Alzheimer’s & Dementia Intervention Program
A Case Review

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Early dementia symptoms, no worries?

Patricia and her daughter both knew something was wrong. It wasn’t until Pat’s daughter found her on the floor that she finally recognized that her mother needed help.
Geriatric Assessment

- Physical health
- Functional ability
- Medications
- Mental health status
- Psycho-social engagement
- Living environment
- Available supports
- Early prevention screening
Pat’s Diagnosis at Hospital

- hip fracture
- mild concussion
- moderate dementia symptoms
- secondary diagnosis of depression
- hypertension
- congestive heart failure
- probable TIA
The Rehabilitative Care Plan

- Goals of therapy in geriatrics are often limited to restoration of ADL functioning.

- Dementia rehabilitation planning may include occupational care, psychologists, nurses, social workers, support carers & family members.

- The dementia rehab plan should include specific goals appropriate to the individual.
Pat’s Dementia Care Goals

Goal #1. “Patricia will be seen by a facilitator/therapist twice weekly for 45-60 minutes per session to participate in a program of interactive cognitive activity exercises.”
Pat’s Dementia Care Goals

Goal #2. “Pat will engage in structured conversation and activities for at least 15 minutes, three or more times per day with a communication partner”
Pat’s Dementia Care Goals

Goal #3. “Pat will express her wishes or verbal choice to her carer during activities of daily living (ADLs; dressing, eating, activities) during all opportunities regularly available to her.”
AMM Dementia Program Steps

1. **Program assessment** – cognitive & non-cognitive evaluation to ensure program is appropriate for the participant.

2. **The Life Story Interview** – program materials must be interesting & relevant to the participant for continued success.

3. **First 8 Weeks** – orientation & training for participant & carers.

4. **Individualized program begins** – person centered program is adaptable to each participant’s strengths, interests and needs.

5. **Re-assess progress toward goals** – is the participant enjoying the program and is it helping to reach their rehab goals?
Pat Goes home!

After many months in acute care and rehabilitation care Pat was glad to finally return home…
Pat’s Program Outcomes

Goal #1.
• Twice weekly program therapy sessions were provided with a total of 98 program sessions completed over 12 months.

• Pat enjoyed the regular visits and began volunteering again once a week at her local community center.

How would you and/or the participant describe the number and frequency of program visits of the Ashby Memory Method?
Pat’s Program Outcomes

Goal #2.
Pat, her daughter and several carers collectively engaged in conversation more than one to two hours per day.
Pat’s Program Outcomes

Goal #3.
Pat answered choice and yes/no questions at least 80% of the time during ADLs.

Spoken verbal cues were used most often and were almost always supplemented with tangible objects.
Program Benefits

The rehab program brings meaningful beneficial person centered activities to the dementia care plan.

Used as a Brief Psycho-Social Therapy (BPST) helps to reduce participant feelings of isolation, distress and behavioural agitation, while teaching to enable more positive communication skills. * (Ballard et al 2009)

Structured program method reduces behavioral stressors.
Program Benefits

- Program model promotes preservation of continued connections to important family, community, residential and social contexts.

- A complementary program to existing community based healthcare services - extends “aging in place” for program participants by up to 36 months.
Treatment in Dementia *

- safe and supportive living environment
- psycho-social engagement
- drugs to treat emerging symptoms? (cholinesterase inhibitors)
- stimulating person-centered activities
- individualized behavioural interventions
- management of health related issues

*Diagnosis and Management of Alzheimer’s Disease
Robert C. Green, MD, MPH 2005
Program Guidelines

• Include educational components
• Include support carer training
• Individualize the dementia rehabilitation program
• Use as a resource as part of an integrated approach
• Include dementia rehab as part of the larger rehabilitation plan when working with the elderly
More information?

Reach us @ (toll free) 877-300-8988 or contact me directly 403-455 7127 or email jashby@alzinnovation.com