

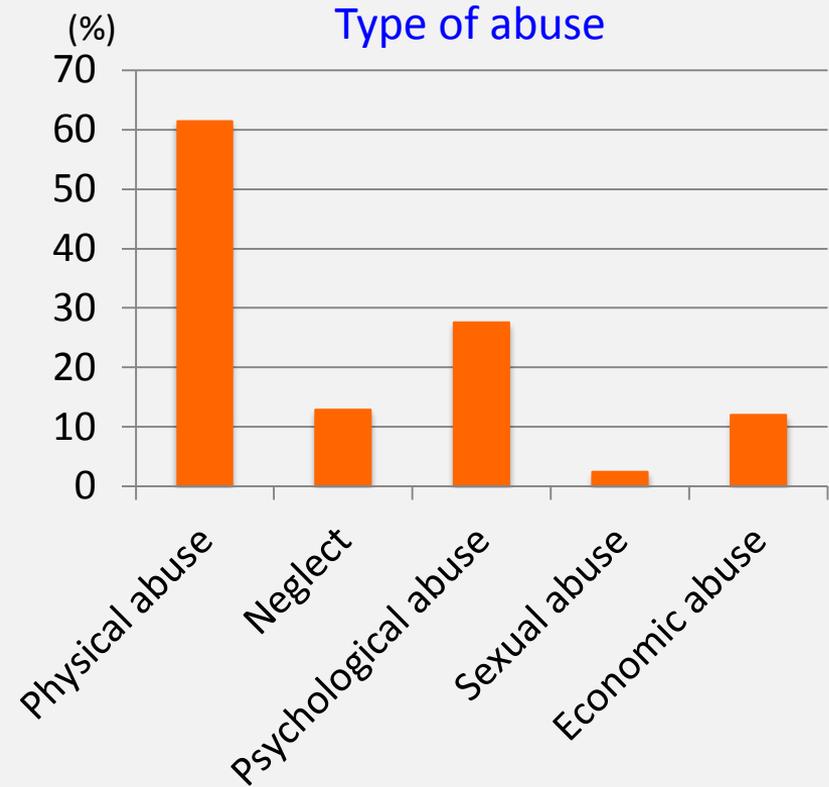
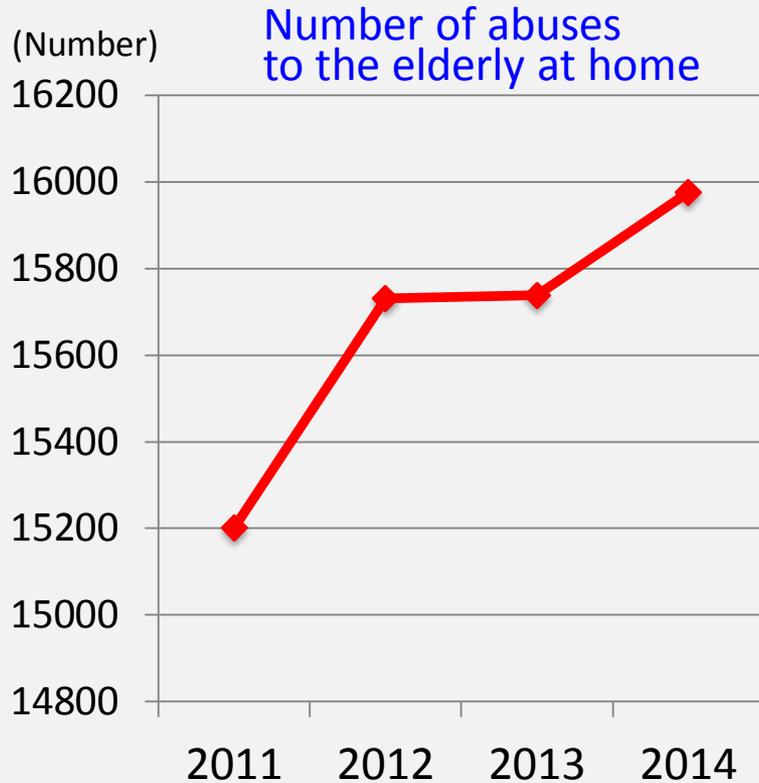
Rehabilitation for People with Dementia and Their Family to Maintain a Safe and Calm Life



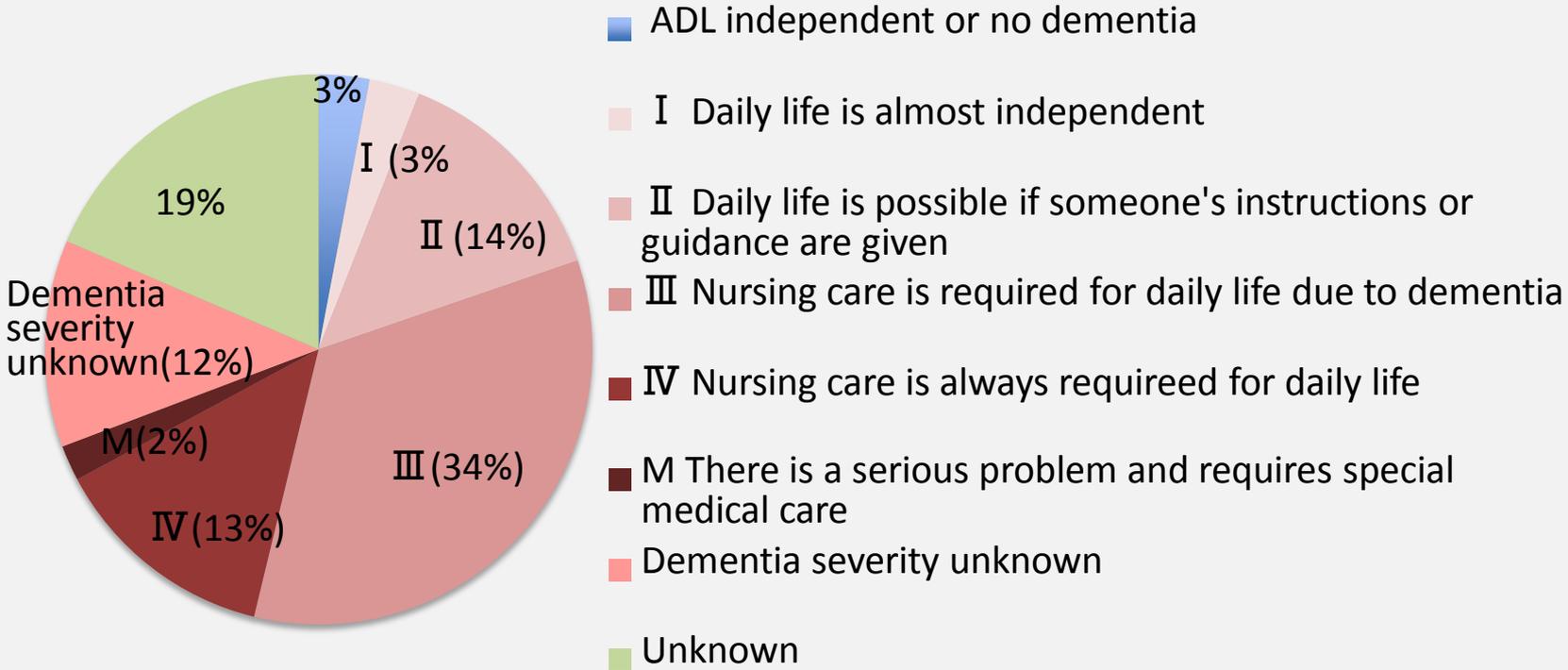
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National Center for Geriatrics and Gerontology

Trends of abuse of elderly by advocates in Japan



Trends of abuse of elderly and dementia



Daily life in dementia



Loss of Identity
Vague anxieties



Anxiety about a future
Dissatisfied
Severe care burden

Why patient safety is threatened?

Disease factor: Dementia

- * Cognitive impairment
- * Abnormal behavior
- * Decline of ADL ability
- * Withdrawal



Environmental factor : cares

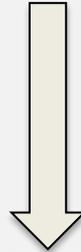
- * Lack of understanding of dementia
- * Social isolation

BPSD worsening

Excessive effort

Excessive encouragement

Deterioration of human relations



Neglect
Violence

Approach to not only patient but also family is important

What information is needed for Rehabilitation?

We have to check....

Cognitive function(involves: memory, , attention, visuospatial abilities, language, behavior, personality, judgment, reasoning and handling of complex tasks, abstract thought, and other executive functions)

ADL and social activity

Environment, including the family



In our Rehabilitation...

Remaining functions

- ➔ Maximize the remaining function to reconstruct their life

Impaired functions

- ➔ Minimize the impact of impaired function on their life

It is important for patients and families to understand information correctly and think about how to respond together.

Purpose and Methods of the Rehabilitation for Dementia

- **Prevention of Worsening** : Changing to a life style, Challenge to new activities
- **Stimulation to general brain function** : Reality orientation training, Reminiscence therapy, ADL training, Communication with others
- **Stimulation to special cognitive function** : Attention process training, Errorless learning
- **Adaptation training** : Learning to repeat only actions required in everyday life
- **Acquisition of the compensation means** : Memory log, Environmental arrangement

Our Rehabilitation Program for Dementia

Rehabilitation: Once a week
(+Examination: Once a month)

One hour at a time

Criterion :

Dementia patients living at home

Participation of both patient and carer(family)

5-10 patients in one group

1 MD, 3 PT, 8 OT, 3 ST



Presentation about last week's event (10min)

Reality Orientation training
Keeping the communication skill
Memory training
Verbal training
Increasing activity



Daily Schedule

2/18~2/24 スケジュール表

合計運動時間: 3回あたり時間: 3時間
頻度: 週に 3回
内容: 大規模座席

	2/18(水)	2/19(木)	2/20(金)	2/21(土)	2/22(日)	2/23(月)	2/24(火)
6:00	起床						
8:00	起床 → 起床 → 起床						
10:00	起床 → 起床 → 起床						
12:00	起床 → 起床 → 起床						
14:00	起床 → 起床 → 起床						
16:00	起床 → 起床 → 起床						
18:00	起床 → 起床 → 起床						
20:00	起床 → 起床 → 起床						
22:00	起床 → 起床 → 起床						

Praise
Encourage
Applause

Cognitive task + Exercise (15min)



Dual or multiple task



They ask to perform different movements on upper limb and lower limb respectively

Other rehabilitation



Feeling of the season
Give a role and sense of responsibility



To play a game
Motivation



Reminiscence therapy
Make new relationships



Bringing up! !

Activity (20minutes)



New tasks
Need to cooperate others
Need to communicate others
All patients feel enjoy

Encouragement to go out

Rehabilitation is not done
only in hospital training rooms

Plans to go to see plum flower

外出大作戦～梅の花を見に行こう!!～

梅の花を見に行くことを想定して計画を立ててみましょう

例)

- ①いつ行きますか?⇒
- ②どこに行きますか?⇒
- ③誰と行きますか?⇒
- ④課題⇒

時間	行うこと
7:00	起床 洗顔 食事
8:00	整髪 服選び 掃除 歯磨き
9:00	出発
10:00	
11:00	梅観賞 *課題*
12:00	食事 外出先で昼食を食べる

7:00	
8:00	
9:00	
10:00	
11:00	
12:00	

観梅🌸マップ

名古屋城
名古屋市中区本丸1-1
2月中旬～3月上旬
約100本

名古屋市農業センター
しだれうめまつり
2月23日～3月20日
約700本

大高緑地
名古屋市緑区大高町
字高山1-1
2月18日～3月5日
約400本

佐布里池
知多市佐布里台3-101
佐布里池梅まつり
2月11日～3月12日
約5100本

向山緑地内梅林園
豊橋市向山町字南中畑50
うめまつり1月下旬～3月中旬
約400本

梅の里川売
3月1日～3月27日
新城市海老字紙屋
約1500本

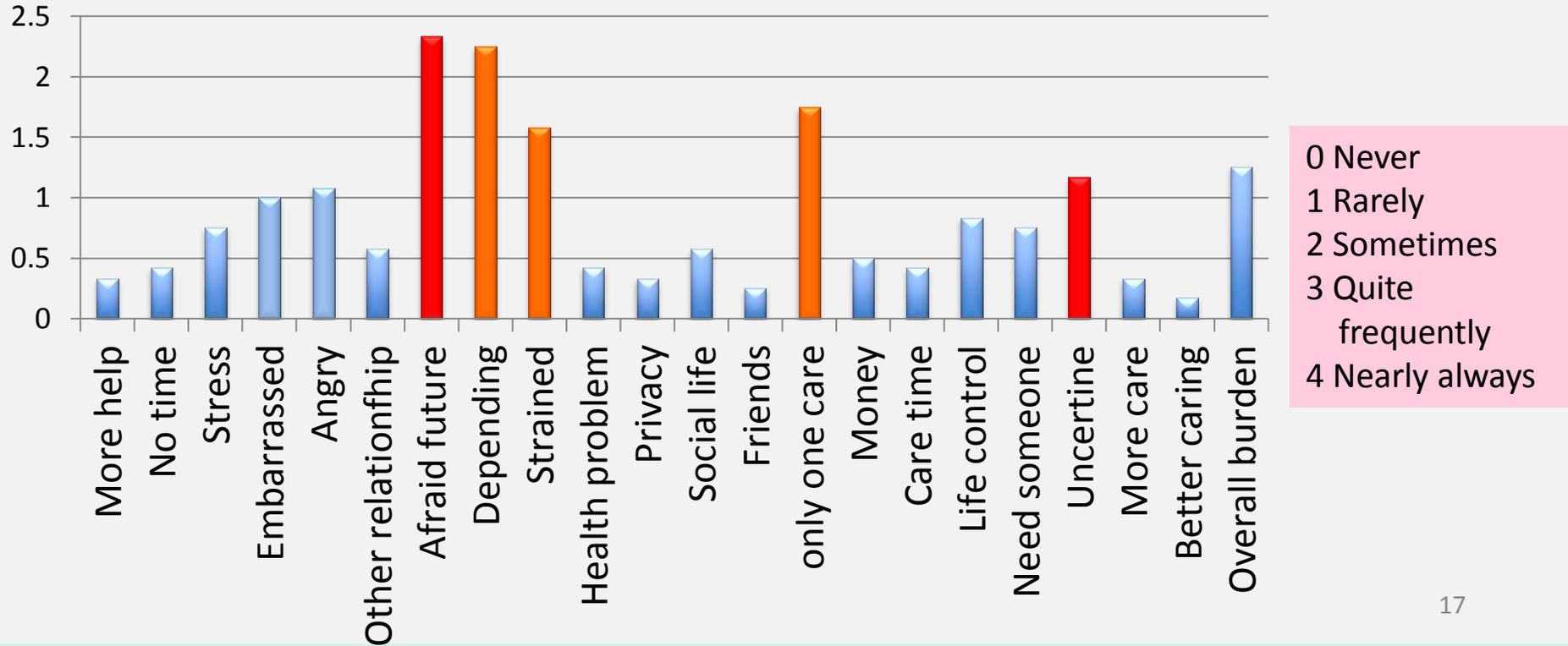
平芝公園
豊田市平芝町5
3月4日～3月20日
約520本

Map of the park where plums can be seen

1 January 2017							2 February 2017						
Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat
1 Sun	2 Mon	3	4	5	6	7 Sun	29	30	31	1	2	3 Mon	4
8	9 Mon	10	11 Tue	12	13	14	5	6	7	8	9	10	11 Tue
15	16	17	18	19	20	21	12	13	14 Wed	15	16	17	18
22	23	24	25	26	27	28	19	20	21	22	23	24	25
29	30	31	1	2	3	4	26	27	28	1	2	3	4

Burden of caregivers before Rehabilitation

(Zarit Burden Index: Zarit SH, 1980)



Family education



* Learning about dementia

* Learning about dementia

You are not alone.
We are always with you.

* Share experiences

Study materials in early stage
about disease, cognitive function, or BPSD

記憶の分類

記憶の種類

◆記憶のタイプによる分類

陳述記憶：内容を言葉にできる…体験した出来事や知識など
非陳述記憶：学習された技能…自転車の運転などの技能

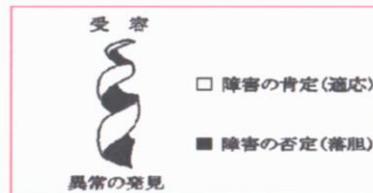


◆保持期間・時間による分類

即時記憶：数十秒以内の記憶…その場の会話 復唱など
近時記憶：数分～数日の記憶…直前の会話
遠隔記憶：数年前の記憶など…学生時代の友人の名前、職業など

Study materials in medium-term stage
About acceptance of dementia, how to live
with dementia people

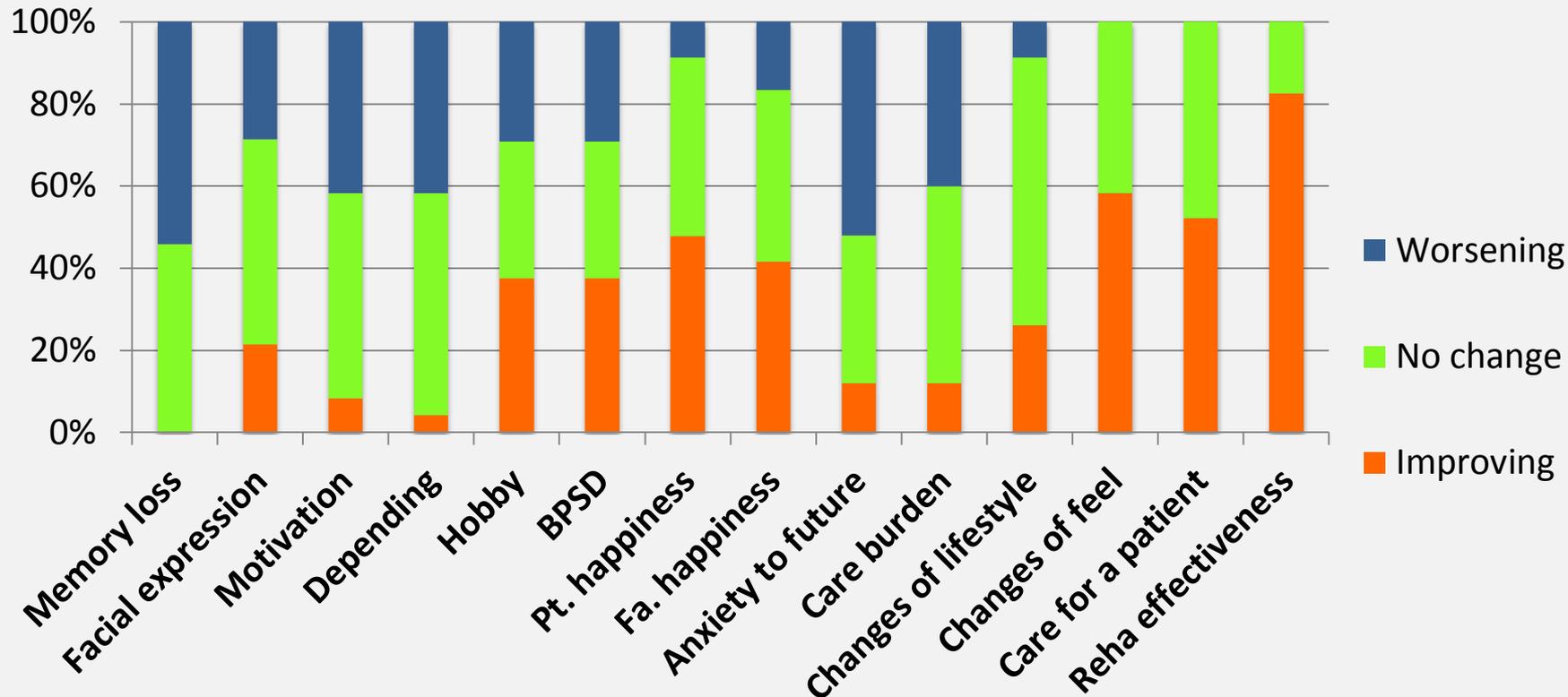
受容するまで



否定と肯定を繰り返しながら
徐々に受容へと向かっていき
ます

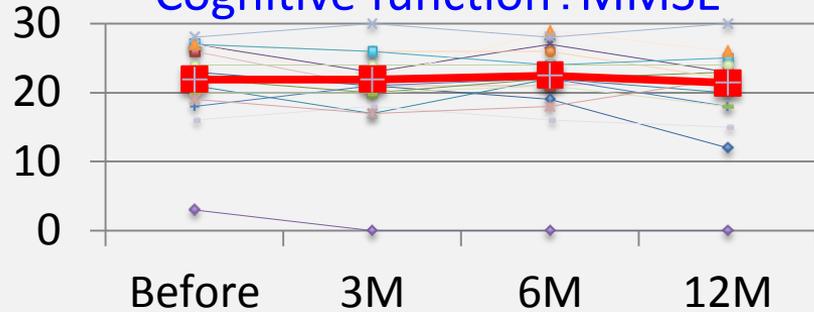
しかし、完全に受容すること
は難しいことだと思います…

Questionnaire data of family members one year after rehabilitation

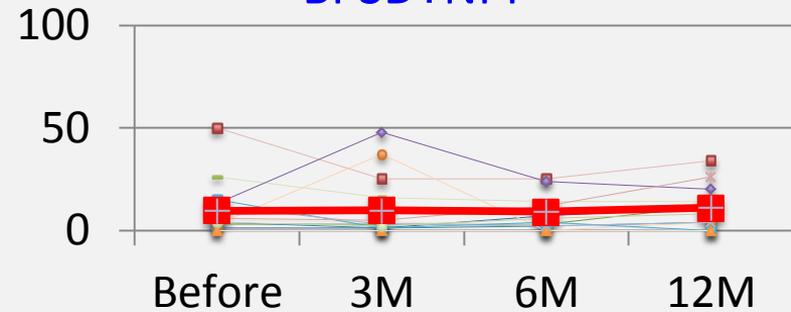


One year change in function and situation (n=20)

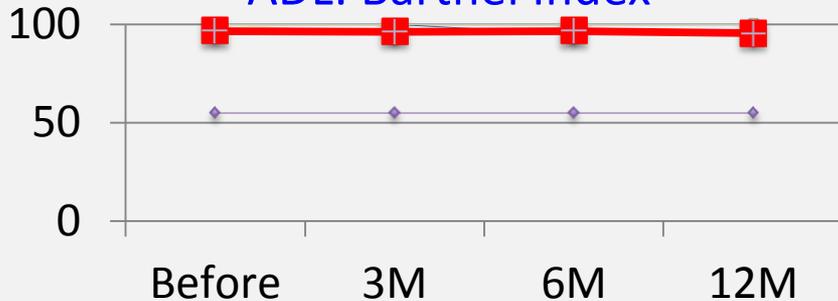
Cognitive function: MMSE



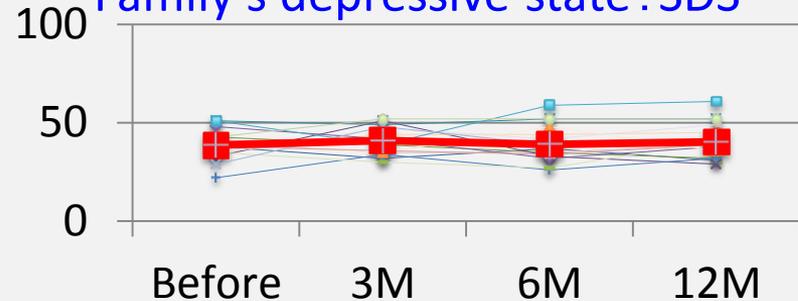
BPSD: NPI



ADL: Barthel Index

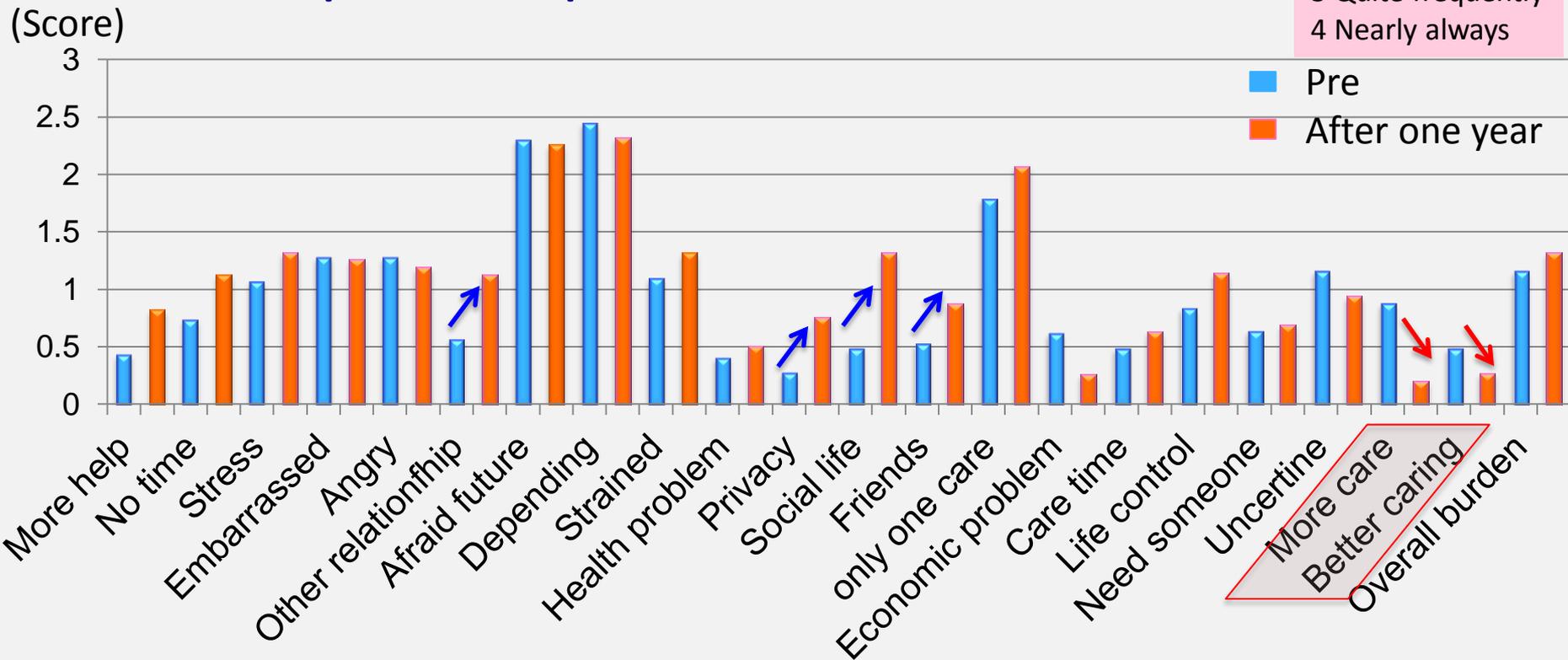


Family's depressive state: SDS

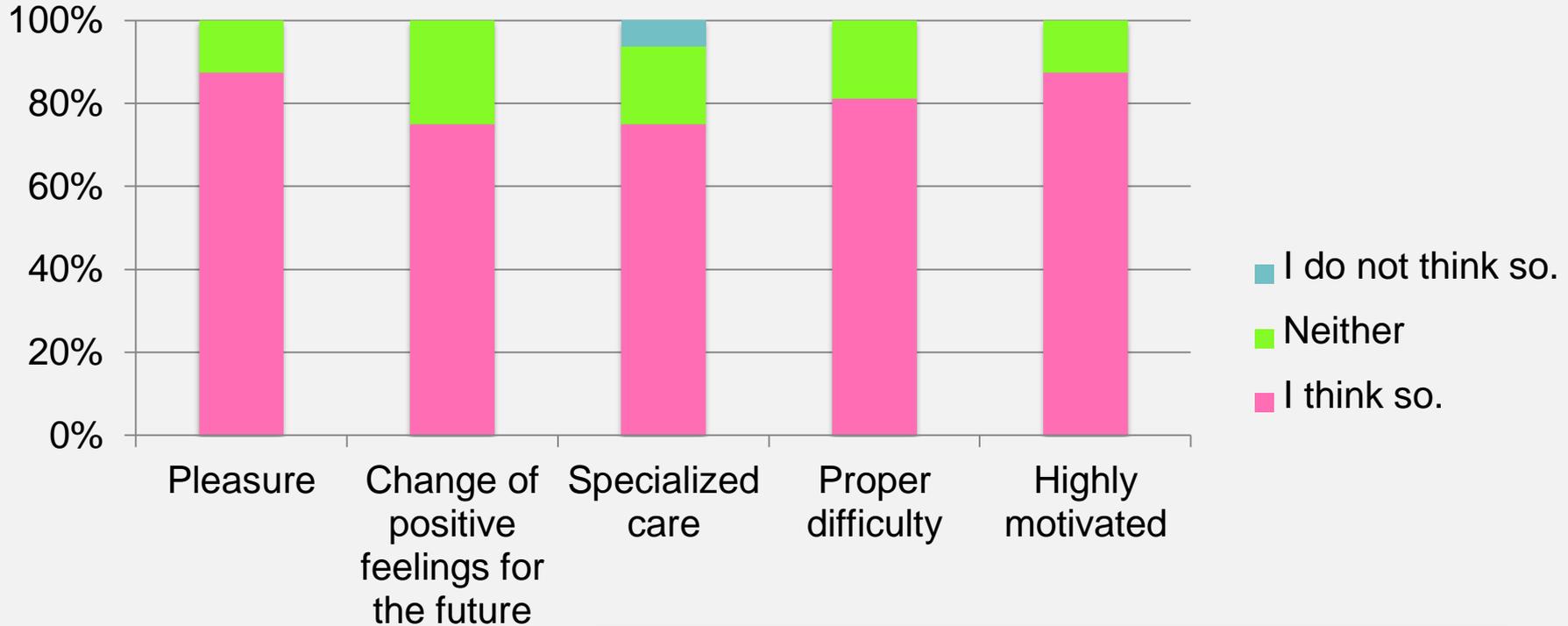


Cognitive function was slightly worse, but there were few changes in ADL, BPSD, and the mood of the family. There were no family members who abused them.

Changes of burden of caregivers pre and post rehabilitation



Patient's feelings about rehabilitation



Patient's satisfaction is a family's satisfaction.

Changes in life style (Frenchay activity index)



The role of Medical doctors in rehabilitation

Medical doctor = Concierge

- A person who prescribes medicine
- A person listening to the patient's story and taking care of the patient
- A person listening to the story of a caregiver and taking care of the caregiver
- A person who connect between patient and caregiver
- A person who connect between welfare and medical care
- A person who provide guidance to nursing staff

A team leader in the treatment of dementia

A Person responsible for dementia and family life

Take home message



A new identity
A rich and colorful life

It is important to maintain a safe and calm life of dementia patients and their families for as long as possible at home.

Creating a new life even in dementia **with their family**

- Family also is part of the environment surrounding the dementia.
- Person-centered care but care for the carer is also important.
- We need a system to help accept dementia and build a new life.

Thank you for your attention!

