

Psychological Database For Brain Impairment Treatment Efficacy

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Target Area: Behaviour Problems/ Anxiety, Depression, Stress & Adjustment

Baker, Bell, Baker, Gibson, Holloway et al (2001). A Randomized Controlled Trial of the Effects of Multi-Sensory Stimulation (MSS) for People with Dementia. British Journal of Clinical Psychology 40(Pt 1): 81-96	PEDro score – 5/10
Method/Results	Rehabilitation Program
 Design: Y Study type: RCT. Y Population: n=50, 50% male, 78 years (49/50> 60 years); Mini-Mental State Examination score range 0-17; Alzheimer's Disease, vascular dementia or mixed. Y Groups: Experimental (n=25) received multisensory stimulation (MSS); Control (n=25) received activity sessions. Y Setting: Participants lived in the family home and attended a day centre ≥2 days per week. 	 Aim: To improve behaviour, mood and cognition in people with dementia, using multisensory stimulation (MSS, also known as Snoezelen) vs activity sessions. Materials: Written guidelines to standardize the sequence of the sessions for both groups in terms of preparation, observation, approaching participant, introduction, carrying through, winding down, and subsequent sessions (see Baker et al., 1998). Treatment plan: Y Duration: Length of therapy: 4 weeks; total contact time: 4 hours. Y Procedure: 2 sessions per week; 30 minutes per session
Primary outcome measure/s: Y 12-item rating scale (INTERACT).	 Y Content: <i>MSS group:</i> Interventions were based on the
 Secondary outcome measure/s: Y REHAB. Y Behaviour Mood and Disturbance Scale. Y Clifton Assessment Procedures for the Elderly. Y Mini Mental State Examination. 	 observations of the effects of sensory deprivation Solomon et al., 1961). Sessions encompassed the following: 1. Special efforts to stimulate all senses, except taste. 2. Presentation of unpatterned, nonsequential stimuli. 3. Use of a nondirective, enabling approach, following the patient's lead.
Result: Statistical analysis demonstrated that both groups improved on 6/12 INTERACT variables; between-group comparisons showed the MSS group improved more than Activity group on 1/12 variables, as well as improved behaviour in the home setting, the activity group improved more than the MSS group on 2/12 variables. Effects were not maintained at 1 month follow-up.	 <i>RET program:</i> Targets increased respiratory muscle <i>Activity group:</i> Interventions were similar to those used in MSS condition, but did not have the above 3 features and additionally made intellectual/physical demands specific to the activity.