

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

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| <p>Teri, Gibons, McCurry, Logsdon, Buchner et al (2003). <i>Exercise Plus Behavioural Management in Patients with Alzheimer Disease: A Randomised Controlled Trial</i>. JAMA 290(15): 2015-2022</p> | <p>PEDro score - 6/10</p> |
| <p>Method/Results</p> | <p>Rehabilitation Program</p> |
| <p>Design: Y Studytype: RCT. Y Population: n=153 community dwelling patients with moderate Alzheimers Disease (AD) or related dementias, ranging in age from 55-93 years. Y Groups: 1. Exercise plus behavioural management-RDAD program (n=76, 63% male). 2. Standard care group (n=77, 55% male) Y Setting: Family home.</p> <p>Primary outcome measure/s: Y Physical functioning and physical role functioning subscales from the SF-36. Y Body care and movement, mobility, and home management subscales of the Sickness Impact Profile (SIP). Y Hamilton Depression Rating Scale. Y Cornell Scale for Depression in Dementia.</p> <p>Secondary outcome measure/s: Y Patient walking speed, functional reach and standing balance. Y Caregiver reports of exercise, activity days, falls. Y Revised Memory and Behaviour Problem Checklist for level of patient behavioural disturbance and caregiver distress.</p> <p>Result: Significant benefits for physical functioning (SF-36) and levels of depression (Cornell Scale) resulted for the RDAD group compared to the control group at the 3 month follow up. Patients in the RDAD group improved while routine care patients declined. RDAD patients also reportedly increased their level of physical activity, and had less restricted activity days. At 24 months, RDAD group continued to show significantly higher scores on some physical measures.</p> | <p>Aim: To help decrease the frailty and behavioural impairment of patients with Alzheimer's Disease.</p> <p>Materials: Treatment manual available from authors.</p> <p>Treatment plan: Y Duration: 12 hrs over 11 weeks. Y Procedure: Hourly sessions: 2 per week for first 3 weeks, then weekly for 4 weeks, then fortnightly for remaining 4 weeks. Y Content: - <i>Exercise plus behavioural management (RDAD group):</i> The exercise component involves aerobic/endurance activities, strength training, balance and flexibility training. Patients are encouraged to maintain 30 mins/day of moderately intense exercise. The behavioural management component involves educating caregivers about dementia and its impact on patient behaviour and function, teaching caregivers to identify and modify behaviour problems and patient distress, and instructing caregivers on how to identify pleasant activities for patients, and encourage increased physical and social activity. Within each session, demonstrations and exercises are carried out with caregivers. Sessions 1-10 introduce different topics, while the final sessions focus on maintenance of the exercise and behavioural management. - <i>Standard care group:</i> Routine medical care included the nonspecific advice and support routinely provided by nurses, primary care physicians or community support services.</p> |



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