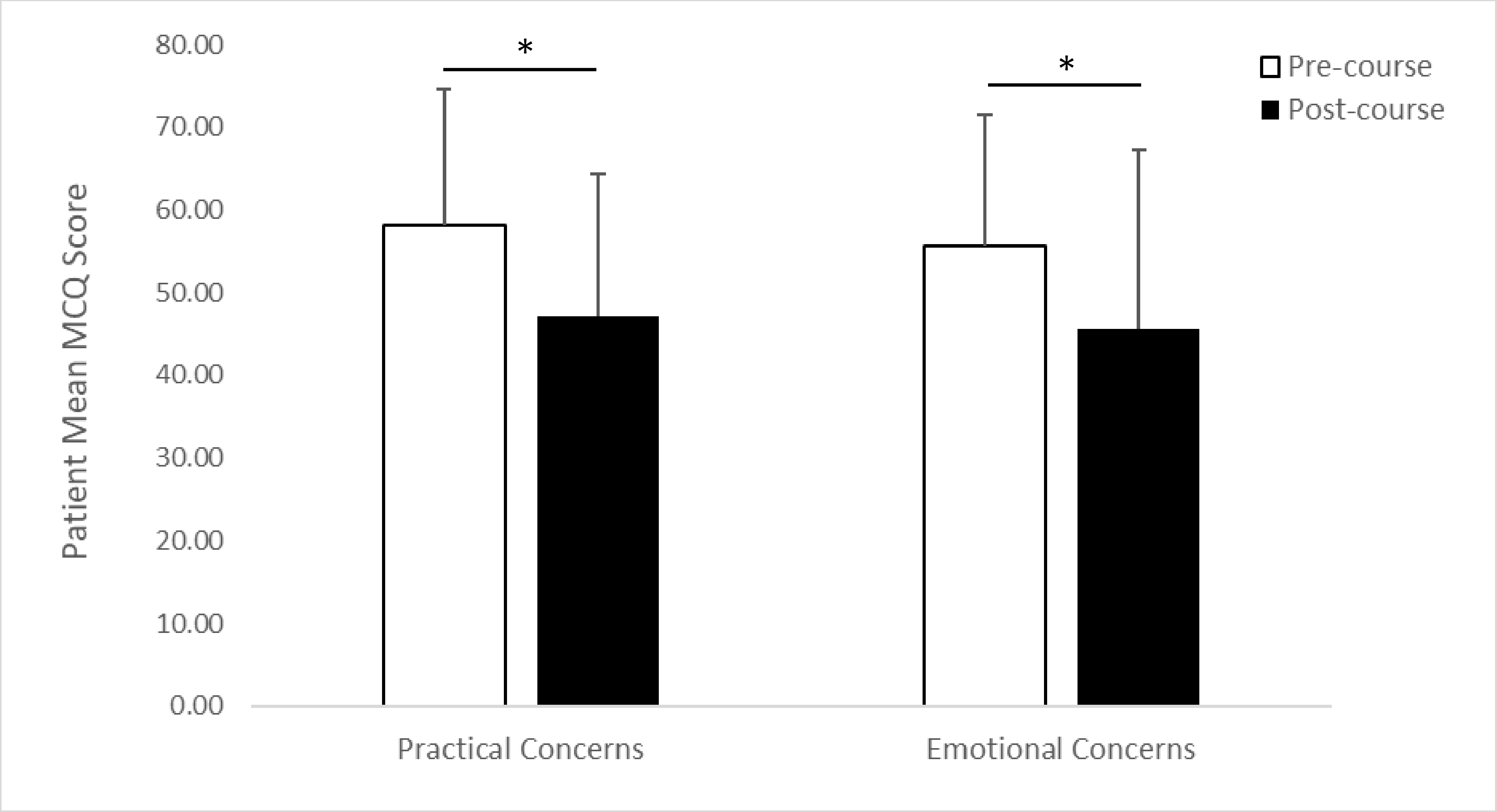
Each session was delivered by two staff members (usually Assistant Psychologists or Trainee Psychologists).

Service users were asked to attend with a relative or friend.

Sessions were primarily didactic, but questions and discussions were encouraged throughout.

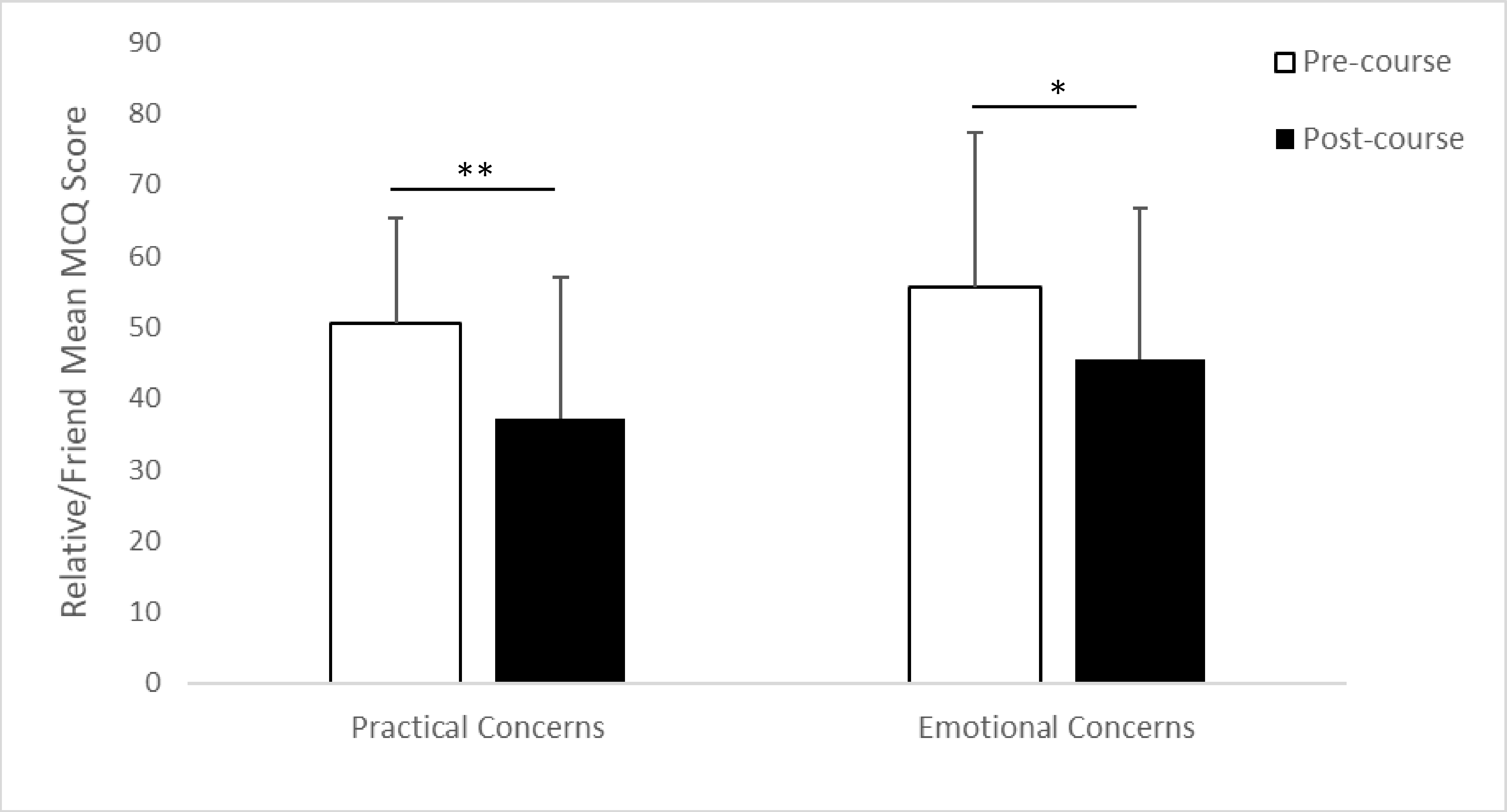
Average attendance for sessions was 89% (5.3 out of 6).

MCQ Results: Patient



**p* < .05. ***p* < .01.

MCQ Results: Relatives/Friends



**p < .05. **p < .01.*

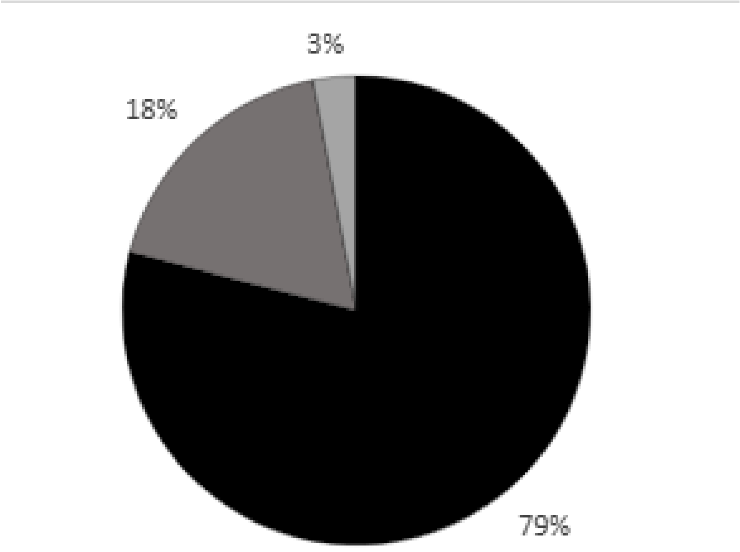
Results: Feedback data

How much has your knowledge about MCI changed from taking part in this course?

79% - “a lot”

18% - “a bit”

3% - “not sure”



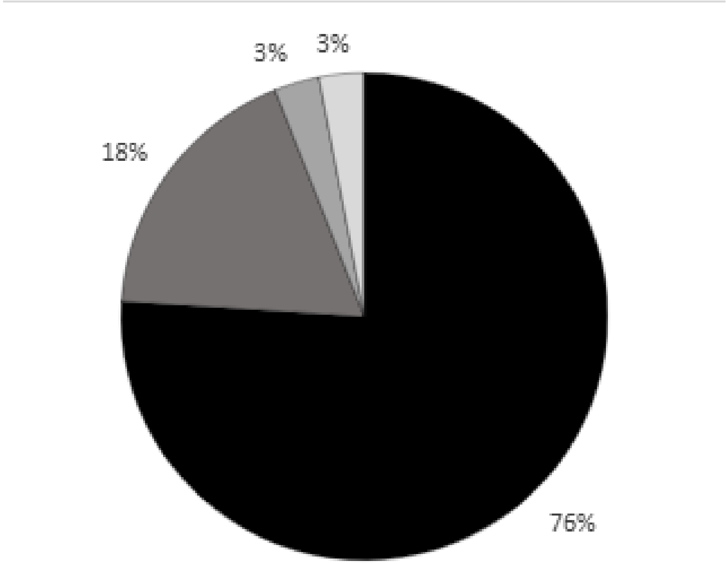
How did you find the timing / pace of the sessions?

76% - “very good”

18% - “good”

3% - “neutral”

3% - “difficult”

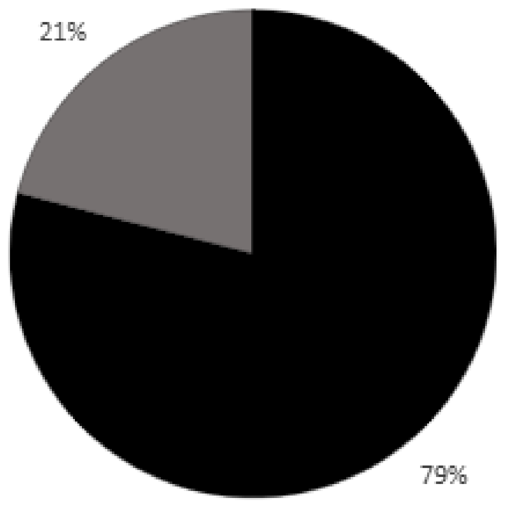


Results: Feedback data

How did you find the delivery of the information?

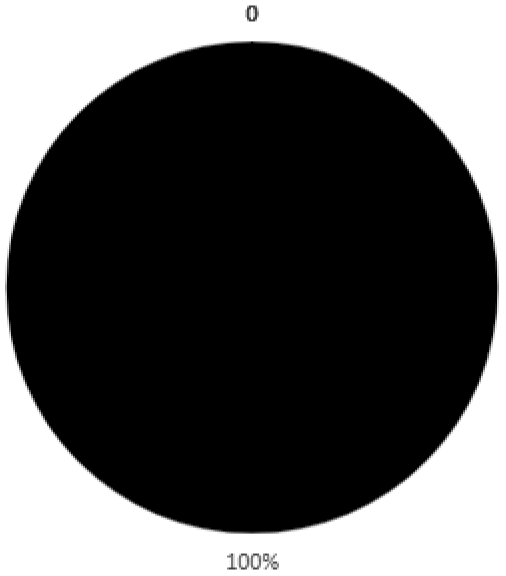
79% - “very good”

21% - “good”



How approachable do you feel the staff running the course were?

100% - “very approachable”



Theme 1: Gained knowledge and learning

“Learning so much about a very important subject which I didn’t even know existed”

“Knowing that there are things I can do to improve living with MCI.”

“I have enjoyed attending the course. I feel like I have learned a lot”

“The delivery of the course and the explanation of the contents was very interesting and helpful for the future”

Theme 2: Positive experience of facilitators

“I found the team was lovely and I really enjoyed it”

“The friendliness. Staff very informative and delivered the sessions superbly”

“I enjoyed the informality of it, deliverers were friendly, approachable and knowledgeable.”

“They treated us like humans – no un-understandable doctor talk”

Theme 3: Shared experience

“Realising that I’m not alone”

“The feeling that you are not alone”

“I met a few more friends”

“Seeing other similar people”

Discussion

These findings suggest that course attendees’ quality of life improved after attending the course.

Identified strengths of the course – gaining knowledge of MCI and social support

Limitations

Small sample size

No control group or follow up data

No measure of risk reduction

Moving forward

The MAS should continue to run the “Life with an MCI” course and **continuously evaluate** its effectiveness and impact.

Follow-up data should be collected at a three- or six-month period following completion of the course to investigate if positive results are maintained.

The MAS should procure a sound system with microphones for facilitators to use in sessions to support course attendees who are hard of hearing.

Additional measures assessing dementia risk factors should be administered pre- and post-intervention to identify **changes in risk** following course completion.

Implications

The “Life with an MCI” course is the first of its kind to be delivered by health boards throughout Wales and has shown positive preliminary results.

Designed to host a large number of attendees so the intervention shouldn’t be prone to long waiting lists.

Two staff members are needed to support the group, meaning it is a relatively cost-effective solution that to the current gap in memory services.

The course will continue to be the main pathway for individuals with a newly diagnosed MCI in CTMUHB.

Any questions?

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