#### WHO WE ARE:

Dr Catherine MacLeod, School of Health Sciences, Bangor University

Dr Feifei Bu, Department of Behavioural Science and Health, University College London

Prof Alasdair Rutherford, Sociology, Social Policy & Criminology, University of Stirling

Prof Judith Phillips, Dementia and Ageing, University of Stirling

Prof. Bob Woods, School of Health Sciences, Bangor University

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**CONTACT:** Dr Catherine MacLeod, School of Health Sciences, Bangor University, c.a.macleod@bangor.ac.uk, 01248 388030







# Cognitive Impairment and Health and Care Service Use



We interviewed 3593 older adults (aged over 65yrs) in North and South Wales. We asked people about their health and lifestyle and assessed their physical and emotional health. We tested their cognitive abilities, such as memory, thinking and reasoning.

A quarter of the sample had a cognitive impairment. They showed indications of having a dementia, or had test results suggesting they had a high risk of going on to develop a dementia. We looked to see how having a cognitive impairment affected use of health services and social care.

We found that people with cognitive impairment were more likely to use social care services, but less likely to have their sight checked or visit a dentist than those without cognitive impairment.

#### STUDY:

- People were asked if they had used a service in the preceding weeks, months, or year – timeframes for each service are given in brackets on the diagram below.
- Analysis controlled for demographic, social connection, and environment factors, as well as other health indicators.

# HEALTH INDICATORS:

Self-rated health Cognitive function Activities of daily living

# **SERVICES:**

# **Hospital:**

Day hospital (4weeks)
Casualty/emergency (3months)
Outpatients (3months)
Day patient (1year)
Inpatient (1year)

# Nursing:

Any nursing service (4weeks)

# **Allied Health:**

**General Practitioner:** 

GP (4weeks)

Chiropodist (4weeks)
Physiotherapist (4weeks)
Speech therapist (4weeks)
Eyesight test (1year)
Hearing test (1year)
Dentist (1year)

# **Social Care:**

Home help (4weeks)
Meals on wheels (4weeks)
Occupational therapist (4weeks)
Social worker (4weeks)
Day centre (4weeks)
Respite care (1year)

### **FINDINGS:**

- The odds of using social care increased if people had a cognitive impairment.
- GP, nursing, and hospital use did not differ between those with and those without cognitive impairment.
- The odds of using allied health services decreased if people had a cognitive impairment.
- In particular, cognitive impairment significantly lowered the odds of sight checks and visiting the dentist.
- Inequalities in sight and dental checks as a function of cognitive impairment remained after factoring in service accessibility by usual forms of transport.

#### **KEY MESSAGES:**

- There is a clear gap in uptake of sight and dental services by those with cognitive impairment.
- Routine health checks remain important even if facing other health challenges such as dementia.
- Health checks can help maintain health and can detect problems early on.
- It is widely recognised that early identification of illnesses can reduce need for later intensive and costly
  care packages. GP and nursing services could achieve this by targeting older people with cognitive
  impairment, to prevent or reduce later difficulties.
- Increasing uptake of health check and prevention services is key to increasing the overall sustainability of health and care services.
- Implementation of dementia pathways by services could facilitate use by vulnerable groups.