

"WHERE DID I PARK MY CAR?"

HOW DO OLDER ADULTS COPE WITH A DIAGNOSIS OF MILD COGNITIVE IMPAIRMENT

Alison R. McKinlay, Janet M. Leathem, Paul L. Merrick | A.R.McKinlay@Massey.ac.nz | Massey University, Auckland, New Zealand

INTRODUCTION

Mild Cognitive Impairment (MCI) represents a transitional phase between normal ageing and dementia when deficits in cognition are found on formal assessment. Impairment is typically found in areas such as attention, mood, memory, language and visuospatial skills (Nelson & O'Connor, 2008), although everyday functioning is preserved (Lesczc, 2011). As yet there is considerable debate in the literature about MCI as a construct and the conversion rates of MCI to dementia (Anderson, 2010).

The research literature is also divided on how people react to learning of their diagnosis with MCI or dementia. Reaction has been either minimal distress (McIlvane et al. 2008; Carpenter et al. 2008), a negative psychosocial response (Banningh, Vernooij-Dassen, Rikkert, & Teunisse, 2008) or a mixed reaction (Lingler et al. 2006).

Knowing more about the reactions of individuals facing memory impairment and ways that people cope with such a life changing diagnosis will be important for tailoring support services and targeting resources for people who will be likely to need help in the future.

EVER-INCREASING NUMBER OF OLDER ADULTS

In the coming years, the older population is set to grow at rates never seen before now. New Zealand's population is made up of more people in the 65+ age category than ever before (Statistics New Zealand, 2009). Some predict that the number of adults aged 65 and over will double in New Zealand, and those over 85 years will grow from 55,000 to over 300,000 by 2045 (Boston & Davey, 2006).

There are multiple factors driving this 'graying' of the world's population. These include: advances in medical technology, lower mortality rates, increases in life expectancy through healthy living and higher standards of living, higher education levels, increased access to healthcare, health promotion initiatives. At the same time the number of younger people is decreasing due to lower fertility rates in some parts of the world, and wider availability of birth control.

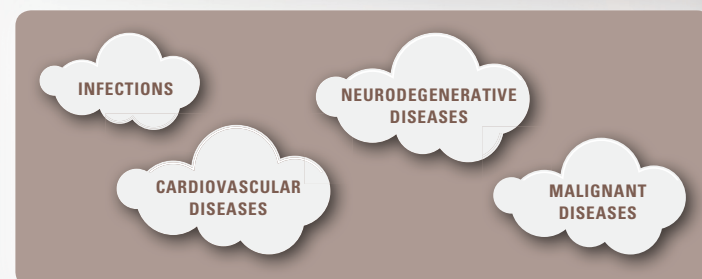


Figure 1. Conditions Which are Associated With Older Age

As a person enters older adulthood, their chances of developing a certain set of age related illnesses, including dementia, increases dramatically (Hughes & Heycox, 2010). Therefore, it is likely that the prevalence of diseases as shown on Figure 1, associated with conditions such as dementia and MCI will continue to rise in the community.

Given the increasing number of people predicted to experience this condition, it will be useful to know what means of support will be beneficial so that adequate support systems can be put into place. This might be achieved if research is carried out in this area now and changes are initiated before numbers of cases of memory impairment explode in the coming years.

COPING: HOW DOES THIS CONCEPT RELATE TO MCI

The literature on coping and illness goes back many decades and is firmly entrenched with models and frameworks of understanding, particularly those coined by Lazarus and Folkman (1984) as shown on Figure 2.

Though stress and coping models have often been associated with chronic illness reaction in illnesses such as cancer (Thomsen, Rydahl-Hansen & Wagner, 2010), tumors (Koehler, Koenigsmann & Frommer, 2009), multiple sclerosis and Parkinson's disease (Montel & Bungener, 2010); it is not yet clear whether an individual's appraisal of MCI is similar, or if another model is of better fit that can explain the reactions to this condition.

The literature around MCI, diagnosis and coping does not currently reveal any model or framework of explanation, however, some researchers have touched the surface of cognitive appraisal (Carpenter et al., 2008; Lingler et al., 2006) in explaining reaction to a diagnosis of dementia. Although dementia and a recent diagnosis of MCI paint very different pictures clinically, it could be that the cognitive appraisal model can explain why some individuals react negatively to a diagnosis of MCI, and others do not.



Figure 2. Framework Guiding the Research: Lazarus and Folkman's Cognitive Appraisal Model

RESEARCH AIMS

This research aims to present an in-depth view of the experiences of older adults with memory impairment, in particular their reactions to memory difficulties over time.

In order to achieve this aim, a number of interviews will be held with people who have been diagnosed with MCI and their carers. The findings will be used

- To make more conclusive statements about the reactions people have after developing mild cognitive impairment.
- To determine the extent to which the cognitive appraisal model explains why people react in different ways to diagnosis of MCI and dementia.
- To provide a guidance to clinicians who provide diagnoses of MCI and dementia
- To inform intervention for people and their families who have experience a negative or traumatic reaction to their memory difficulties/diagnosis.

REFERENCES

- Anderson, S. (2011). A loving approach to dementia care: making meaningful connections with the person who has Alzheimer's Disease or other dementia or memory loss. *Australasian Journal on Ageing*, 30, 171-171.
- Banningh, L.W., Vernooij-Dassen, M., Rikkert, M.O., & Teunisse, J.P. (2008). Mild Cognitive Impairment: Coping with an uncertain label. *International Journal of Geriatric Psychiatry*, 23, 148-154.
- Boston, J., & Davey, J.A. (2006). *Implications of population ageing: Opportunities and risks*. Wellington, NZ: Victoria University of Wellington.
- Carpenter, B. (2009). 'You Have Alzheimer's Disease: How to Reveal a Diagnosis. *Generations Journal Of The American Society On Aging*, 33, 82-85.
- Hughes, M., & Heycox, K. (2010). *Older people, ageing and social work: knowledge for practice*. New South Wales: Allen & Unwin.
- Koehler, M., Koenigsmann, M., Frommer, J. (2009). Coping with illness and subjective theories of illness in adult patients with haematological malignancies: Systematic review. *Critical Reviews in Oncology/Hematology*, 69, 237-257.
- Lazarus, R.S., & Folkman, S. (1984). *Stress, appraisal and coping*. New York: Springer Publishing.
- Lesczc, M. (2011). Psychotherapeutic approaches for patients with cognitive impairment. *International journal of Group Psychotherapy*, 61, 153-158.
- Lingler, J.H., et al. (2006). Making sense of cognitive impairment: a qualitative exploration of the patient's experience. *Gerontologist*, 46, 791-800.
- McIlvane, J.M., Popa, M.A., Robinson, B., Houseweart, K., & Haley, W.E. (2008). Perceptions of illness, coping and well-being in persons with mild cognitive impairment and their care partners. *Alzheimer Disease & Associated Disorders*, 22, 284-292.
- Montel, S., & Bunenger, C. (2010). Validation of CHIP (a coping questionnaire) in French patients with neurological disorders. *Revue Neurologique*, 166, 54-60.
- Nelson, A.P., & O'Connor, M.G. (2008). Mild cognitive impairment: a neuropsychological perspective. *CNS Spectrums*, 13, 56-64.
- Statistics New Zealand (2009). *The Impact of Structural Population Change (Structural Change and the 65+ Population articles)*. Wellington: Statistics New Zealand.
- Thomsen, T.G., Rydahl-Hansen, S., & Wagner, L. (2009). A review of potential factors relevant to coping in patients with advanced cancer. *Journal of Clinical Nursing*, 19, 3410-3426.

