

觀 塘 地 區 康 健 站 Kwun Tong DHC Express



Method

"MCI²" Mild Cognitive Impairment Cum Dietetic Intervention

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Introduction

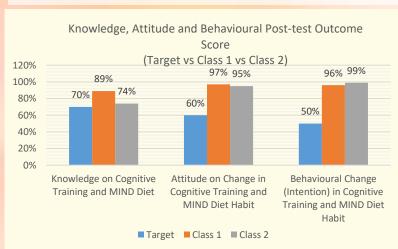
Studies showed non-pharmacological interventions including cognitive training (CT), increased physical activity, and proper nutrients use prevent cognitive impairment(CI)¹⁻³. People with CI, however, struggle with safe cooking for their inconsistent declines, resulting living difficulties and deteriorated self-efficacy.

Kwun Tong District Health Centre Express (KTDHCE) developed a structural CI-friendly dietetic education class (class) by Occupational therapist (OT) and Registered Dietitian (RD) integrating CT and dietary approach of MIND Diet* to slow down the decline.

*Mediterranean-DASH Diet Intervention for Neurodegenerative Delay

Result

14 and 16 participants (age 50-86, average 67) attended the two classes with 100% KAB response rates respectively. KAB scores were all met with target level (TL). Average knowledge scores were 89% and 74% (TL >70%); average attitude scores were 97% and 95% (TL >60%); average behavioural scores were 96% and 99% (TL >50%) and average satisfaction scores were 93% and 91% (TL >80%) respectively.



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Two Mind-diet dumpling-making classes were set up on 11/2022 and 3/2023 respectively with a post-classes Knowledge-Attitude-Behavioural test (KAB) done. The classes were designed as follows:

Phase 1: CI-Friendly Recipe Development

Dumpling was chosen for high cultural relevance, simplicity and repetitive making nature. RD refined the MIND diet recipe while OT standardized the steps with task analysis. Critical steps were identified for adaption, portion control and modeling.

Phase 2: Classes Implementation

Errorless learning approach including breaking into small steps, immediate error correction and fading cues was adopted⁴. Participants would follow OT's modeling with standardized portion supported by a step-by-step guide. RD supported error correction and faded cues progressively. Consistent size and shape were used for tracking learning progress.



Conclusion

Dietetic educational group with cooking process facilitates cognitive engagement, proper nutrients intake, and social connection. CI-friendly recipe facilitates daily living engagement and preserve clients' self-efficacy. Further program evaluation to assess its practicability and effectiveness to empower MCI users and cares is warranted.

Keywords: Cognitive training, Dietetic intervention, MIND diet

