

COGNITIVE SCREENING TO KNOW THE QUALITY OF LIFE IN THE ELDERLY

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ABSTRACT

The worldwide number of elderly is estimated to reach the figure of 500 million with an average age of 60 years and it is estimated that in 2025 it will be reached 1.2 billion (Stanley, 2007). The increase amount elderly in Indonesia in the period the time from 1990 to 2025 is classified world's fastest. Data from the Central Statistics Agency (BPS) shows that the elderly population 2000 amounted to 14.4 million people (7.18%). In 2010 it was estimated that there would be 23.9 million people (9.77%), and in 2020 there will be 28.8 million people (11.34%) (BPS, 2010).

As a result of an increasing elderly population, an epidemiological transition will occur, namely a shift in disease patterns from infectious diseases and nutritional disorders to degenerative diseases, diabetes, hypertension, neoplasms, and coronary heart disease. The consequence of an increase in elderly residents is an increase in the number of elderly patients with different characteristics from residents of different ages. The characteristics of elderly patients are multi pathology, decreased biological reserves, changes in symptoms and signs of disease from the classic ones, disruption of the functional status of elderly patients, and there are often nutritional disorders, malnutrition, or bad (Soejono, 2006).

Keywords: Cognitive, Elderly

INTRODUCTION

One of the most prominent forms of impaired functional status in elderly patients is decreased cognitive function. Cognitive is a complex concept that involves at least aspects of memory, attention, executive function, perception, language, and psychomotor functions (Nehlig, 2010). Decreased cognitive function in the elderly can include various aspects, namely orientation, registration, attention and calculation, memory, and language. This decrease can lead to problems, including long memory and information processing. In long memory, the elderly will have difficulty retelling stories or events that are not so interesting to their attention and new information or information about people. According to the World Health Organization (WHO), it is estimated that 121 million people have decreased cognitive function the elderly, of which 5.8% are men and 9.5% are women (Djojusugito, 2002). Based on data from the South Tangerang City Health Office, the number of elderly aged ≥ 60 years in the area was

222,093, or around 31.37% of the 707,954 elderly (South Tangerang Health Office, 2009).

Previous research conducted by Zulsita (2010) regarding cognitive features in the elderly at H.Adam Malik General Hospital in Medan and Medan Petisah Health Center found that 34% of respondents experienced decreased cognitive function. Women experience more decline in cognitive function than men, which is equal to 45.7%. Decreased cognitive function occurs in 50% of the elderly (75-90 years), more than in the elderly (60-74 years) 27.7%. Meanwhile, based on educational status, the elderly with elementary education status experienced more cognitive function decline, namely 62.5%, compared to the elderly with other educational status.

The results of a preliminary study conducted in the Legoso Ciputat area in April 2013 on ten randomly selected older people with a range of 3 ages over 60 years showed that 70% of the elderly had impaired cognitive aspects and mental function, and 30% of the elderly had

cognitive and cognitive aspects—good mental function. Based on the results of the preliminary study, the characteristics of the elderly who experience damage to cognitive aspects and mental function include three people aged 75-90 years, and four people aged (60-75 years), male sex two people, and five women, five people with SR education (elementary school level) and two people with junior high school equivalent education, four people have a history of hypertension, while three older adults who claim to have never done sports activities.

Public attention and knowledge of cognitive disorders at this time is still lacking. People tend to think of it as part of a natural aging process. In general, new people will seek treatment after severe cognitive impairment and behavioral disorders or dementia, so their management will not provide satisfactory results. Managing cognitive impairment at an early stage, both pharmacologically and non-pharmacologically can cure or slow down the progression of the disease so that the individual concerned still has a good quality of life. One way of screening for early cognitive disorders is to assess cognitive function with neuropsychological examinations such as the Mini Mental State Examination (MMSE) (Dikot & Ong, 2007). Nurses or families play an important role in helping the elderly who experience a decline in the cognitive aspect, namely by growing and fostering relationships of mutual trust, socializing with each other, and always holding 4 group activities, in addition to maintaining cognitive function in the elderly, efforts that can be made is by using the brain continuously and resting it with sleep, activities such as reading, listening to news and stories through the media should be made a habit, this aims so that the brain does not rest continuously (Ministry of Health of the Republic of Indonesia, 2008).

Posbindu Rosella, as the newly established Posbindu under the working area of the East Ciputat Health Center, includes several RTs in the Legoso Ciputat Area, South Tangerang, with the highest number of assisted elderly aged ≥ 60 compared to other posbindu in the work area of the East Ciputat Health Center, namely 377 people. This study aims to determine the cognitive function of the elderly assisted at Posbindu Rosella Legoso as an early screening of cognitive function so that the impact of

decreased cognitive function can be immediately followed up and minimized.

Objective

As for Purpose, this report is :

1. Documenting the activity process from preparation to evaluation.
2. Identify various obstacles during the activity.
3. As a guide for the implementation of future activities.

Time and place

This community service activity was carried out on February 2023 at Wisma Assisi Sukabumi. Forty older people attended this activity.

Target

There are 40 older adults at Wisma Assisi Sukabumi.

Objective General

Implementation of cognitive screening for the elderly to determine the cognitive quality of life in the elderly in order to maintain cognitive function.

Special Purpose

1. It is knowing the cognitive quality of the elderly when screened.
2. I know cognitive disorders in the elderly.
3. It is knowing that the elderly still maintain cognitive function.

METHOD

This implementation strategy is carried out systematically, including:

Preparation

1. Request approval from the Director of Yatna Nursing Academy, Yuana Lebak.
2. Coordinate with the leadership of Wisma Assisi Sukabumi.
3. Submitting a Proposal to P3M Yatna Nursing Academy Yuana Lebak.
4. Formation Committee Community Service.
5. Distribution of tasks to the implementation of TEAM Community Service.
6. Make implementation schedule agreement activity.

Implementation

1. Coordinate with the Committee Community Service.

2. Distribution roles and responsibilities answer each team member.
3. Implementation activities according to a predetermined schedule.
4. Evaluation of activity processes.
5. Documentation whole activity.

RESULTS AND DISCUSSION

Activity Results

The implementation of activities is carried out in a systematic and planned manner, and activities are carried out through the following stages:

Preparation

- a. begging Approval from the Director of Yatna Nursing Academy, Yuana Lebak.
- b. Coordinate with the leadership of Wisma Assisi Sukabumi.
- c. Submitting a Proposal to P3M Yatna Nursing Academy Yuana Lebak.
- d. Formation Committee Community Service.
- e. Distribution of tasks to the implementation of TEAM Community Service.
- f. Make implementation schedule agreement activity.
- g. Making screening cognitive.

Implementation

- a. Coordinate with the Committee Community Service.
- b. Distribution roles and responsibilities answer each team member.
- c. Implementation activities according to a predetermined schedule.
- d. Evaluation of activity processes.
- e. Documentation whole activity.

Reporting

- a. Do evaluation specified activities _
- b. Make activity reports
- c. Collect activity reports to P3M

Criteria Evaluation

Evaluation is done _ during the activity process using a 3 (three) approach, namely:

Criteria structure

- a. The proposal has been submitted and approved by the Head of P3M.
- b. The necessary infrastructure and media have been prepared.

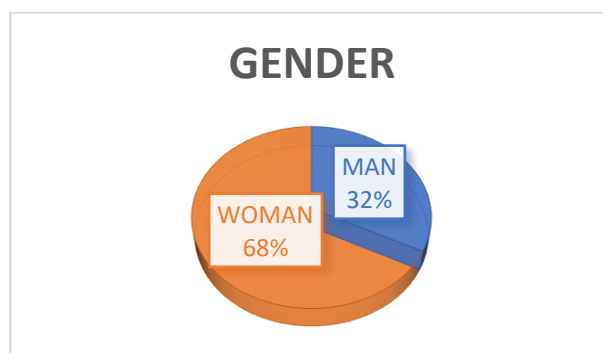
- c. Team members who will participate in activities have been notified.

Process criteria

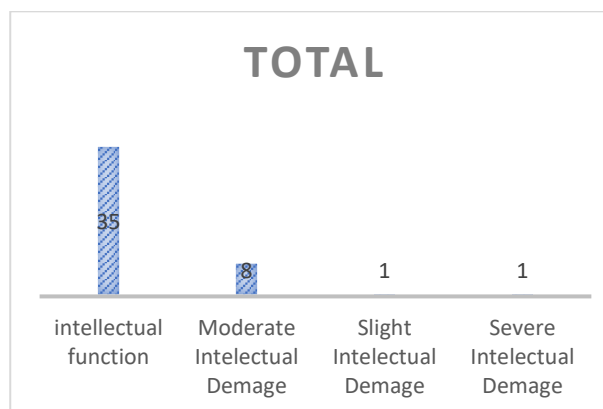
The activity is carried out according to a predetermined schedule. The whole participant follows the process of activities according to the provisions set by the committee.

Yield criteria

A total of 40 elderly who followed the screening.



The data processing results in the table above show that there are 13 males (32.5%) and 27 females (67.5%). Twenty-seven people (67.5%).



Based on the results of data processing in the table above, it shows that older people with intact intellectual function are 35 (87.5%), moderate intellectual impairment is 8 (7.5), mild intellectual impairment is 1 (2.5%), severe intellectual impairment is 1 (2.5%).), thus the most elderly in cognitive screening their intellectual function intact 35 (87.5%).



disturbance of functional status in elderly patients is decreased cognitive function. Cognitive is a complex concept that involves at least aspects of memory, attention, executive function, perception, language, and psychomotor functions (Nehlig, 2010). Decreased cognitive function in the elderly can include various aspects, namely orientation, registration, attention and calculation, memory, and language. This decrease can lead to problems including long memory and information processing; in long memory, the elderly will have difficulty retelling stories or events that are not so interesting to their attention and new information or information about people. According to the World Health Organization (WHO), it is estimated that 121 million people have decreased cognitive function the elderly, of which 5.8% are men and 9.5% are women (Djojosingito, 2002). Based on data from the South Tangerang City Health Office, the number of elderly >60 years in the area is 222,093, or around 31.37% of the 707,954 elderly (South Tangerang Health Office, 2009).

Public attention and knowledge of cognitive disorders at this time is still lacking. People tend to think of it as part of a natural aging process. In general, new people will seek treatment after severe cognitive impairment and behavioral disorders or dementia, so their management will not provide satisfactory results. Managing cognitive impairment at an early stage, both pharmacologically and non-pharmacologically can cure or slow down the progression of the disease so that the individual concerned still has a good quality of life. One way of screening for early cognitive disorders is to assess cognitive function with neuropsychological examinations

such as the Mini Mental State Examination (MMSE) (Dikot & Ong, 2007).



Based on these data, the authors attempt to conduct cognitive screening through this community service, which aims to screen for cognitive presence early. Nurses or families play an important role in helping the elderly who experience a decline in the cognitive aspect, namely by growing and fostering relationships of mutual trust, socializing with each other, and always holding 4 group activities, in addition to maintaining cognitive function in the elderly, efforts that can be made is by using the brain continuously and resting it with sleep, activities such as reading, listening to news and stories through the media should be made a habit, this aims so that the brain does not rest continuously (Ministry of Health of the Republic of Indonesia, 2008).



Based on the results of data processing in the table above shows that there are 13 males (32.5%) and 27 females (67.5%); thus, the most elderly participating in screening are elderly females, with a total 27 people (67.5%), and the results of data processing in the table above show the elderly whose intellectual function is intact 35 (87.5%), moderate intellectual

impairment 8 (7.5), mild intellectual impairment 1 (2.5%), severe intellectual impairment 1 (2.5%), thus the elderly who are mostly on cognitive screening are intellectual functions intact 35 (87.5%).

CONCLUSIONS & SUGGESTIONS

One of the most prominent forms of impaired functional status in elderly patients is decreased cognitive function. Cognitive is a complex concept that involves at least aspects of memory, attention, executive function, perception, language, and psychomotor functions (Nehlig, 2010).

Public attention and knowledge of cognitive disorders at this time is still lacking. People tend to think of it as part of a natural aging process. In general, new people will seek treatment after severe cognitive impairment and behavioral disorders or dementia, so their management will not provide satisfactory results. Managing cognitive impairment at an early stage, both pharmacologically and non-pharmacologically can cure or slow down the progression of the disease so that the individual concerned still has a good quality of life. One way of screening for early cognitive disorders is to assess cognitive function with neuropsychological examinations such as the Mini Mental State Examination (MMSE) (Dikot & Ong, 2007).

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Suggestion

1. It is recommended that the patient is admitted for cognitive screening first.
2. For the elderly who experience mild cognitive impairment, they need to be trained in brain gymnastics. However, if the cognitive impairment is moderate or severe, they need to be taken to special therapy.

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