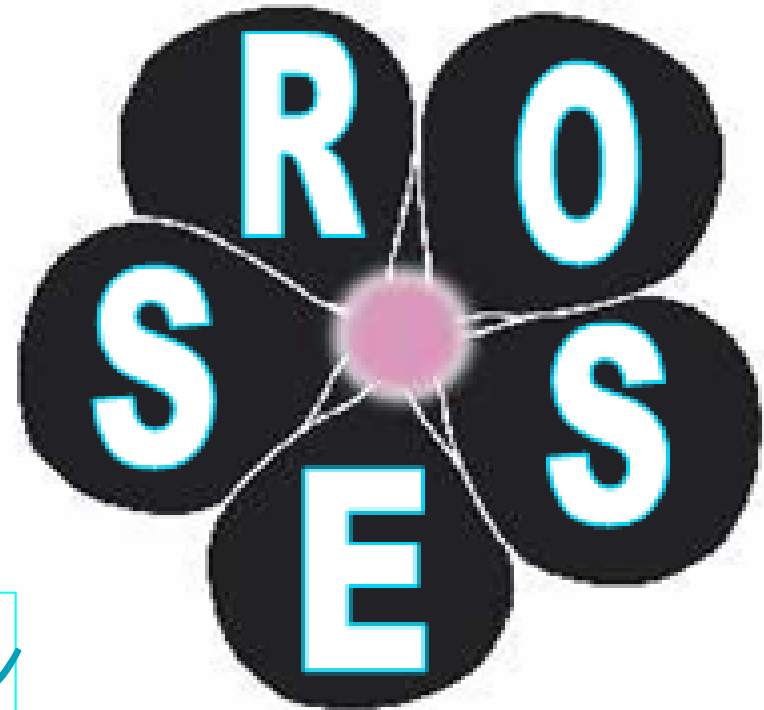


***Mild
Cognitive
Impairment***

Memory Program



mci

Learning Objectives:

- To understand why it is important to target family members of people with MCI for early intervention
- To describe the key elements of the psychosocial group family intervention
- To highlight the value of an interprofessional collaborative evidence based approach

Mild Cognitive Impairment (MCI)

- In-between normal aging and dementia
- Mild decline in cognition, typically memory, resulting in no or minimal impact on independence in instrumental activities of daily living (iADLS)
- Represents significant risk factor for future dementia ¹
- Family members at increased risk of becoming caregivers
- Caregiving associated with negative health consequences

1. Petersen, R.C. (2004). *J Internal Med*: 256; 183-194

mci Memory Program

- 2010 ASC Program Excellence Award
- Improves memory strategy knowledge & use in participants with MCI (Troyer et al., Neuropsych. Rehab. 2008; 18: 65)
- New research objective focused on family members
- The goals of the family group are to promote:
 - ↑ awareness & knowledge about MCI
 - proactive approach
 - focus on problem solving and mastery
 - healthier lifestyle practices
 - shifts in attitudes and behaviours



mci Memory Program



Hour One: Combined group

- Overview of memory processes and strategies
- How lifestyle factors impact memory and cognition

Hour Two - Group Divides

1. Participants with MCI

- Memory strategy training

2. Family Members

- Group process of connection, shared knowledge, and experience
- Recognition, development, and implementation of practical skills and strategies

Snapshot of Common Themes



- Frustration
- Loss of patience
- Worry about the future
- Changing relationship
- The same person but not the same....
- What to share with others about family member's MCI
- Social world is shrinking
- Change in responsibilities and roles

Evaluating Efficacy

- **Pilot tested:**
 - no change in stress and burden
 - significant change in knowledge of MCI
- **↑ emphasis** on achieving reliable and clinically meaningful outcomes (Schulz et al 2002)
- **Shifting the focus** from distress and burden to problem-solving and mastery
- **Looking at real life issues** identified, and their perceived ability to successfully manage the problem(s)
- **Evaluating** importance, performance, satisfaction and quality of life

Problem: I experience frustration when I am repeatedly asked questions by my spouse.

How would you rate your current performance or ability in dealing with this problem?

0 1 2 3 4 5 6 7 8 9 10
 not able to do it can do it extremely well

.....

How *satisfied* are you with the way you currently handle this problem?

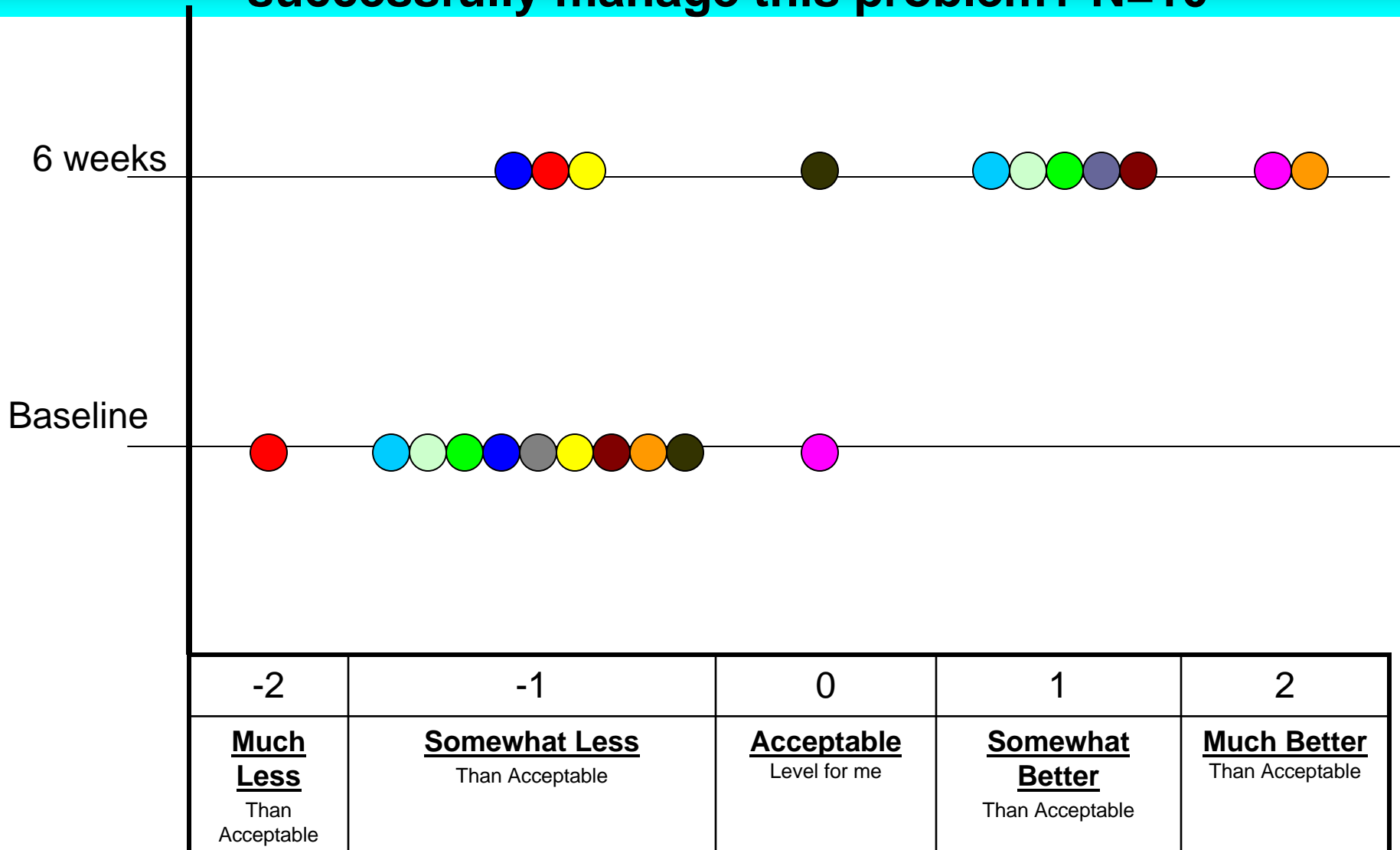
0 1 2 3 4 5 6 7 8 9 10
 not satisfied at all extremely satisfied

.....

At what level are you currently able to successfully manage this problem?

<u>Much Less</u> Than Acceptable	<u>Somewhat Less</u> Than Acceptable	<u>Acceptable</u> Level for me	<u>Somewhat Better</u> Than Acceptable	<u>Much Better</u> Than Acceptable
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At what level are you currently able to successfully manage this problem? N=10



Voices of family members:



“Now she recognizes that there is a problem and is not always saying that it is my fault.

I’m not the problem and she’s not the problem ...

MCI is the problem.... It is less threatening to talk about it.”



“Before this course I felt I should be doing my best at everything, now I realize I can’t expect that....

I realize at times I put too much expectations on my husband...

he does things slower... multitasking is frustrating for him.

I’m trying to lower expectations.... I have to adjust...

before this happened we were on the same level.”

“I’m glad my husband learned these strategies....
From my side, it helped me to be more patient....
If it’s not important, let it go.”



“I am much better than I was.... I was quite
alarmed by his memory lapses, I’d get upset
and uptight. I don’t anymore because I realize
that its something that happens and he can’t
help it.... It has made both of us realize what
the problems are, and that there are things
that we can do to work them out.”

“Unfortunately my father had a set back and has
moved from MCI to progressing dementia, so
strategies for coping as a family member are vital,
Thank you!”



Concluding Remarks:

- Proactive and hopeful – reap benefits of lifestyle change
- Promoting better quality of life in aging
- With education and support caregivers can keep family members at home longer without compromising their own health (Mittleman et al 2006)
- Potential to off-set the burden on the health care system by delaying institutionalization and the clinical manifestations of dementia