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Mild cognitive impairment in elderly users of municipal centers of the Region of Murcia (Spain)

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Título: El deterioro cognitivo leve en personas mayores usuarias de centros municipales de la Región de Murcia (España).
Resumen: El trabajo de investigación recogido en este artículo tiene por objeto conocer la problemática del deterioro cognitivo leve (DCL) en personas mayores usuarias de centros sociales municipales de la Región de Murcia, para calibrar la importancia de la dimensión psicoeducativa como alternativa preventiva. Para ello se utilizó una metodología cualitativa (entrevistas semiestructuradas), tras una selección de sujetos aplicando escalas cuantitativas (e.g. MMSE, EUROTEST y Lawton). Se seleccionó una muestra de 148 sujetos para aplicar las escalas, de los que se consideró a 30 idóneos para las entrevistas posteriores. Los resultados arrojan evidencias de que, incluso en situaciones de DCL, se pueden llevar a cabo actividades que redunden en la mejora de la calidad de vida de los mayores. A partir de la investigación que se presenta, se podrían vehicular nuevas líneas centradas en el ocio y el tiempo libre, la soledad, la autoestima y el autoconcepto en las personas mayores con DCL.
Palabras clave: Personas mayores; salud; calidad de vida; deterioro cognitivo leve; educación.

Abstract: This article of investigation tries to know the issue of mild cognitive impairment **(**MCI) in elderly users of municipal centres to measure the importance of psycho-educational dimension like preventive alternative. For this reason, we have used a qualitative methodology (semistructurated interview) after a selection of people applying quantitative scales (e.g. MMSE, EUROTEST and Lawton). We selected a sample of 148 people for the scales, out of which 30 people were considered suitable for the interviews. The results show that despite the fact that elderly people have a MCI , they are able to practice activities for improving their quality of life. Within this investigation, new lines of work based in the free time, lonely, self esteem and self are opened to elderly people with MCI.
Key words: Elderly people; health; quality of life; mild cognitive impairment; education.

Introduction

Both, ageing the population worldwide, and increasing the quality of life of elderly people, are two of the principal aims along XX century. However, the fact that we live longer and longer and with better vital conditions do not prevent other situations or difficulties to find out, appear, so that other alternatives can be offered to contribute to keep and improve the quality of life.

In this sense, the cognitive damage constitutes one of the most important public health problems within developed countries. Due to the fact that it is related to age, we can observe a continuous increase both incident and prevalent, in a secondary way, to the progressive increase in ageing of the population (Amor & Martín, 2006). So, at the International Conference about Alzheimer in 2008, the epidemic data showed a prevalent of a 13-18% in people over 65 years old and an incident of a 5-6% (Álvarez & Alom, 2009). Within the Spanish context, some studies which have been carried out (Baquero, Blasco, Campos-García, Garcés, Fages & Andreu-Catalá, 2004) show that the valuation of moving from Cognitive impairment to demency would be a 10% in a clinical context and a 12% in no clinical contexts (Díaz-Ardomingo, García Herranz & Peraita Adrados, mentioned in Meléndez, Sanz & Navarro, 2012, pp. 603-604).

Traditionally, The Mild Cognitive Impairment (DCL) was related to the process of ageing; a vital stage which was detected in advanced stages of such illness. Nowadays, elder people can be evaluated in more and more previous stages so that we can act and have influence beforehand, and to be able to establish positive investigations and act with their families and their environment, as they are the principal elements for the development of the process. Within such meaningful increase in people over 65 it will be probable an increase in those illnesses associated to such age, like demencies, as it was stated in a previous paragraph. Nevertheless, we have to be conscious that not everybody who is getting elder without developing demency, do it with their intellectual qualities undamaged or reduced, in a mild or non pathological way: more than a 15% of people over sixty years old suffers from DCL (Molinuevo, 2007).

But, what do we mean by Mild Cognitive Impairment? Globally, the DCL is an alteration which affects a profile of people, generally elder people who, not being properly insane, show a slope in their intellectual and cognitive skills, and a slope which will be manifested in their daily life (Molinuevo, 2007). Regarding Alvarez and Alom (2009) the cognitive stage which states between normal conditions and insane, is characterized with cognitive deficit which is acquired without affecting the functional skills and the daily routines of people. Nowadays, the DCL is the term which is more used and accepted to mean an intermediate phase between the normal ageing and insane; a phase where the elder person shows a meaningful cognitive deficit, without interfering in his/her functions.

As far as this fact, we have to emphasize some surveys which show that both leisure activities and cognitive exercises diminish the risk of developing , in a future, the risk to evolve Alzheimer in elder people which suffer DCL (Llanero, Montejo, Montenegro, Fernández & Ruiz, 2010;

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Scarmeas, Levy, Tang, Manly, & Sterm, 2001). Those surveys show that it is highly advisable for such elder people with DCL to use a cognitive therapy oriented to the preservation of intellectual activity and the development of mechanisms of compensation. In this sense, from a psychological point of view there are lots of possibilities for elder people with DCL. As Zelinski (2003, p. 83), says "if elder people were considered about what they could not do, nowadays they are considered for what they still continue doing". "No shortage is so negative which can avoid us go on", writes Miret-Magdalena (2003, p. 15).

Therefore, the work of researching which is shown, tries to offer a view about the state of the situation from the own perception of the person, by using for that purpose, a qualitative methodology of research, without renouncing in favor of some quantitative tools which have made possible a diagnosis for those elder people who have been interviewed as suffering DCL. In this respect, some studies (Casullo, 2009) showed the importance to supply designs of investigation focused on analyzing how interviewed people make their social representations about this topic, need or problem to research. Other similar studies deal with it from different points of view (Escarbajal de Haro, 2004; Martínez de Miguel, 2003; Miñano, 2006; Montero, 2005; Salmerón, 2013), but none of them deal with DCL in elder people who use social centers from their perceptions , psycho educational lacks and from the possibilities to work with a psycho educational action within this collectivity. That is why, within the research along this article the following aims were taken into account:

a) Recognize and *understand* the key points and characteristics which can be more important for the Mild Cognitive Impairment
b) Know about the perception which elder people suffering from DCL have about health and quality of life.
c) Detect possible psychosocial lacks which elder people with DCL suffer

Method

Participants

Regarding the subjects to research, we have to mention that a total of 30 elder people aging between 68 and 84 years old, out of which a 70% were between 68 to 79 years old; a 73,3% were women and a 26,6% were men. All of them are part of the *Programme about Gerontology and Healthy Ageing* which the social centers are carrying out in different parts of the region of Murcia. It is a programme which offers elder people better possibilities to feel useful in society and live their ageing in an active way.

As far as social-demographic variables, we have to show that a 56.6% are married people, a 40% widow and a 3.3% single. Relating to their education, we have to identify a low rate of school attendance mainly referring primary schooling a 60%, a 33.3 % without schooling and a 6.65% with secondary school.

Procedure

In order to establish the final draft of this research, we followed the following procedure: out of a population of 2485 elder people belonging to 44 centers included in the programme, 1152 people were valued, who are those ones who go, in a regular way and participate in the different activities in such centers for elder people. Out of 1152 elder people were selected by geriatricians in such centers from the 148 individuals who were valued with subjective symptoms of loss of memory (GDS2), which identifies a normal individual with mild cognitive impairment, regarding the Global Impairment Scale by Reisberg (1982). 148 individuals were selected and a number of proofs were applied as they will be explained afterwards. And, after analysing the data which were obtained when assigning the psychometrical proofs, 34 individuals with DCL were detected which would correspond to the stage GDS3 according to Reisberg Scale.

Though we decided to use a qualitative approach for the key point of such research, it was also necessary, as we have stated, the use of quantitative tools to be able to select, in an accurate way, the individuals within this research. It is nothing new, as Martorell and Gómez (2010) already elucidated about the value of the psychological tests as an illustrative simple of a phenomena to study.

Regarding the special tools used, we have to clarify that elder people which were selected had some special Standard Gereontology Evaluations to carry out a neuropsychological value, by using such tests like MMSE y EUROTEST, which were based in LOGICIEL/ EGS, which consists mainly in (Avilés, Balas & Martínez, 2005):

- Apply scales which have been valued in an international way with computing technology.
- Let detect the delicacy, which in gereantological terms, refers to the vulnerability of elder people to start with the loss of autonomy.

The following tests were taken to 148 individuals with subjective sympthoms with loss of memory:

- MMSE (*Minimental State Examination*), for the evaluation of the cognitive function.
- EUROTEST (very useful for illiterated people or/and lack of culture), used as a complement to MMSE, as it has the risk of slopes within the cultural type.

As we pretended those people for the research to be autonomous (as the results obtained would be much more objective), we applied Lawton Scale on the basic activities of daily life, and we checked the ratio of comorbility by Charlson, which was designed to forecast mortality in a long period according to the function of the associated chronicle pathologies. The analysis of the results showed that out of 34 people, 4 of them did not fulfill the necessary requirements

so that their autonomy were total, that is to say a ratio by Lawton of 8(the punctuation to be autonomous should be under 8), and the comorbility by Charlson between 0 and 1, as it involves a risk of mortality. For that purpose, the criteria by Petersen (1999), were necessary for the diagnosis of Mild cognitive Impairment:

- Subjective complaints of memory which were made out by people and mainly corroborated by any other informant.
- Observation of an impairment of memory throughout neuropsychological specific tests.
- Normality in the rest of cognitive skills.
- Natural acting in the daily life or mild impairment in the instrumental activities.
- Lack of diagnosis criteria of Insane.

Finally, 30 individuals took part in the interview (those ones who fulfilled the criteria by Petersen and had autonomy). A semi structured interview was used as it was considered adequate to collect subjective data related to beliefs, experiences, needs and knowledges of elder people further a descriptive area, which is traditional in elder people researches, but it has the problem that it does not let you deepen on it or discover real questions, experiences and values which those people can offer (Martínez de Miguel, 2003). The semi structured interview let you collect all kind of data from the interviewed person, and equally helps you keep a physical and personal contact with him/her, by exchanging impressions, opinions, feelings and personal meanings. In this sense, Lyman (1998) showed that it is possible, even, to interview ill people suffered from Alzheimer throughout guided conversations. Hereby, in this research, the semi structured interview focuses on thematic essences which have orientated the questions which were designed. These essences were:

A. Health
B. Relationships
C. Education
D. Self-steem
E. Leisure
F. Quality of life

Once we obtained the necessary permissions, we proceeded to start the fieldwork of research which consisted of:

1. Not prescribed selection of people to interview.
2. Quotation of such people in one of the centers which is usual for them to meet.
3. Proceed of the information to interview.
4. Explanation about the research to be carried out.
5. Compromise to use the data only and exclusively for such research.
6. Ask for permission for those interviewed people to be recorded, by explaining them that in such way, we collect reliable information not losing details which can be interesting (by avoiding to record images since such images had a bad influence on the interviewed person).
7. Development of the interview.
8. Data analysis: transcription, codification, categories and analysis of the content, by using a traditional procedure based on the classical fieldworks by Taylor and Bogdan (1994) and Miles and Huberman (1984), recognized experts on qualitative methodology.

The data analysis was a key point, as well as problematic, within the process of research. The open and flexible character of this methodology, as well as the diversity of views involved in it and the lack of orientation and systematization on this respect, will have conditions which can explain such situation. Basically, the analysis of the content was carried out throughout processes of theories (exploration, description and interpretation of the data,), general analytic procedures (throughout diminution and exhibition of data with descriptive categories) and strategies of sequenced selection to generate constructos (Lecompte & Goetz, 1982; Martínez, 2006).

Mind to stand up that, when we use, in a qualitative research, the interview as a tool to obtain information, the adequate sample can be between 25-30 people, to avoid permeate the information which was obtained according to the researchers by Taylor and Bogdan (1994). In such case, we worked with a sample made up of 30 elder people with DCL.

Results

The data which we obtained were gathered according to 6 categories of analysis and some subcategories. These basic categories could make the conclusions of such investigation, after analyzing and discussing the results:

1. Health:
   1.1. Psychical Health
   1.2. Physical Health
2. Relationships
3. Education
   3.1. Academic
   3.2. Expectations and Projects
4. Self-stem
5. Leisure and free time
6. Quality of Life

Health Category was doubled into two subcategories: Psychic Health and Physical Health, so, this way we could make a more detailed analysis of basic elements for people with DCL. Regarding Psychic health, we could check that a meaningful number of individuals who were interviewed show a not very high state of mind, and it can be attributed, among other reasons, to age, to its impairment or to any other circumstance around their lives, such as familiar or personal situations: *Bad, as I do not want to be on my own, I would not get up; Everything I can see is bad though people say this is not so (E2). I feel really downcast (E7). I have a nice day though others I feel*

slump in moral (E12). Though there are also people with much more in the mood and willingly to live.

Maybe, this is one of the most essential categories, as one of the principal axes of the investigation are people with DCL, and it is here where we can enquire into, in a clear way, within the topic. It is in this category where we can find in a significant way any symptom which characterizes the cognitive impairment. We can check how most these elder fall into oblivion objects in their house, and equally can remember facts and events which happened long time ago, and however, they cannot remember events which have just happened : *I can remember better something which happened long time ago. But,… I start preparing lunch and say: where am I going? What are the ingredients for this lunch? (E1). Maybe I forget what happened yesterday but I can remember what happened long time ago (E24).*

Nevertheless, all the individuals which are part of the sample face up the problems quite well, and besides, they have the support of their sons or daughters , and, mainly in their couples when they feel they are not capable of facing or solving any question which arise in their daily life. But what it is more notable is, that, in general, despite the fact that they sometime feel slump in moral, all these people who were interviewed were really willing to live and they accept health problems as something natural of their age. They can understand and adopt the normal health disability conditions which can appear with their age.

We can obtain necessary information about the perception of physical Health if there exists any condition which avoids them continue living in a natural life. It is meaningful that all elder individuals who were interviewed within this research have a similar concept about health: They feel weaknesses, in general regarding their age, but they feel quite well and it is so how they show it in their answers: *How do I feel? Well, with some weaknesses, but well (E12). Sometimes my legs hurt, but this is something normal related to my age (E16).*

The interviewed elder people state that health conditions do not affect their lives. Their chronic problems do not suppose an obstacle to go on living a normal life. This is quite interesting as it shows how these individuals are able to carry out lots of activities and their DCL is not a problem.

Concerning the relationships, we can state that social relations are a key point for elder people, and it is clear that both sons, daughters, family in general or friends, are really part of their social environment; it is a notable fact that they can have relationships more with their family members than any other people or social group: …*Erm….with all of them, with my sons or daughters or sons in law very well, as well as my brothers or sisters (E6). Yes, certainly, I get on well with my sons and daughters which is the principal thing, and with my family (E23).* Though it is also important to point out their social relationships with neighbors and friends, which are equally important and gratifying: *Yes, I have lots of friends (E14). Life has to be lived together to other people (E20). Any time we travel we always make friends (E28).* Their relationships, so, are satisfactory at all and they can encourage it in activities in centers for elder people, trips, parties, etc.

Equally, Education category was divided into two parts: Academic and Expectations and/or projects, which will help to know the education that these people have and if they have or not any other project or expectation regarding this concept.

As it was stated in a first category, the academic education in this group of elder people is really low. As far as elder women, rural life, the epoch when women dedicated their life to work the land or housework, as it is known, registered a generation of women who suffered from a society who kept them apart and did not offer any possibility to be considered equal to men. Nearly all interviewed women would have liked to study: being teachers, nurses…: *I would have liked to become a nurse (E5). Me, without doubt, a teacher (E8).*

Nevertheless, elder women who are part of this sample, did not study but they have in common a very important aspect: willingness and illusion .they remind their past, by remembering their little assistance to school and the illusion to have been able to study. All of them would study now if they could.

Regarding elder people´s expectations and projects, we can state that it is not lack of illusion, but willingness and age make them not plan any longer or a difficult project: *I think that we can always do things if we have illusion and we are strong enough to do them. What happens is…..that we are quite older. (E16)*, although it is true that they are involved in lots of leisure and educational activities like painting or socio-cultural workshops.

Self-stem also constitute a meaningful category of analysis within this research. The investigation by Levy, Slade, Kunkel & Kasl (2002) concludes that elder people with negative opinions about getting older shorten their lives more than seven years if we compare to those elder people with positive spirit facing age. That is to say, self-stem is a key point which has to be considered when carrying a project about Healthy Ageing, since it is really tied to psychical health of people. A high self-stem, in general, is a key point as these people consider themselves really valuable and think that their experience is very positive for everybody.

These elder people who were interviewed show a great satisfaction about what they lived in their youth despite the fact that they suffered and the effort, and the work that they did. They consider themselves necessary so that their children can work, and it makes them important. Now they are in a stage of their lives where vitality, beauty, and strengh…..are not already present, but they have to face up this stage as something positive, something natural, they only ask for health, which is considered a key point in their lives: *getting older is how we are seeing since we are born It is not better or worse, it is another stage in our lives. (E1). I think it is a positive stage it is life, isn´t it? (E7). I am satisfied; I have suffered a lot, I have fought, but here I am and living (E20).*

Next to last, we have taken into account leisure, as it involves lots of contradictions when facing that stage of life

when they have more free time. Leisure and free time are part of the life of elder people, and there are a great part of individuals who are involved in sociocultural activities which make reference mainly to activities which are programmed by social centers, or regional elder centers, women or education town councillor: Crochet Hook, Sewing, gymnastic… *(E1). Me, my free time? When I finish doing my tasks, I do bobbin, do homeworks and I do calligraphy, and I take care of my grandchildren quite often (E3).*

It is really important to point out that elder people who were interviewed are happy, in general terms, with the leisure activities which they do and, even, ask for more if they are given some offers, though on the other hand some of them consider it is enough and they do not need more. Meetings in centers for elder people pay an important role of social integration and socializing. The participation in several activities which they organize (leisure games, excursions, labor, painting, theatre, intellectual help…) supposes an excellent reason for the personal enrichment, strengthen friendship and face loneliness, a serious problem with a lot of people, above all elder people who have just been widow. These centers for elder people are in most cases, facing social exclusion and make elder people meet friends, enjoy themselves, and have fun with adequate activities which can be interesting for them.

To end with, but equally important, we analyzed the quality of life of the interviewed elder people from their own point of view, taking into account that quality of life is a complex term. It shows a varied quantity of aspects which are linked and indicate states of welfare in those people. We will have also to consider that quality of life is not a state, but something else: an active construction with a lot of values which condition the state of satisfaction and welfare of a population, throughout a number of indicators such as health, autonomy, economical income, social relations, with the environment, communication, activity,…so, quality of life shows the feeling that the individuals have, when their needs are satisfied.

These people do not have a great knowledge about the term *quality of life*, though they have heard about it on radio or television. In the same way, they understand the term on their way and they become to understand, after analysing it, that it is a physical or psychological state of welfare which is necessary in people and will help them get elder in a more satisfactory way. The quality of life of these people is focused on three important points: health, as the most important key point; Money, to live in a more comfortable way; and relationships with other people, family and friends: Having health, happiness and all this *(E7). Getting on well with people, having good health, having money, having a calm conscious (E26).feeling well and not lack anything, food, house, clothes…(E29.)*

It is considered that the majority of elder people who were interviewed are quite satisfied with the quality of life that they have. When they understand the dimension of the term, they assume that and they conjugate it with health and family welfare: *as far as it is possible, well. I am not depressed. I go out to the street, I have fought and I have brought my children up (E19). I cannot regret, what I have spent along my life. E25).*

In conclusion, the categories which have been taken into account affect important daily activities of these elder people, since they let them show feelings and emotions, and also perceptions, about their lives and about how health and quality of life can affect their way of living.

All together can contribute to establish some minimum and necessary foundations to plan questions which make people think over different aspects such as education, health, self-stem, etc. After analyzing all the information which we obtained, and once we detected the needs of these elder people, from both a psychological and educational view, we can reflect on the orientations which can contribute to improve the socio-cultural and cognitive conditions of these people.

Discussion

This research has concluded that, even in these situations of illness where a person can be diagnosed with DCL, there are some activities which can improve the personal and social development in a meaningful way. It fact, It is mentioned as really positive according to the studies by Meléndez, Sanz and Navarro (2012)how it is so important the prevention and intervention for the diagnosis of DCL.

Health is the key point for these people. And from a psychic dimension, we can observe that elder people, different from what it may look like, present good levels of self-stem. In fact, the data that we obtained coincide with the research by Goñi, Fernández-Zabala and Infante (2012), and indicate that age is a determinant element to improve the own opinion, with a major incidence if possible if they are women. This fact takes them consider the little capacity for these variables, sex and age to have influence on the personal opinion. These proposals constitute an important factor to break with the stereotyped image of elder people as unable, depressed and not useful for society. That way, the results of such research make us consider that it is possible that there exist other types of variables, so we would have to deepen in these questions by using deep interviews.

However, we have to be conscious that, in general terms, the biomedical model of health prevails, not only in the own concept of people, but also in institutions, in professionals, and policies which register the change in health. The researchers on the cognitive impairment have been concentrated on biomedical models, which traditionally have focused on the characteristics of the individuals, apart from contextual and educational aspects. (Bond, 1992; Escarbajal de Haro, 2004; Salmerón, 2013). This is going to show several consequences which must be considered, the most important one is that the doctor is the principal figure, the doctor is considered even superior to them, and this is the reason why there is not a mutual confidence which should exist between them, and this fact can damage the elder person; and furthermore, everything is focused on health, and as we

have been considering along this research, it is not the only element which should be taken into account, although it is considered important, we do not have to make difference between the aspects of health and quality of life of elder people, they should be considered globally, and this way it would benefit and help those people a lot.

On the other hand, it is known that those people have to acquire good habits from childhood, and this way, when getting older we can have a healthy habit from childhood for body and mind. So, health education has been considered a very interesting psycho-pedagogical tool, so that from early ages elder people could try to live and enjoy life with a reasonable good health (Avilés, Balas & Martínez, 2005). It is necessary that elder people are conscious about the fact that despite the unavoidable physical or cognitive impairment, they can enjoy and protect health.

In the same way, we state that according to the results of this research, people who are part of the closest environment of these interviewed people-couple, sons, daughters, neighbors- are an important part of their lives. Family usually gives necessary attention, and about all, affection, love and nearness, not as an obligation but as a signal and a human fact which can never be given up. Loneliness is a great threat for elder people and it is totally necessary to prevent it. Loneliness can be faced up with nearness, affection and love.

Likewise, it is evident that leisure and free time are necessary along your life, though in elder people it is going to be basic to have a satisfactory old age. It is necessary to know how to use time, about all, when you are old, fill it with meaningful activities, since you can always do things, something we are satisfied for, and this way, those elder people will feel useful, apart from taking advantage of several activities which for different reasons such as work, home….they could not do in other moments. It is then essential, to teach our elder people how to use and take advantage in a nice and satisfactory way, trying to enrich and keep their minds and anxieties active.

We have also been able to check along this research that quality of life is a complex concept which has a clear multidimensional characteristic. We have stated that the concepts involved within this idea are not independent, on the contrary, there exists a dynamic interaction between them, a tight interconnection which should reinforce the idea to change the concept multidimensional to interdimensional. Another aspect which must be considered when we talk about quality of life is the own subjective condition of this concept, which is involved in the way of thinking and being of any person which requires opinion and impressions. Nevertheless, the research by Sánchez, Torrells, Fernández & Martín (2013) reveals that the perception that elder people have about their quality of life stands out to a great extent characteristics of vitality and physical and psychical health; but in not great extent the emotional role and social function. The same conclusions considered the research by Lucas-Carrasco, Peró and March (2011) concerning the fact that the physical health is the key point for elder people when evaluating their quality of life.

Within the elder people collectivity, people with DCL must be paid more attention from the moment of the diagnosis by taking into account medical and psychological measures and we do not have to forget the educational dimension to avoid as much as possible the mild impairment. In fact, considering researches by Meléndez, Sanz and Navarro (2012), elder people with less educational formation has a greater risk not only to have symptoms of amnesia but also difficulties with other cognitive domains. That way, Memory confusion are key elements within DCL, and this fact makes necessary and essential the planning of certain activities and performances to reinforce and activate the different mental capacities of elder people who suffer that impairment. That fact justifies the planning of actions to stimulate memory in a cognitive way.

Nowadays, there exist a great number of evidences that brain structures can be modified even in a macrocospic way due to environmental factors and reasons, what it is really interesting and useful to be taken into account from an educational point of view (Toribio & Medrano, 2009). If we deal with the research by Llanero, Montejo, Montenegro, Fernández and Ruiz (2011) it is shown how the programmes about cognitive stimulation contribute to the fact that elder people with DCL improve the area of memory, verbal fluency and vision and spatial skills. One of the most important involvements in the research by Sánchez, Fernández-Cueli, García, García and Rodríguez (2011) regarding the application of a computing programme to stimulate the attention in elder people, refers to the fact that the attention impairment is independent from sex, however, an easy training can make those capacities not be damaged, on the contrary be improved. This argument coincides with what it has been studying within this work, we highlight the importance of training the capacity of attention when getting older.

In a last decade, a growing interest and relevance to the use of strategies of cognitive stimulation is being carried out. Other examples of programmes which have been accepted in Spain such as *Programme of Integral Psycho-stimulation Integral (PPI)* (Tárraga, 1998), Let´s activate our mind (Peña-Casanova, 2005), The Trunk of Reminds (Losada, 2003) *Smartbrain* (Colectivo Educamigos, 2014) o *Gradior* (Franco, Orihuela, Bueno & Cid, 2000), among others.

Conclusions

The main purpose of this research was to help to end with the idea of getting older as a synonymous of illness, or not being useful; getting older is, however, *any other step in our life*, a stage with its limitations and its virtues….So, if we avoid getting older, as part of our nature as human beings, it will be disguise ourselves, and it can produce mental frustrations and problems. The person does not want to get older and however this is an unavoidable fact; to understand this is to go onwards, look for a satisfactory and positive ageing and

enjoy life, beauty, nice moments, know how to face difficulties. Ageing is the result of living moments in previous stages of life, so we have to understand that we cannot extemporize, it is part of the vital process.

From these conclusions we have to reassert the need to propose psycho-educational measures for these elder people with DCL. These elder people constitute an important collectivity that must be reinforced in a full, effective and meaningful way on the part of Administration. The state of Right and Welfare must be the framework and support to break frontiers, take advantage of equality and other benefits which are a fundamental right which is innate to everybody´s nature.

In this sense, prevention must constitute a firm and lasting base of attention to elder people. For this purpose, constructive leisure and free time must help these people, the majority of who have never enjoyed, as a pressure towards a satisfactory ageing throughout socio-educational programmes and activities.

For all this, we consider that, memory workshops, programmes of cognitive and emotional stimulation and the planning of activities focused on keeping active the minds of these people, are a key point to make these people happy in a satisfactory and positive way.

To end with, the principal aim after the result of the investigation will consist in focusing on the preserved functions of this investigation with the intention of improving or keeping the cognitive aspect, that elder people who suffer from DCL diminish being totally dependent on any other person.

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