



Posters Presentation

Hospital Community Partnership Program on Mild Cognitive Impairment (MCI) and Early Stage of Dementia Care

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Introduction:

There is increasing population of clients with MCI and dementia. Early detection and intervention are crucial and recommended in order to slow down the cognitive deterioration and enhance the quality of life of the clients and their carers under homecare. Thus, there is an increasing demand of such service. However, the majority of these clients rely on hospital services, and the demand on occupational therapy (OT) is significant. To cope with this, a pilot partnership program between OT Department of HA and NGO was launched. This is also an enhancement of continuity of care from hospital to community and decrease service demand of HA.

Purpose of Study:

To provide a seamless rehabilitation services to MCI and early dementia clients and their carers under home care through the hospital-community interface. Integrated treatment package included cognitive assessment and training, lifestyle modification, self-management techniques and carers' education

To study the progress of cognitive function, ADL function and carer stress in MCI and early dementia patients.

Materials and Method:

1. Collaborating Partners

- Pamela Youth Nethersole Eastern Hospital (PYNEH) & Haven of Hope - Community Rehabilitation Day Centre (HOH - CRDC)

2. Eligible participants

- Clients with diagnosed as MCI or Dementia with preserved ADL function.

3. Format

- An integrated program with 1 session conducted at OT, PYNEH,
- following 4 group sessions conducted at OT, HOHCRDC plus individual session with client and carers
- 1 individual follow-up session half-year later at OT, HOHCRDC

4. Outcome Measures:

- Mini-mental State Examination (MMSE)
- Chinese Version of the Disability Assessment for Dementia (CDAD)
- Barthel Index
- Zarit Burden Interview

Results:

Total 24 clients recruited to this program, while 14 patients had completed. Statistically significant ($p=0.03$) improvement showed on the scores of ADL function and carer stress; while MMSE scores were not.

Conclusion:

This project could demonstrate a successful hospital-community partnership that allows better utilization of resources. Clients could receive comprehensive treatment and follow-up that maximized their function; and their carers are empowered on taking care of their demented family members without institutionalization. This partnership program will be continued in order to serve more MCI and dementia clients and carers whereas one more assessment tool – Montreal Cognitive Assessment (MoCA) will be used for the MCI clients.