

Co-designing the **Co-Cog app** to monitor cognition, health, and wellbeing after dementia or MCI diagnosis

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1. Introduction

- Post-diagnostic services for people living with dementia (PLWD) are often fragmented, poor quality, or absent^{1,2}
- PLWD find health and care services hard to navigate³ — often, access requires proactive self-referral.
- Many PLWD or mild cognitive impairment (MCI) are lost to follow-up or not picked up as their condition changes^{4,5} — issues are not caught or not treated early, meaning patients frequently present to services at crisis point.
- **AIM:** work with dementia professionals and people with lived experience of dementia or MCI to **co-design an app, to monitor the health, wellbeing, and cognitive function of PLWD or MCI.**

3. App features

- Self-report app co-designed to be (1) accessible, user-friendly & engaging, and (2) clinically useful.

The app has three sections, for different user groups:

Health & wellbeing questions: mood, general wellbeing, sleep, physical activity, falls, pain, continence, social engagement, perceived cognitive change, social support & loneliness, appetite & weight, hearing, vision.

Cognitive assessments: verbal memory, visual memory, spatial memory, executive function.

PLWD or MCI

Care partner

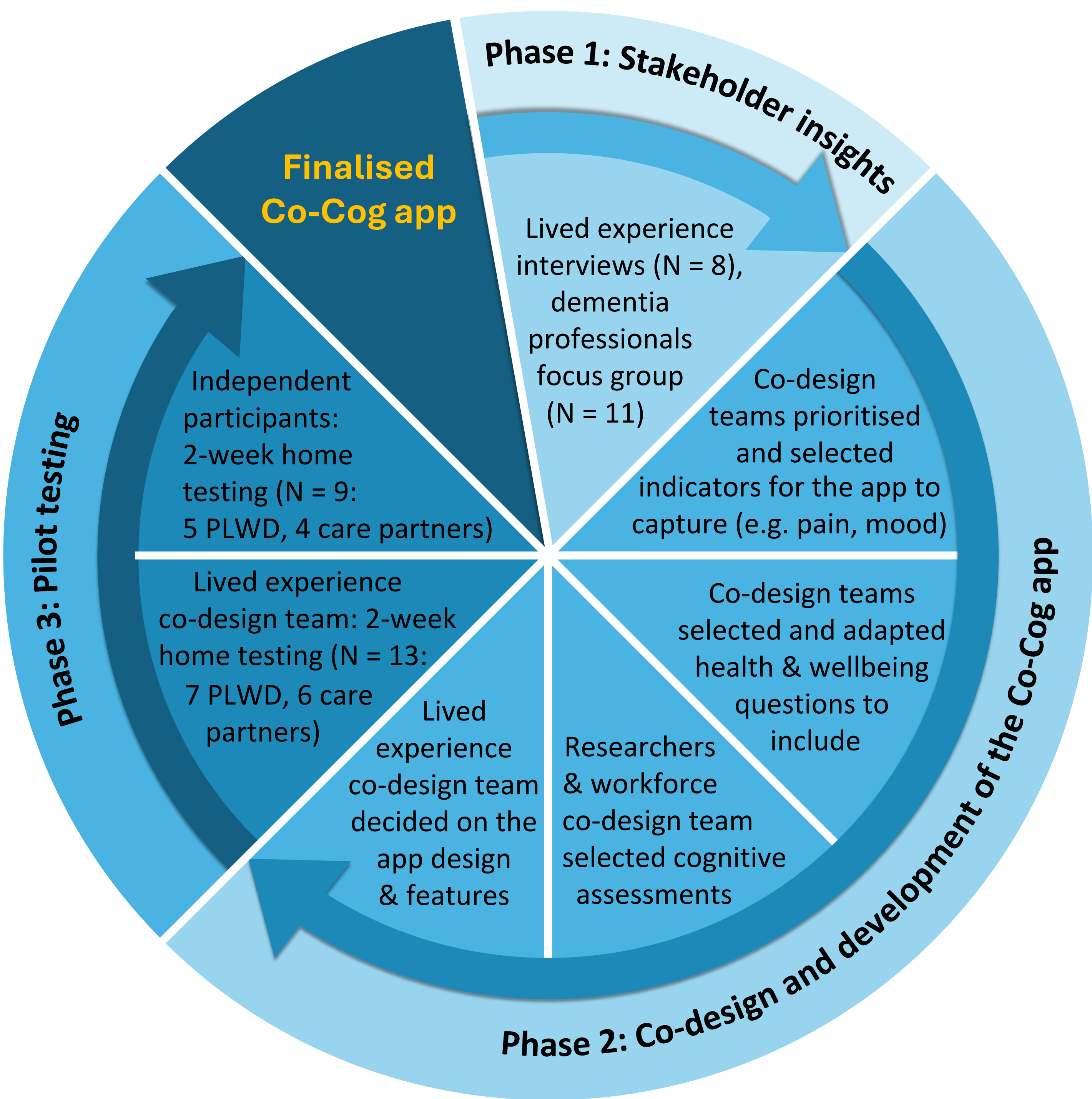
Informant questions: on health and wellbeing of person for whom they care.

Care partner questions: assess their own general health and wellbeing, caregiving impact, coping, sleep, nutrition, and meaningful activities.

Workforce ‘control panel’: flags deviations from baseline using a RAG (red/amber/green) rating system.

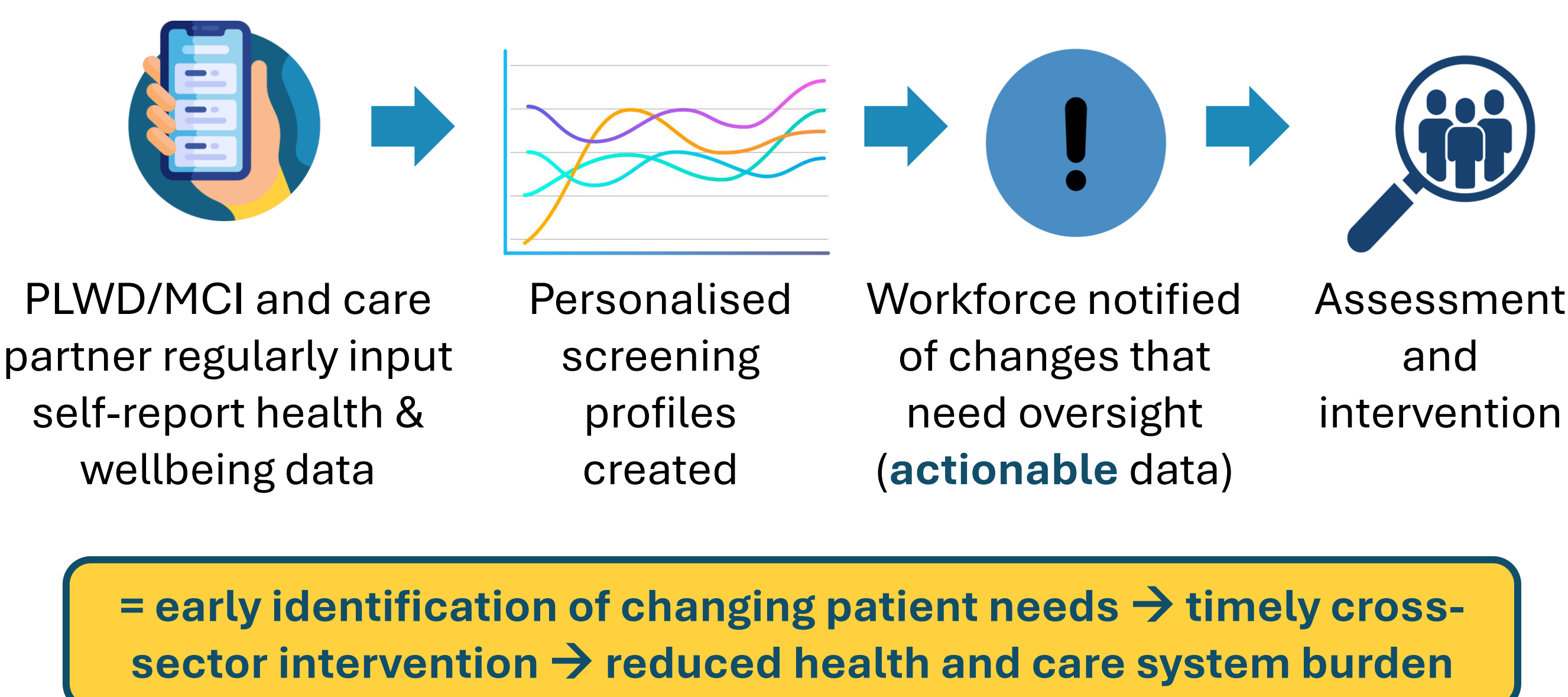
Dementia workforce

2. Methods



Co-design cycle. For Phase 2: Eight lived experience workshops (typically 8-10 PLWD and care partners per workshop) and two dementia professional workshops (N=7 per workshop)

4. Monitoring pathway



5. Next steps

- **Ongoing feasibility study** of 40 patient/care partner pairs.
- **Large-scale national UK trial** with patients, care partners, and dementia professionals. **Evaluating** accessibility, acceptability, useability; value (usefulness, cost-effectiveness); NHS integration.

Dynamic question presentation: display of question B depends on the response chosen for question A

