

Cognitive & Communication Impairments



Etiology

- Neurologic Injury (CVA, TIA, brain injuries, brain tumors)
- Dementia (Parkinson's, Alzheimer's, Lewy Body, Vascular, Frontotemporal)
- Metabolic changes or endocrine derangements (Diabetes, UTI, HTN, medication changes)
- Oral/Throat Cancers
- Neurodegenerative Conditions (MS, ALS)

Potential Indicators

- Decreased attention to tasks
- Decreased safety awareness
- Decreased memory skills
- Difficulty finding room
- Word finding difficulty
- Withdrawal
- Confusion

When is Screening Recommended?

- New admissions
- Quarterly
- Changes in condition
- Following an incident (i.e. fall, behavioral outburst)
- In response to patient, staff, or caregiver concerns regarding cognition or communication

Treatment Considerations

- Individualize treatment, taking into consideration the patient's background, goals, preferences, strengths and weaknesses, and comorbidities.
- Always obtain prior level information. Treatment goals should center around recent deficits that are affecting the patient's ability to function.
- Determine discharge destination. Discharge planning, including the setting, resources available, and the level of assistance, should be considered on the evaluation in order to develop a meaningful and functional treatment plan.
- Be mindful that individuals may be adept at covering their deficits, may have poor insight into deficits, and may be reluctant to address the impairment. Communicate with the interdisciplinary team for care plan updates, staff training, or referral needs.

Therapeutic Interventions

- Cognitive training exercises and techniques (Montessori-based activities, spaced retrieval, association techniques, mnemonics, semantic clustering, memory aides, reminiscence therapy, Simulated Presence Therapy (SIMPRES), validation therapy, task-specific aids)
- Communication training exercises and techniques (melodic intonation therapy, Promoting Aphasics' Communication Effectiveness (PACE), physiologic and symptomatic voice therapy, AAC, expiratory muscle strength training, aphasia therapy)
- Cuing strategies (visual, semantic, phonemic, orthographic, auditory, tactile)
- Compensatory strategy training
- Caregiver training and education

Categorizing Deficits

Communication (Speech/Language)

- voice disturbances
- dysarthria
- apraxia
- anomia
- aphasia
- comprehension
- expression
- intelligibility
- reading
- writing
- pragmatics

Cognition

- orientation
- attention
- memory
- problem solving
- perception
- executive functioning
- visuospatial skills

Some deficits can span across communication and cognition. These can be labeled as a "Cognitive-Linguistic" or "Cognitive-Communication" impairment.

Cognitive-Linguistic

- decreased awareness
- judgement
- thought organization or problem solving affecting the ability to initiate or communicate needs, recall words, or comprehension

National Institute on Aging. (2014). Assessing Cognitive Impairments in Older Patients. Retrieved from <https://www.nia.nih.gov/health/assessing-cognitive-impairment-older-patients>

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American Speech and Hearing Association. Cognitive-Communication Referral Guidelines for Adults. Retrieved from <https://www.asha.org/slp/cognitive-referral/>