



Screening Drug and Alcohol participants for mild cognitive impairment: why, how and does it matter?



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Research Question:

The research question for this project is two-fold: 1. What is the relationship between abstinence and mild cognitive impairment (MCI)? and 2. What is the relationship between abstinence and quality of life?

Aim:

Pre and post screening with The Montreal Cognitive Assessment Tool (MoCA) was used to investigate the type and amount of change in cognition and substance using behaviour in a Court mandated, illicit drug using sample. Focus on abstinence verses non-abstinence was the foundation for statistical analysis regarding physical and mental health and well-being as well as any potential changes in cognition. This report details the background of why screening is important for this client group, why the MoCA meets this need as a screening tool, and if abstinence has any influence on MCI and quality of life.

Background:

Mild cognitive impairment can be subtle in presentation, thus rarely detected in the clinical setting. At the same time cognitive testing in the drug and alcohol field has not been a standard part of an initial assessment. Historically, screening tools for MCI in the drug and alcohol field have been time consuming, usually requiring specialist implementation, scoring and interpretation. The impact of MCI for substance using participants can be mismatching of treatment services and approaches as well as difficulty in retaining participants in treatment.

Methods:

This study used the MoCA to screen 77 participants at week two and week eight of a 12 week Court mandated case management program: Magistrates Early Referral Into Treatment (MERIT). Particular focus was on participants who were abstinent at re-test, to ascertain if abstinence contributed to improvement in cognition. In addition, psychometric instruments administered at the beginning and completion of MERIT treatment were compared to ascertain if there were any changes of significance in physical and mental health outcomes in relation to cognition and abstinence.

Results:

A significant number of participants at re-test improved their MoCA scores whether they were abstinent or not at re-test ($p < 0.01$). The abstinent participants at re-test showed larger increments of improvement on their MoCA scores ($t(46) = 3.06, p = 0.01$). Other significant results showed an inverse correlation between quality of life (mental and physical health) and psychological distress measurements ($r = -0.65, p < 0.01$) indicating that as psychological distress decreased, physical and mental health score improved. There was no statistically significant relationship between quality of life measures and abstinence.

Conclusion:

Results from this study indicate that: 1. The MoCA is a worthwhile time efficient and valid tool for use in alcohol and other drug (AOD) assessments and 2. Retaining participants in a structured treatment has mental and physical health benefits independent of abstinence status.

For the full report on this project visit our website, follow the link to the Rural Research Capacity Building Program and click on 'view completed projects'

Kate has worked in the drug and alcohol field since 1998, with qualifications of Dip App Science (Nursing), Ba Soc Sc (Mediation and Counselling), and post grad studies in Addictions. Her working background in the drug and alcohol field has been as a Registered Nurse, Youth Drug and Alcohol Counsellor, Adult Drug and Alcohol Counsellor and Senior Case Manager (current). Since 2001 she has been with the Magistrates early Referral into Treatment program (MERIT), a Court diversion treatment program. Kate believes fundamentally in change and the capacity of an individual can determine their change process...she also believes in the power of the human story... everyone has one...



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