

M. E. Martin¹; L. Crivelli^{1,2}; M. B. Helou¹; M. F. Clarens¹; M. M. Arruabarrena¹; G. Agnoletti¹; S. Sanz Simon³; S. Belleville^{4,5}; A. Bahar-Fuchs⁶

¹ Department of Neurology, Fleni, Buenos Aires, Argentina. ² Instituto de Neurociencias (INEU), CONICET, Buenos Aires, Argentina. ³ Krieger Klein Alzheimer's Research Center, Rutgers Brain Health Institute, Rutgers University, USA. ⁴ Psychology Department, Université de Montréal, Montréal, Canada. ⁵ Research Center, Institut Universitaire de Gériatrie de Montréal, Montréal, Canada. ⁶ SEED Lifespan, School of Psychology, Deakin University, Melbourne, Australia.

TAKE HOME MESSAGE: Strengthening regional evidence is key to overcoming existing barriers, addressing current limitations, and advancing effective and feasible cognitive interventions in Latin American clinical practice

INTRODUCTION

Cognition-Oriented Treatments (COT)

Cognitive Stimulation (CS)

Cognitive Training (CT)

Cognitive Rehabilitation (CR)

- COT promote cognition and autonomy in adults with or without cognitive impairment.
- Limited agreement on implementation and usefulness ☐ self-report survey to examine practices, beliefs, and consensus, developed by the Cognitive Intervention Design Evaluation and Reporting (CIDER) group.

Objectives

- 1. To assess the survey's applicability and clinical relevance in Latin America.
- 2. To examine knowledge, practices, and training needs related to COT among professionals in the region, with the goal of supporting more effective and context-sensitive interventions.

METHODS

 Design

 Instruments

 Cross-sectional pilot survey

- Healthcare professionals
- Latin American
- Aged ≥18 years

Figure 1. Changes in survey structure across adaptation stages

Original version (2017)

N=32

71 items, 8 sections

30-40 minutes

- Translation and back-translation, in collaboration with the CIDER group.
- Incorporation of cultural adjustments to align with regional specificities and clinical context, ensuring ecological validity.

Version 1 (2024)

N=21

70 items, 3 sections

30-40 minutes

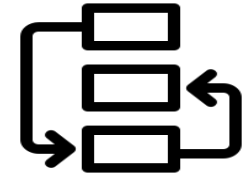
- Pilot test to evaluate the adapted survey's applicability.
- Based on its results, items were refined and the survey was shortened.

Version 2 (2025)

N=38

53 items, 4 sections

15-20 minutes

 Procedure

The adapted survey was distributed to professionals across the region via email and direct messaging, and responses were collected using the REDCap platform.

RESULTS

Figure 2. Sociodemographic data



9,5%



90,5%



52,4% Bachelor's Degree



14,3% Post Graduate Student



33,3% Post Graduate Degree



85,7% Psychology



14,4% Other health professionals

Age	%
26-35	57,1
36-45	23,8
≥45	19,1



- Argentina
- Bolivia
- Ecuador
- Colombia
- Peru

Figure 3. COT approaches perceived as most useful by clinical group

No cognitive impairment

CS

CT

CR

56.3

62.5

31.3

Mild Cognitive Impairment

CS

CT

CR

56.3

62.5

18.8

Mild-moderate dementia

CS

CT

CR

41.2

12.5

56.3

Perceived utility of COT approaches according to patient status are consistent with current stage-based recommendations

CT ☐ most beneficial for adults without cognitive impairment and with Mild Cognitive Impairment

CR ☐ most beneficial for adults with mild-moderate dementia

MOST FREQUENTLY PERCEIVED BARRIERS TO COT IMPLEMENTATION

 Financial/policy-related constraints

 Insufficient time

 Limited access to information

The pilot study led to the removal of low-applicability or confounding items. High non-completion rates also indicated the need for a shorter and more user-friendly version.

CONCLUSIONS

COT use in Latin America

- Regional evidence

Perceived barriers

- Targeted training
- Structural support

Survey limitations

- Further adaptation needed

CONTACT

Giulia Agnoletti

To learn more about this research or for further discussion, reach out through gagnoletti@fleni.org.ar