

Recommendations on Non-Pharmacological interventions to support persons living with dementia and caregivers

5th Canadian Consensus Conference on Diagnosis and Treatment of Dementia

Isabelle Vedel MD, PhD; Laura Rojas-Rozo MD, MSc

Department of Family Medicine, McGill University

ROSA
Research on Organization of
Healthcare Services for Alzheimers
Canadian Team for Healthcare
Services/System Improvement in Dementia
Care



ROSA
Recherche en organisation des
services sur l'Alzheimer
Équipe canadienne pour l'amélioration des
services et du système de soins liés à la
démence

Outline

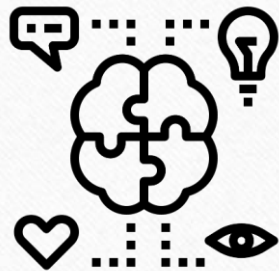


- Why non-pharmacological interventions are key?
- How to support the implementation of best practices?
- Canadian Consensus Conference on the diagnosis and treatment of dementia working group on non-pharmacological interventions
- Methods for the development of recommendations on non-pharmacological interventions
- The FIVE recommendations
- More work to be done ... stay tuned

A variety of complex needs

Persons Living With Dementia (PLWD)

Have a variety of health and social
needs



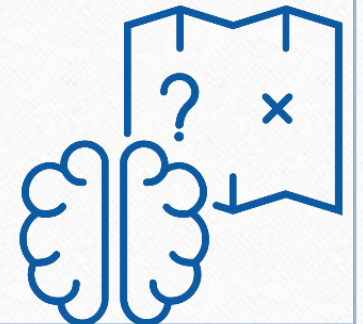
Care Partners (Caregivers)

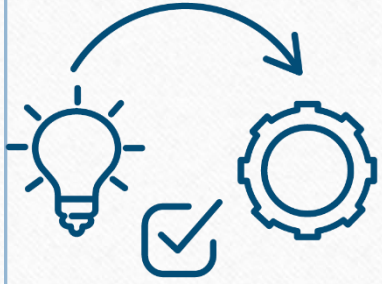
Need support and more



The quest for non-pharmacological interventions

- Current pharmacological therapies: limited efficacy
- Non-pharmacological interventions aim to improve health, functioning, quality of life and wellbeing for PLWD and their care partners
- Non-pharmacological interventions: non-invasive, safe, few side effects

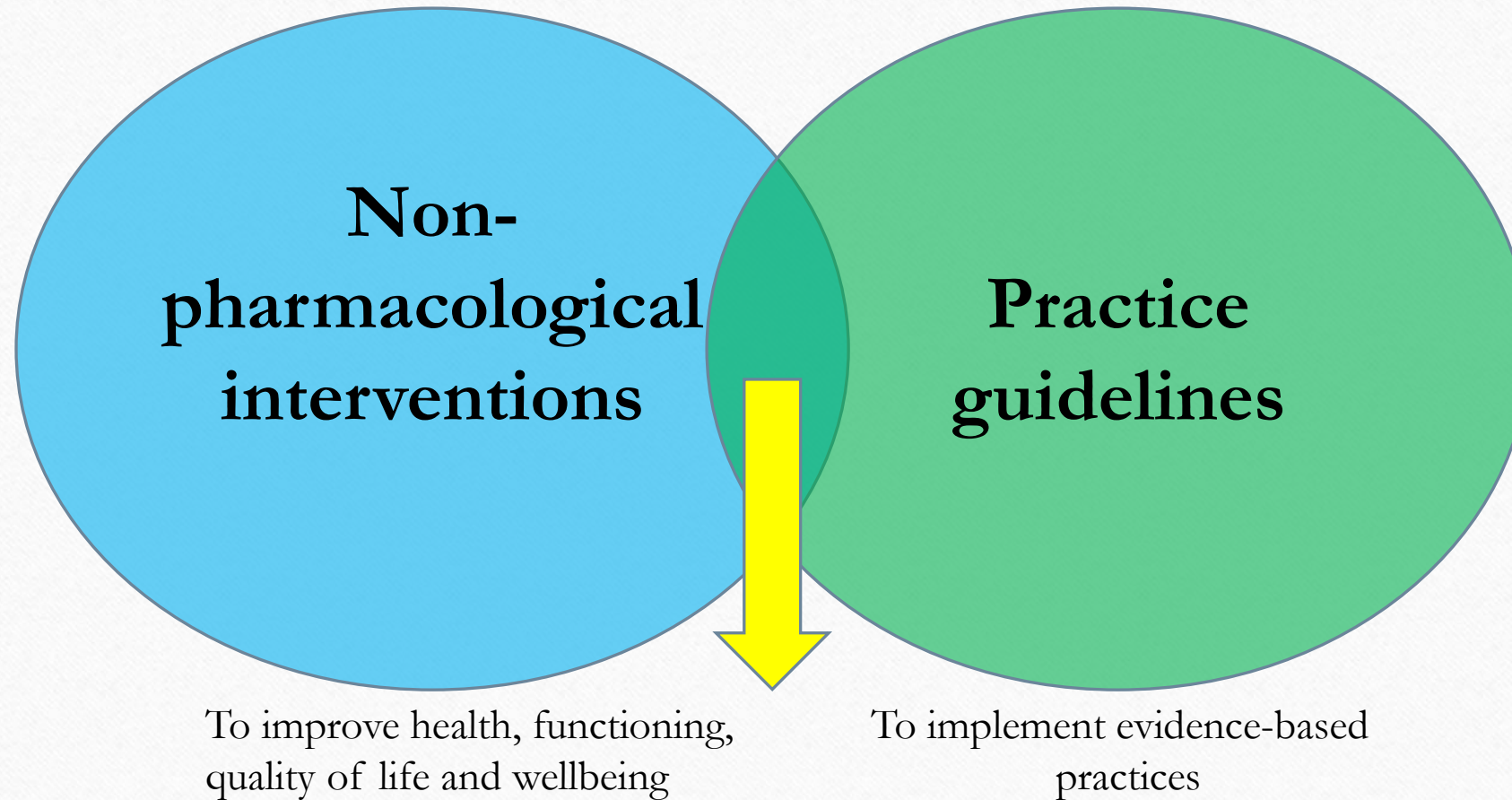




Implementation of Best Care Practices

- Research is important ...
- And access to and adoption of clinical guidelines is also priority
- Translation of research evidence in everyday practice and routines
- In order to concretely improve the quality of life of people living with dementia and caregivers

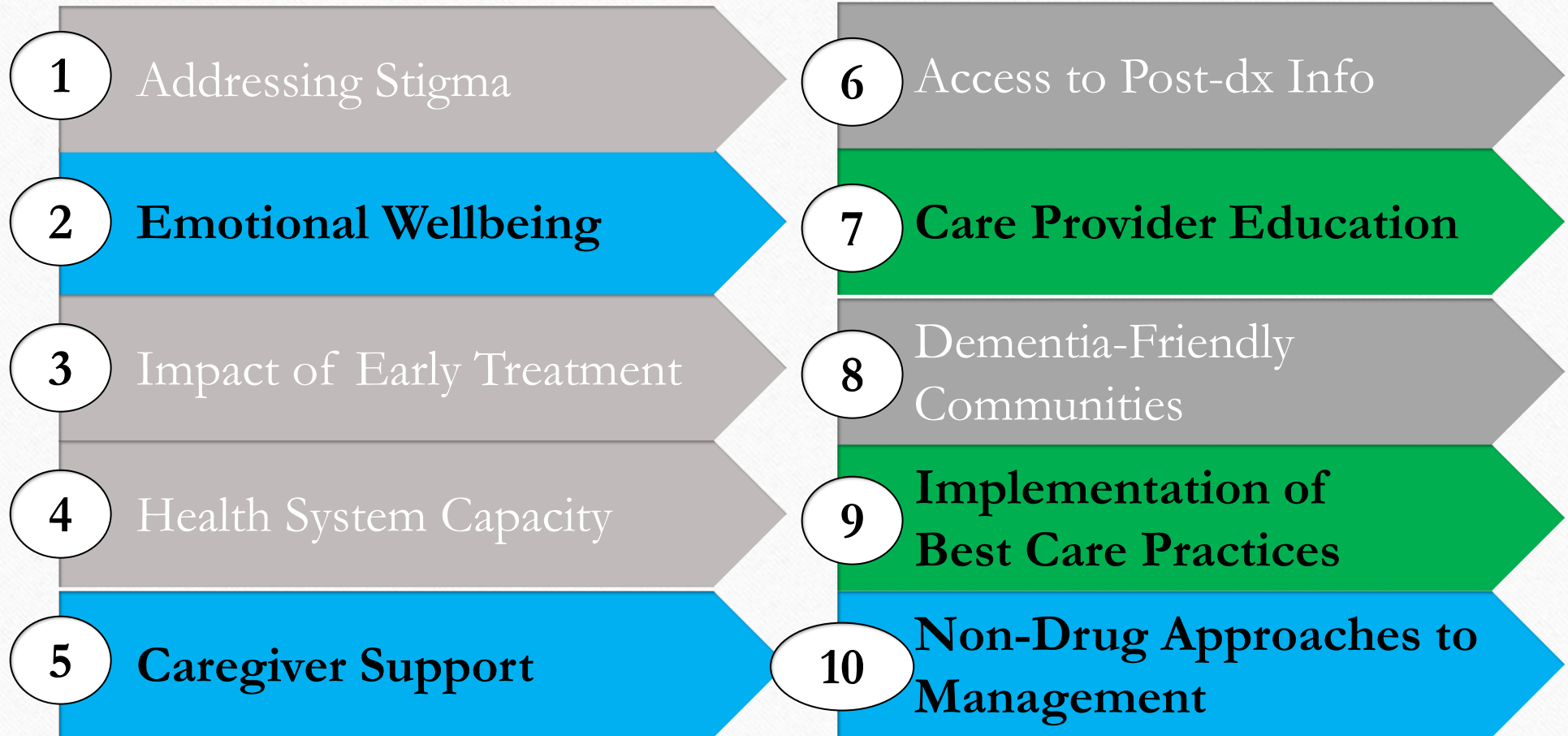
Practice guidelines to implement evidence based non-pharmacological interventions



WHO research priorities

Overarching Research Domains	Top Three Research Questions	Agreement
Prevention, identification and reduction of risk		
Quality of care for people with dementia and their caregivers	<i>Determine the most effective interventions for educating, training and supporting formal and informal carer(s) of people with dementia.</i>	76%
Delivery of care and services for people with dementia and their caregivers	<i>Evaluate the relative effectiveness and identify the optimal models of care and support for people with dementia and their carers in the community (e.g. collaborative care, integrated health and social care, case management) across the disease course.</i>	74%
Diagnosis, biomarker development and disease monitoring		
Pharmacological and non-pharmacological clinical-translational research	<i>Diversify therapeutic approaches (e.g., pharmacologic and non-pharmacologic interventions) for discovery and development in clinical trials for neurodegenerative and other brain diseases that cause dementia.</i>	70%
Public awareness and understanding		
Physiology and progression of normal ageing and disease pathogenesis		

Canadian Dementia Research Priorities





A
Dementia
STRATEGY
FOR CANADA

Together We Aspire



Third National Objective:

Improve the quality of
life of people living with
dementia and caregivers

A DEMENTIA STRATEGY FOR CANADA

Together We Aspire

Vision

A Canada in which all people living with dementia and caregivers are valued and supported, quality of life is optimized, and dementia is prevented, well understood, and effectively treated.

Principles

- Quality of life
- Diversity
- Human rights
- Evidence-informed
- Results-focused

National Objectives

Areas of Focus



Prevent dementia

1. Advance research to identify and assess modifiable risk and protective factors
2. Build the evidence base to inform and promote the adoption of effective interventions
3. Expand awareness of modifiable risk and protective factors and effective interventions
4. Support measures that increase the contribution of social and built environments to healthy living and adoption of healthy living behaviours



Advance therapies and find a cure

1. Establish and review strategic dementia research priorities for Canada
2. Increase dementia research
3. Develop innovative and effective therapeutic approaches
4. Engage people living with dementia and caregivers in the development of therapies
5. Increase adoption of research findings that support the strategy, including in clinical practice and through community supports



Improve the quality of life of people living with dementia and caregivers

1. Eliminate stigma and promote measures that create supportive and safe dementia-inclusive communities
2. Promote and enable early diagnosis to support planning and action that maximizes quality of life
3. Address the importance of access to quality care, from diagnosis through end of life
4. Build the capacity of care providers, including through improved access to and adoption of evidence-based and culturally appropriate guidelines for standards of care
5. Improve support for family/friend caregivers, including through access to resources and supports

Pillars

Collaboration • Research and innovation • Surveillance and data • Information resources • Skilled workforce

A DEMENTIA STRATEGY FOR CANADA

Together We Aspire

Vision

A Canada in which all people living with dementia and caregivers are valued and supported, quality of life is optimized, and dementia is prevented, well understood, and effectively treated.

National Objectives

Areas of Focus

Principles

- Quality of life
- Diversity
- Human rights
- Evidence-informed
- Results-focused



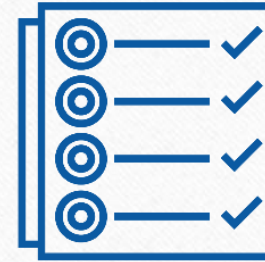
Improve the quality of life of people living with dementia and caregivers

1. Eliminate stigma and promote measures that create supportive and safe dementia-inclusive communities
2. Promote and enable early diagnosis to support planning and action that maximizes quality of life
3. Address the importance of access to quality care, from diagnosis through end of life
4. Build the capacity of care providers, including through improved access to and adoption of evidence-based and culturally appropriate guidelines for standards of care
5. Improve support for family/friend caregivers, including through access to resources and supports

Pillars

Collaboration • Research and innovation • Surveillance and data • Information resources • Skilled workforce

Objectives



-
- To develop recommendations on **non-pharmacological interventions** for PLWD and their caregivers for the Canadian context
 - For the first time part of the **Canadian Consensus Conference on the diagnosis and treatment of dementia (CCCDTD)**
 - Since 1989, five CCCDTD have provided evidence-based dementia guidelines for Canadian clinicians and researchers.

Practice guidelines to implement evidence based non-pharmacological interventions

Non-pharmacological interventions

To improve health, functioning, quality of life and wellbeing



Practice guidelines

To implement evidence-based practices

CCCDTD Working group on non-pharmacological interventions

Leaders

- Isabelle Vedel
- Saskia Sivananthan
- Laura Rojas-Rozo



Members

- Nicole Anderson
- Debra Sheets
- Carrie McAiney
- Linda Clare
- Henry Brodaty
- James Mann (Advocate living with dementia)
- Teresa Liu-Ambrose
- Lynn Loftus (Advocate living with dementia)
- Serge Gauthier

Methodology

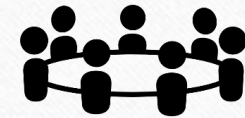
**Phase 1:
Systematic review
of reviews**



**Phase 2:
Grading
recommendations**



**Phase 3:
Approving
recommendations
via consensus**



Phase 1: Systematic review of reviews

↳ 22 reviews selected

- Inclusion criteria

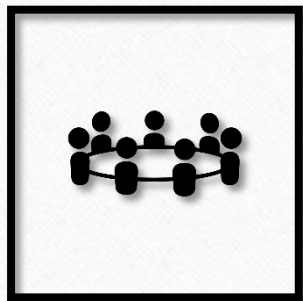
- 1) robust systematic, meta-analysis or scoping reviews that allow for more immediate recommendations
- 2) involving community dwelling populations
- 3) individual and community level psychosocial and non-pharmacological interventions; and
- 4) interventions aimed at persons living with dementia and their caregivers.

- Interventions selected

- Exercise
- Cognitive stimulation therapy
- Psychosocial and psychoeducational interventions
- Case management
- Dementia-friendly organizations

Person-centred care

Phase 2: Grading recommendations



Wrote the
recommendations
based on the results
from phase 1

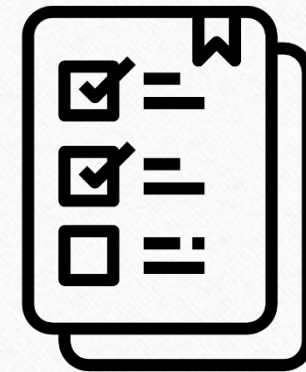


Grading of
Recommendations
Assessment, Development
and Evaluation
(GRADE)

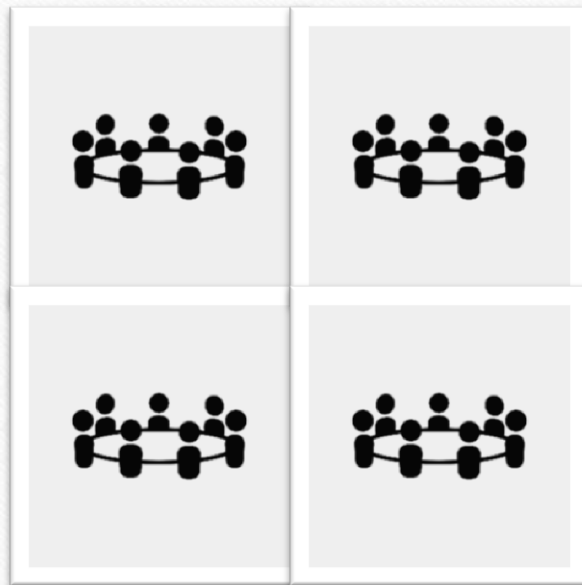
****Eleven Canadian and international experts representing researchers, clinicians, policy makers, persons living with dementia, and caregivers.**

GRADE

- Framework for developing and presenting summaries of evidence
- Systematic approach for making clinical practice recommendations
 - Quality of evidence for the recommendations
 - Strength of the recommendation



Phase 3: Approving the recommendations



Delphi method



Recommendations approved:

- 80% or more of the group agreed on the recommendation

More than 40 Canadian and international experts representing researchers, clinicians, policy makers, persons living with dementia, caregivers.

Received: 17 August 2020

Accepted: 25 August 2020

Published online: 12 October 2020

DOI: 10.1002/trc2.12086

Alzheimer's & Dementia

Translational Research
& Clinical Interventions

RESEARCH ARTICLE

CCCDTD5: Individual and community-based psychosocial and other non-pharmacological interventions to support persons living with dementia and their caregivers

Isabelle Vedel¹ | Debra Sheets² | Carrie McAiney³ | Linda Clare⁴ |
Henry Brodaty⁵ | James Mann⁶ | Nicole Anderson⁷ | Teresa Liu-Ambrose⁸ |
Laura Rojas-Rozo⁹ | Lynn Loftus¹⁰ | Serge Gauthier¹¹ | Saskia Sivananthan¹²

Individual Level

Exercise

Cognitive stimulation therapy

Psychoeducational interventions

Non-pharmacological recommendations

Community level

Dementia friendly organizations and communities

Case management

Exercise

- We recommend exercise, either group or individual physical exercise, for persons living with dementia.
- We cannot recommend any specific exercise duration or intensity at this time
- (GRADE: 1B – strong recommendation, moderate quality of evidence – consensus of 93%)



Definition

Physical activity that is planned, structured, and repetitive and has as a final or an intermediate objective to improve or maintain physical fitness.

Where to find information

Community centres and local Alzheimer.
Physical therapists will also be able to provide individualized exercise programs that can be done at home.



How to recommend in practice

To increase overall physical activity:

- Take regular walks around the neighbourhood or in local public buildings, such as the mall
- Take up active hobbies such as gardening
- Do most basic types of house work
- Take up active play with grandchildren, if you have any

To increase your fitness levels:

- Community-based programs such as dance classes or walking groups.
- Work with an exercise professional (e.g., physical therapist, kinesiologist). Ask for written instructions and pictures to guide you at home.

Cognitive stimulation therapy

- We recommend considering group cognitive stimulation therapy for persons living with mild to moderate dementia
- (GRADE 2B – weak recommendation, moderate quality of evidence– consensus of 96%)



Photo by Jacob Lund from Noin Project

Definition

Engaging people (typically in group settings) in a range of activities with the goal to enhance general cognitive and social functioning

Where to find information

Alzheimer Society, day programs, or any community organization



How to recommend in practice

Offer group activities such as **reminiscence therapy**, **reality orientation**, **sensorimotor activities**, and **games** that promote remembering the past, evoking knowledge (e.g., naming animals or songs), or problem solving

Target multiple cognitive domains (e.g., attention, memory, problem solving)

Group settings to enhance social functioning

Read your clients: If they seem uninterested or frustrated by one activity, switch to a new activity

Psychoeducational interventions

- We recommend considering psychosocial and psychoeducational interventions for caregivers of persons living with dementia
- (GRADE 2C – weak recommendation, moderate quality of evidence – consensus of 96%).



Author: Alexander Raths | Getty Images/iStockphoto

Definition

Education (about dementia, services, etc.), cognitive behavioural therapy, counselling, skill building, problem solving, coping strategies, and social support.

Where to find information

Local Alzheimer Society, community support service organizations



How to recommend in practice

Recommend interventions that best match the needs of the caregiver

Consider interventions that may have greater impacts, namely:

Interventions that include both education and therapeutic components

Interventions that are longer and of greater intensity

Multicomponent interventions

*

Dementia friendly organizations and communities

- We recommend considering the development of dementia friendly organizations and communities for persons living with dementia
- (GRADE 2C – weak recommendation, low quality of evidence – consensus of 91%).



Author: Robert Kneschke | Robert Kneschke - stock.adobe.com
©Robert Kneschke - stock.adobe.com

Definition

A dementia-friendly community/organization is where PLWD, their caregivers, friends, and families are welcomed, acknowledged and included, and where those who work alongside and support them have access to practical education and training

Where to find information

Alzheimer Societies have education and information on dementia-friendly organizations (including how to make your organization dementia-friendly)

First-link program



How to recommend in practice

-Know and understand dementia (both medical and quality-of-life aspects) for the benefit of your patients, and appreciate the impact of stigma of dementia on the patient and caregiver

-Encourage persons living with dementia and caregivers to live life to the fullest

-Be empathetic.

-Be aware of local and provincial support services available for persons living with dementia and caregivers

Case management

- We recommend considering the use of case management for persons living with dementia
- (GRADE 2B – weak recommendation, moderate quality of evidence – consensus of 93%).



Author: FG Trade | Credits: Getty Images

Definition

Strategies to improve the coordination and continuity of delivery of services, which includes the social aspects of care.

Where to find information

Ask health and social care organizations with whom you work closely if case managers are available (e.g. home care services in your area)



How to recommend in practice

Organisational level:

Collaboration between the Family Physician, case manager, PLWD and caregiver

Interdisciplinary teams: roles and responsibilities are clearly delineated Acknowledge the value of every team member, including PLWS and caregivers

Clinical level:

Pro-active follow-up to ensure that the PLWD are coming to their appointment (continuity with a Family Physician).

Regular contact with the PLWD and caregiver to address questions and concerns, and to ensure their full engagement in care and care decisions.

Pay specific attention during healthcare transitions.



Conclusions

- First time CCCDTD provides non-pharmacological recommendations
- Positive effects in persons living with dementia and their caregivers
- Holistic care
- Clinical guidelines and policies
- Future CCCDTD iterations to cover other non-pharmacological interventions

- isabelle.vedel@mcgill.ca - laura.rojasrozo@mail.mcgill.ca



@equipeROSAteam