

Support and cognitive rehabilitation care at home in the management of early neurocognitive disorders

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Introduction

The use of **cognitive rehabilitation sessions (CRS)** in the care of people with neurodegenerative diseases increased following the 2008-2012 Alzheimer's plan in France. Practitioners work with primary carers to optimise care and ensure a better quality of life at home.

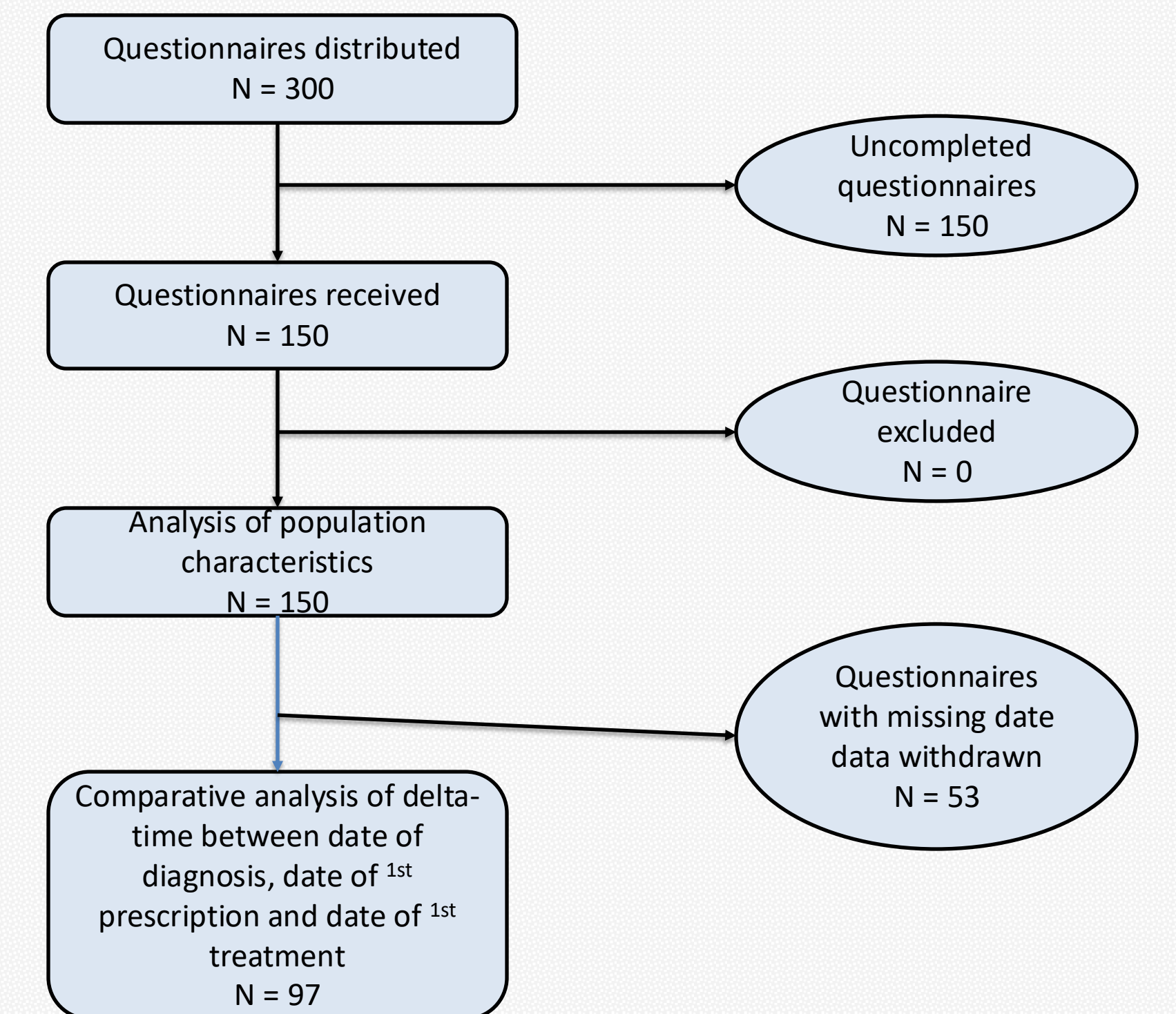
Materials and methods

Multicentre, quantitative, descriptive, observational study. We distributed questionnaires from May to November 2023 to the main carers of patients with mild to moderate cognitive impairment who had been prescribed CRSs. Variables were compared using the Kruskal-Wallis test.

	Number of peopl	Percentage
Types of location		
Day hospital	56	37%
Outpatient general medicine	75	50%
Memory consultation	92	61%
Rehabilitation sessions prescribed by :		
Geriatrician	104	69%
GP	28	19%
Other:neurologist	18	12%
Has the patient already undergone cognitive rehabilitation?		
Yes	129	86 %
No	21	14%
Are rehabilitation sessions carried out :		
Day hospital	35	23%
Day care	33	22%
At home by an ESA	115	77%
At home with a tablet	3	2%
At home by stimulating the carer	21	14%
Have the rehabilitation sessions already been repeated?		
Yes	81	54%
No	69	46%

Results

We collected 150 questionnaires. Our population had an average age of 81, was predominantly female (55%) and was mainly being followed up for memory (61%) and Alzheimer's disease (58%). The carer was mainly a spouse (74%) or a woman (40%). The majority of patients benefited from a SSIAD (47%) and physiotherapy (34%). 54% of patients benefited from APA.



69% of CRS prescriptions were made by a geriatrician, 19% by a general practitioner. The time taken to prescribe CRSs differed according to the place of follow-up (15 months day hospital vs 26 months GP vs 20 months memory consultation ($p=0.03$);

The average time from prescription to completion of CRS was 3 months.

	Average time	p= value
	In months (standard deviation)	
Average overall time between diagnosis of the disease and 1st prescription for sessions	21 (27,1)	
Time by type of prescribing doctor :		$p= 0.886$
Geriatrician	24 (31,4)	
GP	16 (13,7)	
Neurologist	16 (15,9)	
Time by type of location :		$p= 0.037$
Day hospital	15 (16,3)	
GP	26 (31,8)	
Memory consultation	20 (28,7)	
Time by type of venue for sessions		$p= 0.875$
Day hospital	22 (21,7)	
Day centre	31 (43)	
At home by an ESA	19 (21,5)	
At home with a tablet	21 (0)	
At home by stimulating the carer	29 (41,6)	



Concerning the opinion of the main carers: 98% of the main carers considered them beneficial, but in insufficient quantity (67%), 22% did not accept the presence of a team in the home, 21% found the home unsuitable for the sessions.

Conclusion

Cognitive rehabilitation sessions should be started as early as possible in the management of cognitive disorders to avoid progression of the disease. Patients treated in HDJ were prescribed cognitive rehabilitation sessions more quickly than patients followed up by their GP or in a memory consultation.