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Research Article

EFFECTIVENESS OF REMINISCENCE THERAPY ON LEVEL OF COGNITIVE FUNCTION AMONG DEMENTIA PATIENTS IN SELECTED OLD AGE HOMES IN MANGALORE

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ABSTRACT

The prevalence of dementia is increasing globally, and is most frequently associated with aging and is, at present, under-diagnosed and under-represented all over the world. The objectives of the study were to assess the level of cognition among dementia patients, to compare the effectiveness of reminiscence therapy on level of cognitive function among dementia patients and to find the association between levels of cognitive function with selected demographic variables. An evaluatory approach quasi experimental design was adopted for this study. 30 dementia patients who met the inclusion criteria were selected through random sampling technique for the study. Data were collected by using demographic proforma and RUDAS scale. After collecting the data reminiscence therapy was given to the subjects for 15 minutes daily for a period of 21 days. The post test was administered on the 22nd day after the intervention. The findings of the present study revealed that out of 30 dementia patients, the majorities 36.7% were in the age group of 60-69 years and 56.7% were males. It also revealed that 96.7% dementia patients had mild cognitive impairments in both pre test and post test. The results on effectiveness of reminiscence therapy showed that mean difference of pre-test and post-test level of cognition scores was 0.90. The t calculated value (4.791) was greater than the table value ($t_{29}=2.045$), p value was <0.05 level of significance. There was no significant association between levels of cognition with selected demographic variables at 0.05 level of significance. Findings of the study revealed that reminiscence therapy was effective for improving the cognitive functions of the dementia patients.

Keywords: Effectiveness, Reminiscence therapy, Level of cognition, Dementia patients, Rowland Universal Dementia Assessment Scale

INTRODUCTION

Demographic aging is a global phenomenon. It has picked up momentum in low income countries of Asia, Latin America and Africa. India is a diverse country with geographical and socio-cultural differences and has a rapidly aging population which currently exceeds a 100 million people. The demand for services will soon be evident in such places and will make the task of meeting the needs for the older people more challenging and urgent. Dementia remains a largely hidden problem in India, especially in those parts of India where poverty and illiteracy levels are high¹. Dementia is defined as a progressive impairment of cognitive functions occurring in clear consciousness².

According to the World Alzheimer Report 2013, the number of older men and women who will require long term care due to dementia or other health concerns will nearly triple by 2050³.

It is widely recognized that no effective treatment is available for dementia patients. The pharmacological treatments for dementia should be used as a secondary approach and that non-pharmacological options should be pursued first. Reminiscence therapy is seen as a way of increasing levels of well-being and providing pleasure and cognitive stimulation⁴. Reminiscence therapy is a method of using the memory to protect mental health and improve the quality of life. Reminiscence is not just to recall the past events or experiences. It is a structured process of systematically reflecting on one's life with a focus on re-evaluation, resolving conflicts from the past, finding meaning in one's life and assessing former adaptive coping responses⁵.

MATERIALS AND METHODS

A quasi experimental one group pre test post test design was carried out in order to find the effectiveness of reminiscence therapy on level of cognition among dementia patients. A

simple random technique was used to select 30 dementia patients. Data were collected by using RUDAS scale.

Dementia patients who were residing in old age homes and diagnosed as dementia were included in the study. The exclusion criteria were the dementia patients who are unable to follow instructions, diagnosed as other psychiatric and medical disorders and having severe level of dementia with treatment.

Based on the objectives of the study the following tools were used for the study.

- Tool -1: Demographic Proforma
- Tool -2: RUDAS scale.

The reliability coefficient was found to be 0.942 for RUDAS scale. Pilot study was conducted after obtaining administrative permission and written consent from 4 dementia patients. The main study data were collected from 30 dementia patients and analyzed using descriptive and inferential statistics.

RESULTS

The study findings reveals that out of 30 dementia patients, the majorities 36.7% were in the age group of 60-69 years, 56.7% were males, 60% of the subjects were unmarried, most of the subjects 96.7% were Christians, 36.7% of the subjects completed primary school education, 40% of the subjects were unskilled workers, 43.3% were from semi urban region. 93.3% of the subjects belonged to nuclear family, majority of the subjects 83.3% had no grand children and 33.3% had a monthly income of Rs <1600.

The major findings of the level of cognition reveals that most of the dementia patients had mild cognitive impairment (96.7%) and 3.3% of the dementia patients had moderate cognitive impairment at the time of pre test. While at the time of post test most of the dementia patients had mild cognitive impairment (96.7%) followed by 3.3% had no cognitive impairment.

The effectiveness of reminiscence therapy was assessed by paired 't' test and which indicates that calculated t value (4.791) was greater than the table value (2.045). The mean difference was 0.90(fig.1) and the p value was <0.05. This indicates that reminiscence therapy was effective in improving the level of cognitive functions among dementia patients at 5% level of significance.

The study also revealed that there was no association between pre test level of cognitive functions among dementia patients with selected demographic variables.

DISCUSSION

In this study, the demographic data revealed that 11(36.7%) had completed primary school education followed by 10(33.3%) of them were illiterate. This study finding is supported by the findings of a systematic review study conducted by Sharp ES and Gatz M on relationship between education and dementia which revealed that 51 studies (58%) report showed significant effects of lower education on risk for dementia, This finding also supported by a study conducted by Margaret Gatz in which low education was a significant risk factor for dementia both in case-control analyses (odds ratio=1.77, 95% confidence interval 1.38 to

2.28) and co-twin control analyses with monozygotic twin pairs (odds ratio=3.17, 95% confidence interval 1.26 to 7.93).

The paired t test result showed that reminiscence therapy was found to be effective for improving the level of cognitive function among dementia patients. This was supported by a study conducted by Tadaka and Kanagawa on the effects of reminiscence group program on elderly revealed that there was significant improvement in cognitive function. The finding of the study also was supported by an experimental study conducted in UK, on the effect of reminiscence therapy for elderly people with dementia, among which 144 participants have been selected by trials. The results revealed that reminiscence therapy was effective for cognition.

CONCLUSION

India has a huge burden of people with dementia and meeting all the challenges in closing the service gap needs a multipronged approach. Nurses have to be trained in providing cost effective, non pharmacological therapies to meet the health needs of the vulnerable groups. A numerous educational/training programs can be conducted to improve the nursing student's knowledge, skill and attitude regarding non pharmacological interventions and make them to practice these therapies in their professional life. There is definite evidence from research carried out in India that locally available non specialist volunteers can be trained in detecting cases and providing effective non pharmacological interventions for the elders with dementia.

The study was confined to a specific geographical area which imposes limits to any larger generalization. The study was limited to small sample size of 30 dementia patients and the effectiveness was assessed within 21 days of duration. No attempt was made to do the follow up to assess the effectiveness of reminiscence therapy.

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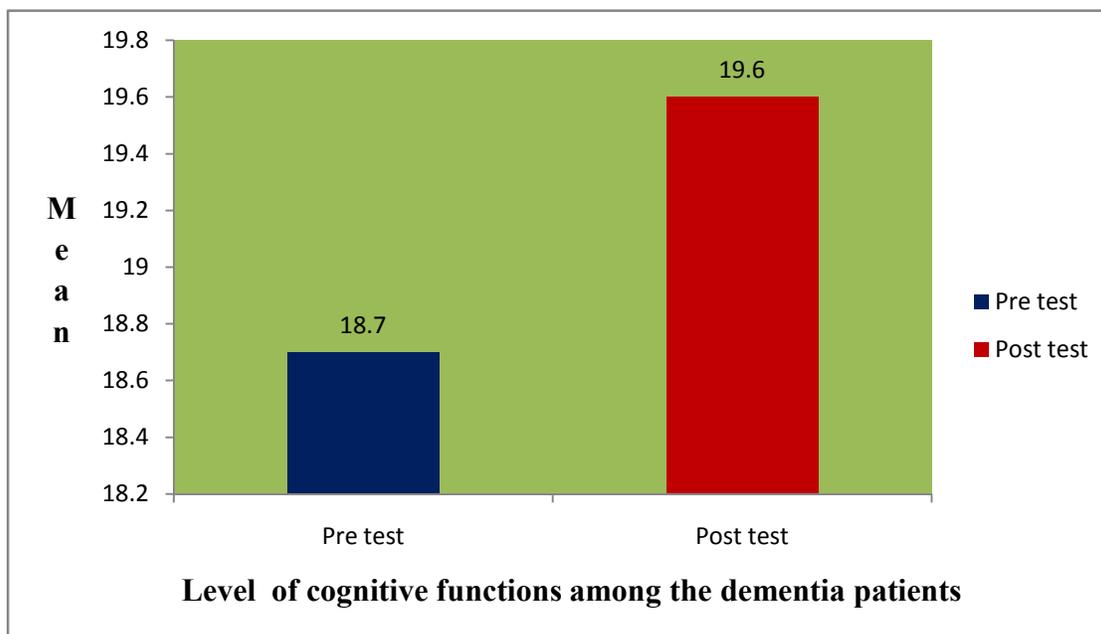


Figure 1: Bar diagram showing the difference in mean pre test and post test level of cognitive functions

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