

Utilization of a Low-Fee, Community-Based Memory Clinic

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Recently, increased attention has been focused on the cognitive declines that occur in later life. Rather than lifelong disabilities, these disabilities are related to changes in cognition as we age. Whereas these changes typically represent normal age-related decline in cognitive abilities, in more serious cases they may be early signs of a pathological disease process, such as Alzheimer's disease. Both may cause changes in the way older adults process information and make decisions. As we look at the "The State of the World & The State of the Science in Cognitive Disability and Technology" it is important to understand the need for and develop screening tools appropriate for routine cognitive screening in older adults.

This study examined utilization patterns for a low-fee, community-based memory clinic ($N = 101$). The clinic provides cognitive assessments for individuals who are concerned about memory loss or who want to establish a baseline of current cognitive functioning. The majority of individuals who attended the Memory Clinic were well educated (≥ 14 years of education: 76%), middle to upper-middle class (\$25,000 to \$100,000: 54%), Caucasian (95%), married (58%) females (67%). Of the individuals who answered a question related to family history of Alzheimer's disease, approximately half (46%) indicated a positive family history. The majority considered themselves to be in above average health (≥ 6 on a 10-point scale: 68%). Few people reported problems with Instrumental Activities of Daily Living (IADLs; 27%) or Activities of Daily Living (ADLs; 26%). In general, memory-clinic clients indicated that they sometimes experienced problems with prospective and retrospective memory (69% and 73%, respectively, scoring in the average range of concerns). Basic screening suggested that 39% of the clients were experiencing normal age-related cognitive declines, 39% were experiencing some minor signs of memory loss beyond that of normal aging, and 17% were showing clear signs of significant memory loss. An additional 6% were concerned about decline, even though testing did not reveal any abnormal decline. Interestingly, the "average" client varied somewhat according to his/her final diagnosis. These results will be presented, along with speculation about why the various utilization patterns emerged.