

Mobile Active Ageing: A Multi-domain Outreach Intervention Program To Reduce Dementia Risk Factors In The Elderly Living In Old Age Homes



Chandana K
Nightingales Medical Trust

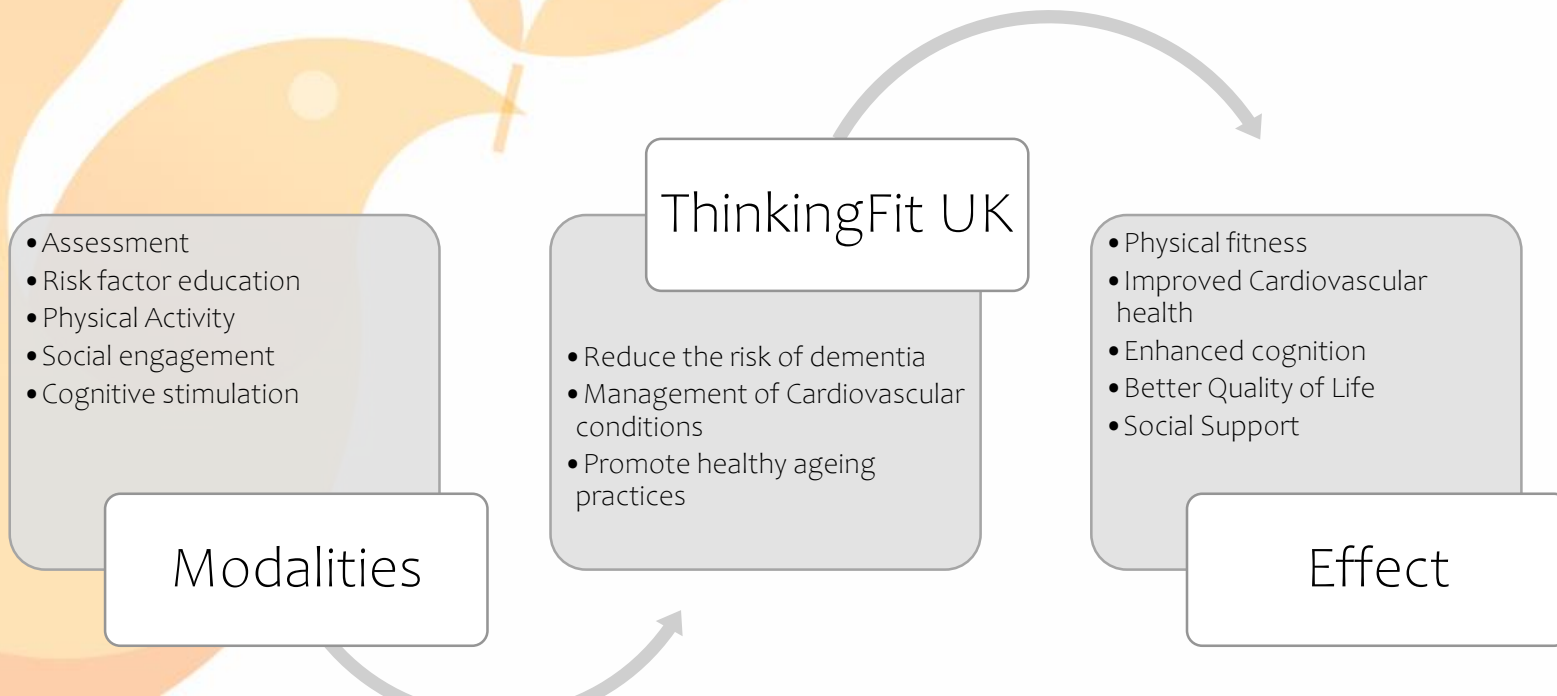
Emerging Interest In Multimodal Intervention Design Preventive Health & Active Ageing

- Increased longevity has led to the concept – Adding Health to years
- Chronic conditions associated with ageing lead to dependency and huge financial implications
- Research suggest that participating in physical, mental and social activity in reduces the risk of chronic diseases
- 60% of people above the age of 50 are not active enough to prevent these risk factors
- Many elders are now living in OAH
- Most of the Old Age Homes in India do not have recreational and physical activities for elderly.
- It is important for elders to keep themselves engaged physically and cognitively to remain healthy



Mobile Active Ageing Program (MAA)

- One of the innovative outreach program based on the Thinking fit research done in UK, promoting health and happiness in the elderly who live in old age homes.
- This program aims to bring a lifestyle modification, enhance the sense of well-being and promote a better quality of life.
- Among other socially enriching services, our focus is more on minimizing the risk of Dementia, controlling Hypertension, Diabetes, Depression and prevention of falls.



Methodology

- A total of 120 elders from 6 old age homes participated in this 12-week MAA program
- A well-equipped vehicle with trained professionals went to different homes to deliver this evidence based risk reduction program.
- A pre assessment was done for the elders to check the level of their physical fitness, cognitive status and general wellbeing .
- At the end of three months a post assessment was conducted
- Body mass index (BMI), blood pressure and random blood sugar were measured to assess dementia risk factors
- Mini-Mental State Examination (MMSE) was used for cognitive assessment and WHOQOL-BREF scale was used to assess quality of life of the participants.

Physical
Two hours a week
One hour Strength, Endurance and Flexibility
One hour of Cardiovascular and Fall prevention activity

ICST
Two Hours a week
Based on time table covering all the aspects of cognition
Paper pencil based

GCST
Two hours a week
Group Based Cognitive engagement
Fun Based Cognitive engagement

Physical activities

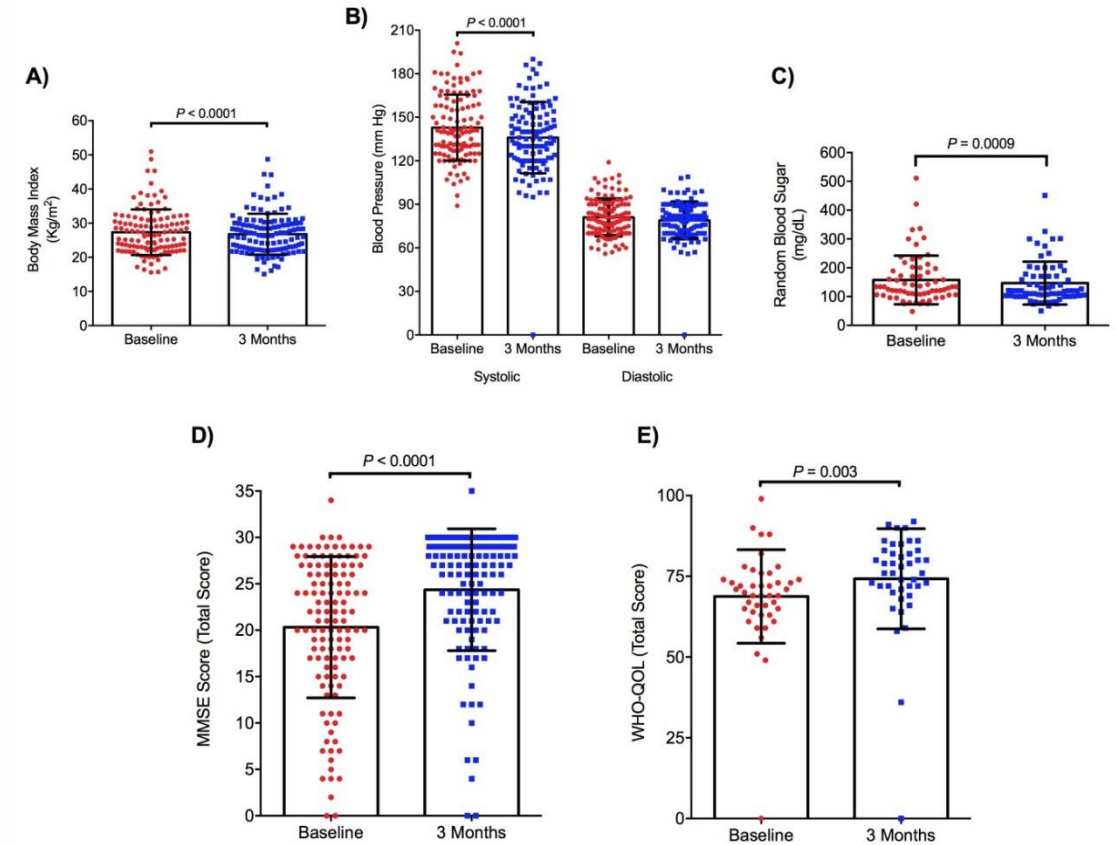


Cognitive activities



Results

- Significant reduction in BMI (from 27.34 to 26.77 kg/m²)
- Blood pressure (from 142.8/81.0 to 136/78.9 mmHg)
- Random blood sugar (from 157.8 to 146.9 mg/dL) were observed in the subjects after completion of the MAA program
- A significant increase in cognitive ability (MMSE: from 20.06 to 24.52)
- The quality of life (WHOQOL-BREF: from 68.77 to 74.26) was also observed in the participating elders



(A) BMI, (B) Blood pressure, (C) Random blood sugar, (D) MMSE (Total Score) and (E) WHO-QOL

Conclusion

- Mobile Active Ageing (MAA) program on the whole had a positive impact on the members of all the old age homes.
- Significant improvements were observed both in cognitive and physical parameters.
- We also observed a positive change amongst the members of old age homes with respect to sociability, enthusiasm, and happiness.
- MAA, therefore, will prove effective in preventing the onset of dementia and other age related illness in elderly persons.
- Number of OAH covered so far : 50
- Number of beneficiaries : 750

