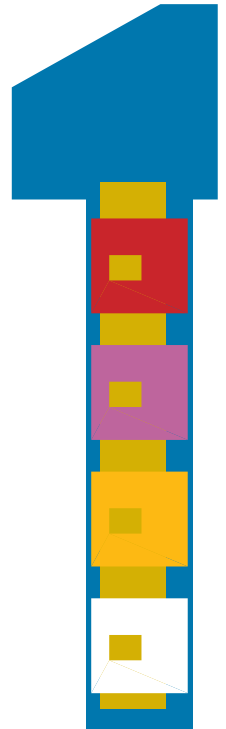


Blog del CRE de Alzheimer



ARTÍCULOS CRE ALZHEIMER 2021

**ARTÍCULOS CRE
ALZHEIMER
2021**





**Centro de referencia Estatal de
atención a personas con
enfermedad de
Alzheimer y otras demencias
de Salamanca (Imsero)**



I. PIPAP: efectos de un programa de intervención para promoción de la autonomía personal en demencias 6

II. Effectiveness of a randomized controlled trial of individual reminiscence therapy on cognition, mood and quality of life in Azorean older adults with neurocognitive disorders 8

III. Multicenter randomized controlled trial of the effects of individual reminiscence therapy on cognition, depression and quality of life: analysis of a sample of older adults with Alzheimer´s disease and vascular dementia 10

IV. Effects of individual cognitive stimulation at home in adults with psychotic disorders 12

V. Multicentre randomised controlled trial about the effect of individual reminiscence therapy in older adults with neurocognitive disorders 13

VI. Behavioural intervention to reduce disruptive behaviours in adult day care centres users: a randomized clinical trial (PROCENDIAS study) 15

VII. Effects of 6-month multimodal physical exercise program on bone mineral density, fall risk, balance, and gait in patients with Alzheimer´s disease: a controlled clinical trial 17



PIPAP: EFECTOS DE UN PROGRAMA DE INTERVENCIÓN PARA PROMOCIÓN DE LA AUTONOMÍA PERSONAL EN DEMENCIAS

Mireia Tofiño-García | Rocío Molás-Robles | Enrique Pérez Sáez | Myriel López-Tatis

Introducción: La demencia es una de las principales causas de dependencia e institucionalización. Las intervenciones basadas en las actividades de la vida diaria y la autonomía favorecen el mantenimiento en el hogar y mejoran la calidad de vida de pacientes y cuidadores.

Objetivo: Evaluar la eficacia de un programa de intervención de terapia ocupacional centrado en la persona y basado en la ocupación sobre la capacidad funcional, la cognición, los síntomas psicológicos y conductuales, y la calidad de vida de personas con demencia en fase leve.

Pacientes y métodos: Muestra de 29 participantes ambulatorios con un deterioro cognitivo leve-moderado e independientes para las actividades básicas y al menos dos instrumentales. El programa se llevó a cabo por terapeutas ocupacionales y auxiliares durante seis meses desarrollando actividades instrumentales, estimulación cognitiva y entrenamiento de los cuidadores. Se realizaron seguimientos a los tres, seis y 12 meses tras la finalización.

Resultados: Al finalizar el programa, los participantes mostraron un mejor rendimiento en actividades instrumentales, se mantuvo la capacidad cognitiva, mejoró la comunicación, se redujeron los síntomas psicológicos y conductuales, y se produjo una mejora de la calidad de vida. En el seguimiento a los 12 meses, el 86% de los participantes continuaba viviendo en su domicilio.



Conclusión: Una intervención de terapia ocupacional basada en las actividades de la vida diaria, junto con formación del cuidador e intervención domiciliaria, puede mejorar la autonomía de las personas con demencia en su domicilio y en la comunidad.

**CRE Alzheimer | Demencias | Terapia Ocupacional |
Autonomía personal**

[Tofiño-García, M., Molás-Robles, R., Pérez-Sáez, E y López-Tatis, M. \(2021\). PIPAP: efectos de un programa de intervención para promoción de la autonomía personal en demencias. *Psicogeriatría*, 11\(2\), 79-87](#)



EFFECTIVENESS OF A RANDOMIZED CONTROLLED TRIAL OF INDIVIDUAL REMINISCENCE THERAPY ON COGNITION, MOOD AND QUALITY OF LIFE IN AZOREAN OLDER ADULTS WITH NEUROCOGNITIVE DISORDERS

Susana I. Justo Henriques | Enrique Pérez Sáez | João L. Alves Apóstolo | Janessa O. Carvalho

Reminiscence therapy (RT) is a form of cognitive stimulation therapy that incorporates discussion of past activities, events, and experiences to stimulate individual memories; it has had some success in treating persons with neurocognitive disorders. This research aims to evaluate the ability of individual RT, using a simple reminiscence format, to improve the overall cognitive function, memory, executive functions, emotional status, and quality of life in older adults with neurocognitive disorders who received social care and support services. A multicenter randomized controlled trial was completed in the Azores archipelago (an independent region of Portugal) using repeated measures (pre-intervention, post-intervention, and follow-up). The intervention group underwent individual RT sessions, twice weekly for 13 weeks, while the control group completed regular activities administered as part of their program. Results did not reveal any significant differences between the intervention and control groups. While results did not reveal significant effects, a number of historical and contextual factors are considered as possible explanations for the lack of effects—namely, data collection occurring during the COVID-19 global pandemic, participant cohort effects, and therapist heterogeneity.

**CRE Alzheimer | Demencias | Terapias no farmacológicas |
Reminiscencia**



[Justo-Henriques, S. I., Pérez-Sáez, E., Alves Apóstolo, J. L. y Carvalho, J. O. \(2021\). Effectiveness of a randomized controlled trial of individual reminiscence therapy on cognition, mood and quality of life in Azorean older adults with neurocognitive disorders. *Journal of Clinical Medicine*, 10\(22\), 1-11.](#)



MULTICENTER RANDOMIZED CONTROLLED TRIAL OF THE EFFECTS OF INDIVIDUAL REMINISCENCE THERAPY ON COGNITION, DEPRESSION AND QUALITY OF LIFE: ANALYSIS OF A SAMPLE OF OLDER ADULTS WITH ALZHEIMER'S DISEASE AND VASCULAR DEMENTIA

Enrique Pérez Sáez | Susana I. Justo Henriques | João L. Alves Apóstolo

Objectives: To determine the effectiveness of a 13-week individual reminiscence therapy (RT) intervention on cognition, memory, executive function, mood, and quality of life of people with Alzheimer's disease and vascular dementia.

Method: Non-protocolized analysis using data from a larger multicenter, single-blind, randomized, parallel two-arm RCT of RT for people with neurocognitive disorders. A sample of 148 people with probable Alzheimer's disease or vascular dementia attending 23 Portuguese institutions providing care and support services for older adults were selected. Intervention group (n=74) received 26 individual RT sessions, twice a week for 13 weeks. Control group (n=74) maintained their treatment as usual. Outcomes were global cognitive function (MMSE), memory (MAT), executive function (FAB), mood (GDS-15), and self-reported quality of life (QoL-AD). All participants were assessed at baseline (T0) and 15 weeks later (T1).

Results: The results showed a significant effect of the intervention on global cognition (Group X Time interaction $F(1, 128) = 10.542, p = .001, p_2 = .076$), memory ($F(1,128) = 9.881, p = .002, p_2 = .072$), and quality of life ($F(1,128) = 0.181, p = .671, p_2 = .001$), with medium effect sizes. A small effect on executive function ($F(1,127) = 11.118, p = .001, p_2 = .080$) was also found. No effects were found on depressive symptoms ($F(1,128) = 0.181, p = .671, p_2 = .001$).



Conclusion: Individual RT may have beneficial effects on cognition and quality of life of people with Alzheimer's disease or vascular dementia.

CRE Alzheimer | Demencias | Terapias no farmacológicas | Reminiscencia

[Pérez-Sáez, E., Justo-Henriques, S. I., y Apóstolo, J. L. \(2021\). Multicenter randomized controlled trial of the effects of individual reminiscence therapy on cognition, depression and quality of life: analysis of a sample of older adults with Alzheimer's disease and vascular dementia. *The Clinical Neuropsychologist*, 1-22](#)



EFFECTS OF INDIVIDUAL COGNITIVE STIMULATION AT HOME IN ADULTS WITH PSYCHOTIC DISORDERS

Susana I. Justo Henriques | Ana Marques-Castro | Enrique Pérez Sáez | Janessa Carvalho | Paula Sargaço

We have seen an increase in the prevalence of mental disorders in Portugal. Despite this fact, the mental health care network is limited with no known homebased cognitive stimulation programs available. The aim of this study was to determine the effectiveness of an eight-month one-on-one cognitive stimulation intervention program in improving cognition, executive function and mood in adults with psychotic disorders (e.g., schizophrenia, delusional disorder). An uncontrolled repeated measures design was applied to 20 adults diagnosed with mental disorders who participated in 35 one-on-one sessions at home, conducted weekly, with 45 minutes each. Independent evaluators assessed cognitive status (MoCA), executive functions (FAB) and depressive symptoms (BDI). There was a significant effect of the intervention on cognitive status ($d = 0.59$), executive functions ($d = 0.76$) and depressive symptoms ($d = 0.43$). The results support sound effectiveness, viability and acceptability of the intervention in this mental health population.

CRE Alzheimer | Terapias no farmacológicas | Estimulación cognitiva | Trabajo Social | Atención domiciliaria

[Justo-Henriques, S., Marques-Castro, A., Pérez-Sáez, E., Carvalho, J. y Sargaço, P. \(2021\). Effects of individual cognitive stimulation at home in adults with psychotic disorders. *Psicologia, Saúde & Doenças*, 22\(2\), 739-752.](#)



MULTICENTRE RANDOMISED CONTROLLED TRIAL ABOUT THE EFFECT OF INDIVIDUAL REMINISCENCE THERAPY IN OLDER ADULTS WITH NEUROCOGNITIVE DISORDERS

Susana I. Justo Henriques | Enrique Pérez Sáez | João L. Alves Apóstolo

Objectives: To evaluate the effectiveness of a 13-week individual Reminiscence Therapy intervention to improve the overall cognitive function, memory, executive function, mood, and quality of life of people with neurocognitive disorders.

Methods: A single-blind, multicentre, randomised parallel two-arm controlled trial recruited 251 people with neurocognitive disorders attending 24 institutions providing care and support services for older adults in Portugal. The primary outcome measure was cognitive function (MMSE). Secondary outcomes were memory (MAT), executive function (FAB), mood (GDS-15), and self-reported quality of life (QoL-AD). Participants in the intervention group (n= 131) received 26 individual Reminiscence therapy sessions, twice a week, over the course of 13 weeks. Participants in the control group (n= 120) maintained their treatment as usual.

Results: Intention-to-treat analysis showed that, at endpoint assessment, the intervention group had significantly improved in relation to the control group in MMSE (mean difference 1.84, 95% CI [0.80, 2.89], $p = .001$, $d = .44$), MAT (mean difference 2.82, 95% CI [0.72, 4.91], $p = .009$, $d = .34$), and QoL-AD (mean difference 1.78, 95% CI [0.17, 3.39], $p = .031$, $d = .28$). Non-significant improvements were found on FAB (mean difference 0.74, 95% CI [-0.04, 1.52], $p = .062$, $d = .24$) and GDS-15 (mean difference -0.63, 95% CI [-1.45, 0.19], $p = .130$, $d = .19$).



Conclusions: For people with neurocognitive disorders attending social care and support services, the individual Reminiscence Therapy designed for this trial should be considered an intervention with the potential to improve cognition, memory, and quality of life.

CRE Alzheimer | Demencias | Terapias no farmacológicas | Reminiscencia

[Justo-Henriques, S. I., Pérez-Sáez, E. y Apóstolo, J. L. \(2021\). Multicentre randomised controlled trial about the effect of individual reminiscence therapy in older adults with neurocognitive disorders. *International Journal of Geriatric Psychiatry*, 36\(5\), 704-712.](#)



BEHAVIOURAL INTERVENTION TO REDUCE DISRUPTIVE BEHAVIOURS IN ADULT DAY CARE CENTRES USERS: A RANDOMIZED CLINICAL TRIAL (PROCENDIAS STUDY)

Olaya Tamayo Morales | María C. Patino Alonso | Andrés Losada | Sara Mora-Simón | Jaime Unzueta Arce | Susana González Sánchez | Manuel A. Gómez Marcos | Luis García Ortiz | Emiliano Rodríguez Sánchez

Aim: This study assesses the effect of an intervention to reduce the disruptive behaviours (DB) presented by care recipient users of adult day care centres (ADCC), thereby reducing caregiver overload. While ADCC offer beneficial respite for family caregivers, the DB that many care recipients show promote resistance to attending these centres, which can be a great burden on their family caregivers.

Background: Care centres offer important relief and rest services for family caregivers. Some caregivers report being affected by behavioural and psychological symptoms of dementia when they prepare dependents for the Care Centres, especially when these have dementia. Caregivers often report the need for information about how to manage the behaviour of the sick. Nurses in community healthcare units can investigate cases of patients who present resistance when attending care centres and can promote the use of interventions aimed at reducing this problem.

Design: Randomised controlled clinical trial.

Methods: The study was carried out with 1130 family caregivers of people attending seven ADCC in the municipality of Salamanca (Spain), randomly distributed into intervention and control groups. The intervention was applied across eight sessions, one per week, in groups of 8-10 people where caregivers were trained in the Antecedent-Behavior-Consequence (ABC) model of



functional behaviour analysis. The primary outcome was the reduction of DB measured with the Revised Memory and Behavior Problems Checklist (RMBPC).

Results: An average reduction in the RMBPC of 4.34 points was obtained in the intervention group after applying the intervention ($p < 0.01$ (U de Mann-Whitney); Cohen $d = 1.00$); furthermore, differences were found in the Center for Epidemiologic Studies Depression Scale (CES-D) ($U = -2.67$; $p = 0.008$; Cohen $d = 0.50$) and in the Short Zarit Burden Interview (Short ZBI) ($t = -4.10$; $p < 0.01$; Cohen $d = 0.98$).

Conclusion: The results obtained suggest that the implementation of this intervention could reduce both the frequency of DB occurrence and the reaction of the caregiver to their appearance. Improvement was also noted in the results regarding overload and emotional state of the family caregiver.

Impact: To our knowledge, this is the first randomized clinical trial to show that an intervention based on the ABC model could reduce the frequency and reaction of DB of care recipients in ADCC increasing their quality of life, and improving the mental health and overload of their family caregivers.

CRE Alzheimer | Enfermería | Trabajo social | Centros de día

[Tamayo-Morales, O., Patino-Alonso, M. C., Losada, A., Mora-Simón, S., Unzueta-Arce, J., González-Sánchez, S., ... y Rodríguez-Sánchez, E. \(2021\). Behavioural intervention to reduce disruptive behaviours in adult day care centres users: a randomized clinical trial \(PROCENDIAS study\). *Journal of Advanced Nursing*, 77\(2\), 987-998.](#)



EFFECTS OF 6-MONTH MULTIMODAL PHYSICAL EXERCISE PROGRAM ON BONE MINERAL DENSITY, FALL RISK, BALANCE, AND GAIT IN PATIENTS WITH ALZHEIMER'S DISEASE: A CONTROLLED CLINICAL TRIAL

A. Silvia Puente-González | M. Carmen Sánchez-Sánchez |
Eduardo J. Fernández-Rodríguez | J. Elicio Hernández-Xumet |
Fausto J. Barbero-Iglesias | Roberto Méndez-Sánchez

We aimed to determine the short- and medium-term effects of a multimodal physical exercise program (MPEP) on bone health status, fall risk, balance, and gait in patients with Alzheimer's disease. A single-blinded, controlled clinical trial was performed where 72 subjects were allocated in a 3:1 ratio to an intervention group (IG; n = 53) and control group (CG; n = 19), where the IG's subjects were admitted to live in a State Reference Center of Alzheimer's disease, which offers the targeted exercise program, while the CG's subjects resided in independent living. A multidisciplinary health team assessed all patients before allocation, and dependent outcomes were again assessed at one, three, and six months. During the study, falls were recorded, and in all evaluations, bone mineral density was measured using a calcaneal quantitative ultrasound densitometer; balance and gait were measured using the performance-oriented mobility assessment (POMA), the timed up and go test (TUG), the one-leg balance test (OLB), and the functional reach test (FR). There were no differences between groups at baseline for all outcome measures. The prevalence of falls was significantly lower in the IG (15.09%) than in the CG (42.11%) ($\chi^2 = 5.904$; $p = 0.015$). We also found that there was a significant time*group interaction, with a post hoc Šidák test finding significant differences of improved physical function, especially in gait, for the IG, as assessed by POMA-Total, POMA-Gait, and TUG with a large effect size ($\eta^2p = 0.185-0.201$). In balance, we found significant differences between groups,



regardless of time, and a medium effect size as assessed by POMA-Balance and the OLB ($\eta^2p = 0.091-0.104$). Clinically relevant effects were observed, although without significant differences in bone health, with a slowing of bone loss. These results show that a multimodal physical exercise program reduces fall risk and produces an improvement in gait, balance, and bone mineral density in the short and medium term in institutionalized patients with Alzheimer's disease.

**CRE Alzheimer | Demencias | Enfermedad de Alzheimer |
Fisioterapia | Ejercicio físico**

[Puente-González, A. S., Sánchez-Sánchez, M. C., Fernández-Rodríguez, E. J., Hernández-Xumet, J. E., Barbero-Iglesias, F. J. y Méndez-Sánchez, R. \(2021\). Effects of 6-month multimodal physical exercise program on bone mineral density, fall risk, balance, and gait in patients with Alzheimer's disease: a controlled clinical trial. *Brain Sciences*, 11\(1\), 1-25.](#)





GOBIERNO
DE ESPAÑA

MINISTERIO
DE DERECHOS SOCIALES
Y AGENDA 2030



IMSERSO