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Using the Montreal cognitive assessment tool (MoCA) to improve the identification of falls risk in long term care

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Introduction: Falls are the leading cause of death due to injury among the older adult population, as well as a major contributor to the high cost of health care. The National Database of Nursing Quality Indicators (NDNQI) has identified fall incidence as an indicator of healthcare quality. Older adults with mild cognitive impairment (MCI) are twice as likely to fall as their cognitively intact counterparts. Despite this, routine MCI screening is often not a practice standard in many long term care facilities. The development of clinical guidelines and strategies to mitigate the risk of falls through the prompt identification of those most at risk is essential to quality care and resident safety.

Objectives: This evidence-based project with a correlation design was conducted to determine if a relationship exists between MCI and falls risks. The goal was to implement as a practice standard the use of the Montreal cognitive assessment (MoCA) tool as a screen for MCI in a long-term care and rehabilitation facility in Philadelphia, Pennsylvania.

Methods: The MoCA tool was administered to 27 subjects with a mean age of 72. Those who screened positive for MCI were evaluated for gait and balance dysfunction using the Berg balance scale (BBS).

Results: 67% (n=18) were found to have MCI; of the 18 subjects with MCI: 10% (n=2) had normal gait/balance; 61% (n=11) had a low falls risk; 28% (n=5) had a moderate falls risk. Pearson's correlation coefficient formula was used for data analysis revealing a: strong relationship (r=0.93) between the presence of MCI and risk of falls; moderate relationship (r=0.52; 0.44) between age and MCI and age and falls risk.

Conclusion: Evidence supports the routine screening supports the practice of screening for MCI upon admission to the long-term care facility based on the strong relationship between MCI and risk of falls. Early identification of residents with this established risk can provide a valuable window of opportunity for fall prevention.

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Linking the evidence to advance health equity among individuals with mental illness

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There is considerable amount of evidence to suggest that individuals living with serious mental illness experience greater risk of morbidity and mortality than the general population. Many of those living with a SMI have dual diagnosis of substance abuse and are least likely to access and use preventive health care services. While there are many interrelated and complex factors associated with health disparities among adults with serious mental illness, many are modifiable risk factors and constitute a major public health problem worldwide. Individuals with serious mental illness experience challenges and difficulties navigating health systems and have limited access to high quality care and preventive services. Compared to the general population, this vulnerable group life expectancy may be shortening by 25 years. The myriad of complex issues that contribute to health disparities among those with serious mental illness will be presented and discussed.

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