

# THE IMPACT OF PERSON-CENTERED BASED INTERVENTION ON QUALITY OF LIFE OF PERSONS WITH DEMENTIA : CASE STUDY

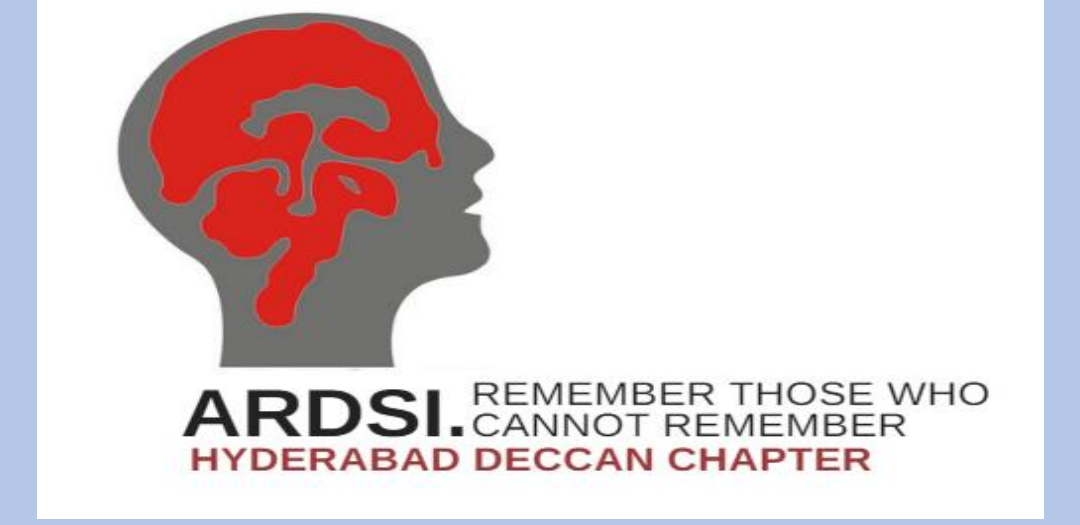


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## Aim

To study the efficacy of person-centred cognitive stimulation therapy-based intervention for dementia care on behavioral problems and Quality of Life of the persons with dementia. We also aimed to study the effect of person-centred cognitive stimulation activities for dementia care on burden, stress, depression and anxiety of the primary caregivers.

## Background

- Dementia is a source of immense caregiver stress, and exhausts social, financial, physical and emotional resources over time
- Person centered care is a holistic approach which includes a broad range of individual and group activities and counseling of caregivers in a friendly, empathetic environment and is considered to be a useful method of managing people with dementia and their caregivers.

## Person Centered plan

PCC (person-centred care) = V + I + P + S

“V” stands for valuing people with dementia and their carers;

“I” for considering them as individuals;

“P” for considering their perspective

“S” for social well being

Person Centered plan emphasizes the consideration of the person with dementia’s needs and perspective i.e. their point of view. The plan creates an ethos which is basically what the person liked or disliked as well as what the person wishes and needs.

- PCP induced consisted of daily activities the way the person may like and would enjoy performing. Further the PCP consist:
- Personal care,
- Nursing and Support,
- Personal Interests,
- Social Life and Companionship,
- Favorite Meals and Dining choices,
- Personalized Suite
- Suitable Activities
- Caregivers support group
- Caregiver meeting/open discussions
- Caregivers training for family members
- Home visits
- Counselling

## Methodology

2 persons with dementia and their respective caregivers who received person centered care in ARDSI Hyderabad Deccan activity centre . The results were calculated based on the scoring of the individuals in various domains pre and post intervention.

## Cognitive Stimulation

- Cognitive stimulation activities include a wide range of recreational activities which enhances various cognitive abilities such as thinking, attention, memory and language for people with dementia.
- The implication of cognitive stimulation activities was developed in late 1950s which relates to reality orientation for confusion and distortion in elderly patients in the developed countries.
- The involvement of professional carers in therapeutic care process is associated with confrontational approach towards people with dementia. Brain stimulation is assumed to activate reserves of active neurons and the transmission between them (Logsdon, 1999).
- Cognitive stimulation plays a vital role in the delay of progression of dementia and increase in response in people with dementia (Logsdon, 1999).

## Test used

Cognitive assessment was done using Addenbrooke’s Cognitive Assessment, Behavioral problems were studied using Neuropsychiatric Inventory (NPI); Carer burden was evaluated using the short Zarit Burden Inventory (ZBI); Carer depression, anxiety and stress were measured with the Depression, Anxiety and Stress Scale (DASS-21); Quality of Life was measured using Quality of Life for Alzheimer-Dementia Scale (QOL-AD). Severity of disease was assessed with Clinical dementia Rating (CDR)

## CASE STUDY 1

**Age 79, Diagnosed with Alzheimer’s disease in 2017**

M.Tech – Lecturer  
Highly Intelligent  
calm and focused

**After getting the disease, he significantly changed**

Social withdrawal  
Loss of interest in activities of daily living (ADL), Loss of interest in hobbies; Became aggressive and disinhibition.

**Following Person centered cognitive stimulation activities he became**

More enthusiastic, likes coming to day care  
Developed interest in the arts like drawing ( greeting card making) dancing, singing, drawing Regained interest in reading  
Better social interaction and communication and less behavioral issues comparative to earlier.

**Interventions applied based on his interest**

Personalized: sudoku, Building blocks, drawing , word games, quiz, math puzzles, jigsaw puzzles etc.  
Group: Tambola , singing , lyrical dancing to retro songs, handprint craft, carrom, physical exercise and mandala coloring etc.



## CASE STUDY 2

**Age 57, Diagnosed with Fronto Temporal dementia in 2017**

Photographer  
Company of youngsters  
Creatively oriented , likes movies  
Fun loving

**After getting the disease, he significantly changed**

Blunt affect towards others  
Loss of interest in activities of daily living (ADL),  
Loss of interest in hobbies and social interactions  
Became calm and limited response

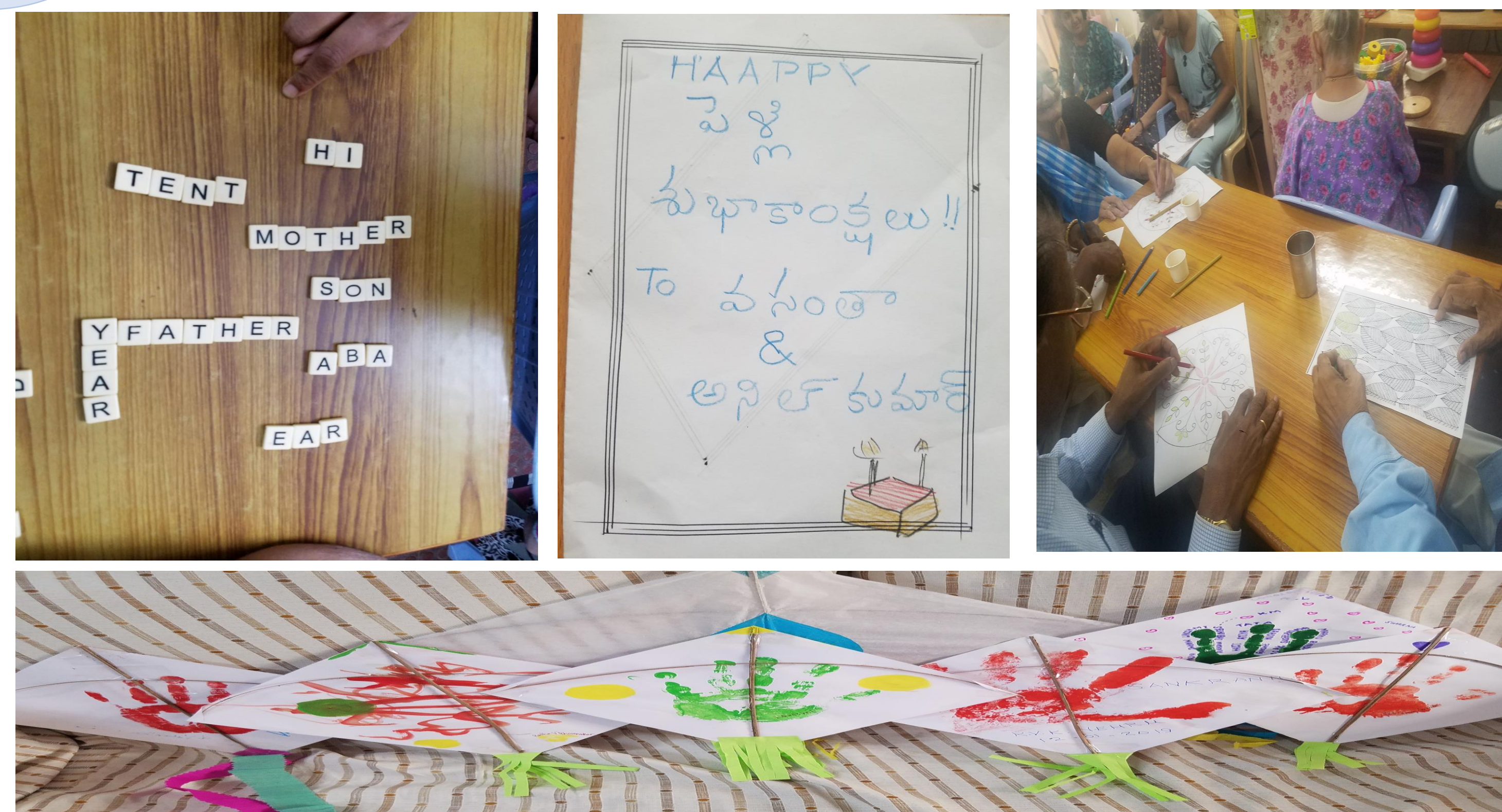
**Following Person centered cognitive stimulation activities he became**

More enthusiastic, likes coming to day care.  
Regained interest in the arts like drawing( mandala) and photography , singing and video making.  
Better social interaction and improvement in attention level and response.

**Interventions Applied:**

Personalized: Magazine collage craft, photography, word games, movie quiz, matching puzzles, colour sorting puzzles, video making etc.  
Group: Tambola , singing , watching comedy and traditional movies, handprint craft, , physical exercise and coloring with support etc.

	Pre-Intervention	Post Intervention
ACE III	73	71
Attention	20	18
Memory	17	17
Fluency	10	10
Language	20	20
Visuospatial	6	6
CDR	1	2
Depression	3	2
Anxiety	2	2
Stress	20	16
ZARIT Burden	14	11
NPI	18	13
FxS	62	37
QOL - PWD	28	30
Caregiver	20	32



	Pre-Intervention	Post Intervention
ACE III	56	53
Attention	9	10
Memory	17	17
Fluency	5	6
Language	17	21
Visuospatial	4	4
CDR	1	1
Depression	4	0
Anxiety	4	2
Stress	10	6
ZARIT Burden	14	11
NPI-D	12	7
FxS	36	18
QOL - PWD	26	38
Caregiver	20	32

**Conclusions:** These case studies are a continuation of an intervention program based on person centered care for people with dementia and their caregivers in the Indian context. Promising reductions in caregiver burden and caregiver reactions to PWD’s cognitive and behaviour problems were demonstrated. It paves the way for future larger studies that can provide further evidence for person centered cognitive stimulation-based interventions for dementia in Indian context

**Limitations of the study:** Not a randomized & blinded study – difficult to do in real life situations; Likely selection bias since motivated families are only likely to opt for intervention arm of the study.