

Cognition in Parkinson's Disease

Dear Colleague,

Thank you for your interest in the MDS Health Professionals Special Interest Group (HP-SIG) with special thanks for those whom participated in the most recent MDS HP-SIG organized Basecamp discussion on Assessing and Managing Cognition in Parkinson's Disease (PD). This was our biggest and most successful discussion to date and I would like to bring your attention to the final summaries from the online meeting.

The diversity and richness of the discussion revealed that managing cognitive change in PD is one of the most challenging symptoms to manage, with Healthcare Professionals (HPs) being essential for both assessing and assisting patients and caregivers in managing cognitive change.

Our Basecamp meeting also represents a rich and in-depth global clinical conversation in sharing practice, which helps us all reflect, and perhaps even enrich, our own practice when delivering care for people impacted by cognitive change.

From our extensive discussion some key points were:

- There are a variety of screening tools being used, with the tool selected often shaped by your practice environment and the team that you work with.
- Cognitive screening is a key part of clinical research and assessing cognition in the research setting
 was often a responsibility of HPs.
- Raising cognitive change and assessing is often a confronting and distressing discussion for patients. Many HPs commented that ongoing education and discussion surrounding the cognitive impact of the condition had the effect of "normalizing" the symptom and allayed fears.
- Managing cognitive change in PD was seen as a key role of HPs from assessing, to education and to managing the symptom. Strategies used in management included, ensuring medications were reviewed and optimized, introducing cues and strategy training, increasing exercise- particularly programs such as PD Warrior and Rock Steady boxing. The discussion included the significant point that interventions and strategy training were individualized and the input of a multi-disciplinary or inter professional team was optimal.
- HPs are often involved in providing feedback in regard to cognitive assessments. The discussion identified this was a confronting and challenging discussion best managed through being direct and using easy to understand language and concepts.
- Communication within the team in regard to cognitive symptoms experienced by a patient allowed for further reinforcement and supported all professionals to modify care as needed.

- A key intervention was to refer for social support for both the person with PD and the
 caregiver. Peer Support Groups and programs often delivered by Parkinson's Associations were
 seen as valuable in provision of support and ongoing education regarding the symptoms and
 managing it.
- Education about the cognitive impact of PD for the patient and the caregiver was seen as key which included providing psycho-social support.
- Helping caregivers to understand symptoms was seen as a key HP role so that the impact on
 cognitive change is not misinterpreted as laziness, and caregivers were equipped to reinforce
 strategy training.

The discussion identified that assessing for cognitive change was a key intervention of most HPs, and while the Montreal Cognitive Assessment (MOCA) was the tool with the most evidence supporting it, other tools were used depending on practice environment. The discussion also revealed that communication and support for both patients and caregivers is essential and a role that HPs take responsibility for.

This Basecamp meeting was an excellent example of a clinical discussion and practice sharing on a global scale. Thank you for participating, sharing, and ultimately helping us all to enrich our practice.

View the meeting summary (organized by the Secretariat) to see the full discussion surrounding this topic.

Kind regards and Seasons Greetings,

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