Important Considerations in the Assessment of Seniors who are Aging with Cognitive or Intellectual Disabilities

Abstract

The primary objective of the present review is to summarize key findings on the assessment approaches and interviewing techniques that best meet the capacity of elderly individuals who are aging with cognitive and/or intellectual disabilities. Assessment techniques are not always relevant to the population of seniors who are aging with cognitive impairment or intellectual disabilities, because these individuals are often unable to describe or communicate their needs effectively. This makes interviewing such clients a problematic, not only for healthcare professionals, but also for everyone who is engaged in providing support and care to seniors who are aging with such disabilities. A structured literature search was conducted in PUBMED, MEDLINE and CINAHL from 1990 until August 2017 using terms such as “elderly”, “cognitive impairment”, “intellectual impairment” and other synonyms. A total of 64 articles were identified and further analyzed. Based on the current body of literature, assessment of seniors who are aging with any degree of cognitive and/or intellectual impairments is complex and there is no gold standard. However, there is number of strategies that can be helpful in clinical practice and research. Further research is needed on both cognitive and intellectual disabilities to establish a sound evidence for description, screening for risk factors or undetected problems, setting rehabilitation goals, and monitoring treatment progress.

Keywords: Aging; Cognitive impairment; Intellectual disability; Functional assessment

Introduction

Statistics provide considerable evidence that the population of seniors is going to increase in coming decades. As the older population grows in relation to the overall population, and the prevalence of chronic disabling diseases increases, the need for rehabilitation and long-term health care services will also increase. Recently, more attention has been given to the aging population. Unfortunately, this attention has not adequately covered a very important segment of the population of seniors: the elderly individuals who are aging with cognitive or intellectual impairments. Cognitive functions are broadly defined as the ability to “think”, which includes the ability to concentrate (pay attention), remember and learn [1]. Many texts refer to executive functions as cognitive in nature. Executive functions include the ability to plan, manipulate information, initiate, and terminate activities, and recognize errors [2]. According to the American association on intellectual and developmental disabilities, Intellectual disability is a disability characterized by significant limitations in both intellectual functioning and in adaptive behavior, which covers many everyday social and practical skills. This disability originates before the age of 18 [3].

Assessment of functional performance in the population of seniors who are aging with cognitive or intellectual impairments is needed in order to make informative decisions regarding healthcare plans and interventions to improve their quality of life. However, there is little consensus and much confusion regarding how best to measure functional status in cognitively or intellectually impaired individuals. Considering the fact that the population of seniors with such disabilities is expected to increase in the coming decades, there is a need of an evidence-based research to inform practice and healthcare systems about the requirements and demands of this population. This study presents a summary and critiques of the instruments available in literature for the assessment of functional status in cognitively impaired seniors.

The primary objective of the present review is to summarize key findings on the assessment approaches and interviewing techniques that best meet the capacity of elderly individuals who are aging with cognitive and/or intellectual disabilities. Assessment techniques are not always relevant to the population of seniors who are aging with cognitive impairment or intellectual disabilities, because these individuals are often unable to describe or communicate their disabilities effectively. This makes interviewing such clients a problematic, not only for healthcare professionals, but also for everyone who is engaged in providing support and care to seniors who are aging with such disabilities.

Discussion

General overviews to the literature, including sources for assessment scales, recommend important considerations should be in account when choosing a functional status measure [4-8]. Important guidelines on the assessment of aging individuals...
with intellectual disabilities were suggested by North American and British publications recently [9-11]. Assessments are often complicated in people with cognitive or intellectual impairments, and it is therefore essential to use validated outcome measures when evaluating seniors with cognitive or intellectual disability [12].

According to the ICF model, successful assessment of elderly person with functional cognitive and intellectual deficits should take in consideration, not only the physical condition, but also the patient’s personality, the environment and his or her coping skills. Before conducting any assessments for elderly individuals, there is a very important question we should ask: who is our client?

When health care professionals are working with seniors, these clients are expected to communicate with the therapist effectively and to participate in decision-making process. This situation changes with individuals with communication disorders, cognitive impairments, or have mental problems. Often, therapists discuss the functional abilities, preferences, interests, and values with their caregivers, family members or friends instead to get all the data they need. However, it is more important to engage the client into a client-centred approach. Now the question is: How can we engage cognitively or intellectually impaired elders into a client-centred approach? Hobson addressed this problem and introduced two strategies that can be used when assessing cognitively impaired and incompetent clients [13]. These strategies are:

**Graded decision-making**

In this approach, there are two levels of decisions: Decisions with low-risk outcome (e.g., whether to have your meal in the kitchen or dining room), and decisions with high-risk outcome (e.g., whether to return to live alone in your own home or to stay institutionalized). Hobson suggested that because activity modification and alteration is part of a usual health care practice for such populations, decision making can be modified by applying these same skills. Decisions can be graded to be less cognitively demanding.

**Advocacy**

In this approach, the therapist (or health care provider), according to Hobson’s suggestion, should listen and respect the client’s opinions, needs and preference even though he or she is cognitively or intellectually impaired. The therapist should serve as an advocate for the client. He or she should express and explain the client’s interests and needs to the people who have a legal authority to make decisions on behalf of the client [14,15].

Additionally, there is number of important factors may influence the assessment outcomes. It is essential to take all these factors into account before and during the assessment session of the seniors. First, it is very important to check client’s communication skills before the assessment. Speech-language pathologist is the one who can determine whether the client’s communication is reliable, because mentally impaired individuals may have low receptive and expressive communication skills. Secondly, it is important to assess the sensory functions of the clients before the assessment. Sometimes sensory disturbances may adversely affect the assessment. Visual screening and tactile sensory testing can help the therapist decide whether the client has enough sensory abilities to proceed with the assessment. Also, cognitively and intellectually impaired persons may get tired easily, so it is necessary to take the time of the assessment into account and administer the assessment when the client is well-rested, possibly in the morning. Under some circumstances, clients may be emotionally unsettled, it is important to avoid conducting the assessment when the client is at emotional distress. Finally, it is crucial to consider the medications the client is taking, because some medications have side effects and may influence the performance during the assessment [1].

**Conclusion**

Only little is known regarding successful strategies to perform functional assessment in the population of seniors who are aging with cognitive or intellectual impairments. Based on the current body of literature, assessment of seniors who are aging with any degree of cognitive and/or intellectual impairment is complex and there is no gold standard. However, there is number of strategies, such as Hobson’s strategy, that can be helpful in clinical practice and research. Further research is needed on both cognitive and intellectual disabilities to establish a sound evidence for description, screening for risk factors or undetected problems, setting rehabilitation goals, and monitoring treatment progress.

“My disability exists not because I use a wheelchair, but because the broader environment isn’t accessible”.

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**Conflict of Interest**

Author declare that there is no conflict of interest.

**References**


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