

Cognitive Impairment and Health and Care Service Use



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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:

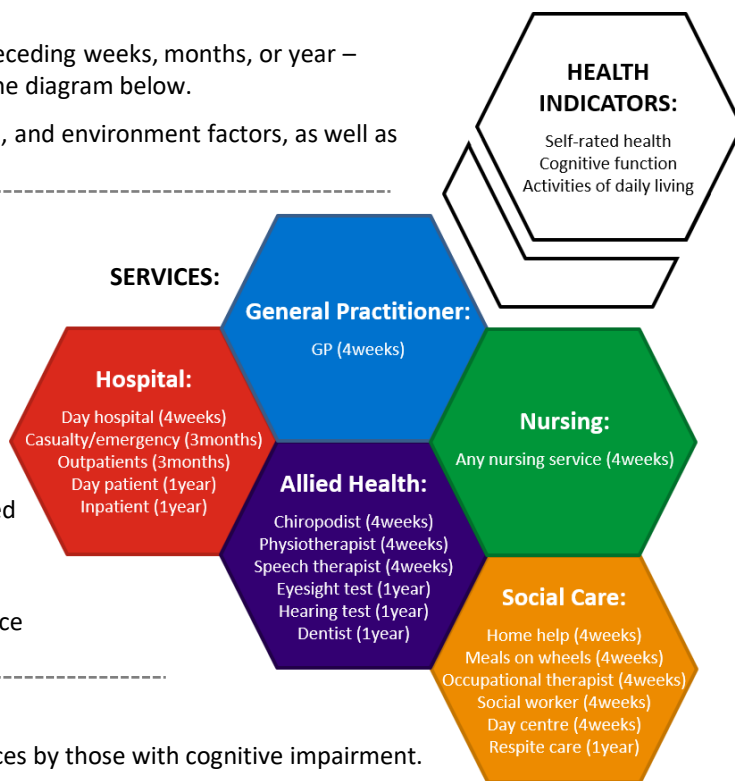
- People were asked if they had used a service in the preceding weeks, months, or year – timeframes for each service are given in brackets on the diagram below.
- Analysis controlled for demographic, social connection, and environment factors, as well as other health indicators.

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.



This poster is based on the journal article: MacLeod, C.A., Bu, F., Rutherford, A.C., Phillips, J., Woods, R. (2021). Cognitive impairment negatively impacts allied health service uptake: Investigating the association between health and service use. *SSM – Population Health*, 13, 100720. <https://doi.org/10.1016/j.ssmph.2020.100720>

Nam Gwybyddol a Defnydd Gwasanaethau Iechyd a Gofal

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Gwnaethom gyfnewid 3593 o oedolion hŷn (dros 65 oed) yng Ngogledd a De Cymru. Gofynnwyd i bobl am eu hiechyd a'u ffordd o fyw ac aseswyd eu hiechyd corfforol ac emosiynol. Profwyd eu galluedd gwybyddol, fel cof, meddwl a rhesymu.

Roedd gan chwarter y sampl nam gwybyddol. Roeddent yn dangos arwyddion o fod â dementia, neu cawsant ganlyniadau profion yn awgrymu bod ganddynt risg uchel o fynd ymlaen i ddatblygu dementia. Edrychwyd i weld sut roedd cael nam gwybyddol yn effeithio ar y defnydd o wasanaethau iechyd a gofal cymdeithasol.

Gwelsom fod pobl â nam gwybyddol yn fwy tebygol o ddefnyddio gwasanaethau gofal cymdeithasol, ond yn llai tebygol o gael prawf ar eu golwg neu ymweld â deintydd na'r rhai heb nam gwybyddol.

ASTUDIAETH:

- Gofynnwyd i bobl a oeddent wedi defnyddio gwasanaeth yn ystod yr wythnosau, misoedd, neu'r flwyddyn flaenorol - rhoddir yr amserlenni ar gyfer pob gwasanaeth mewn cromfachau ar y diagram isod.
- Rheolwyd y dadansoddiad ar gyfer ffactorau demograffig, cysylltiad cymdeithasol a'r amgylchedd, yn ogystal â dangosyddion iechyd eraill.

CANFYDDIADAU:

- Roedd yr ods o ddefnyddio gofal cymdeithasol yn cynyddu pe bai gan bobl nam gwybyddol.
- Nid oedd defnydd o feddygon teulu, nyrsio ac ysbytai yn wahanol rhwng y rhai â nam gwybyddol a'r rhai heb nam gwybyddol.
- Gostyngodd yr ods o ddefnyddio gwasanaethau iechyd cysylltiedig pe bai gan bobl nam gwybyddol.
- Yn benodol, gostyngodd nam gwybyddol ods gwiriadau golwg ac ymweld â'r deintydd yn sylweddol.
- Arhosodd anghydraddoldebau mewn golwg a gwiriadau deintyddol fel swyddogaeth nam gwybyddol ar ôl ffactoreiddio i mewn hygyrchedd gwasanaeth trwy'r mathau arferol o gludiant.

NEGSEUON ALLWEDDOL:

- Mae bwlch amlwg yn y nifer sy'n derbyn gwasanaethau golwg a deintyddol gan y rhai â nam gwybyddol.
- Mae gwiriadau iechyd arferol yn parhau i fod yn bwysig hyd yn oed os ydynt yn wynebu heriau iechyd eraill fel dementia.
- Gall gwiriadau iechyd helpu i gynnal iechyd a gallant ganfod problemau yn gynnar.
- Cydnabyddir yn eang y gall nodi salwch yn gynnar leihau'r angen am becynnau gofal dwys a chostus yn ddiweddarach. Gallai gwasanaethau meddygon teulu a nyrsio gyflawni hyn trwy dargedu pobl hŷn â nam gwybyddol, i atal neu leihau anawsterau diweddarach.
- Mae cynyddu'r nifer sy'n manteisio ar wasanaethau gwirio ac atal iechyd yn allweddol i gynyddu cynaliadwyedd cyffredinol gwasanaethau iechyd a gofal.
- Gallai gweithredu llwybrau dementia gan wasanaethau hwyluso eu defnydd gan grwpiau bregus.

Mae'r daflen hon yn seiliedig ar erthygl mewn cyfnodolyn: MacLeod, C.A., Bu, F., Rutherford, A.C., Phillips, J., Woods, R. (2021). Cognitive impairment negatively impacts allied health service uptake: Investigating the association between health and service use. *SSM – Population Health*, 13, 100720. <https://doi.org/10.1016/j.ssmph.2020.100720>

