



The impact of dementia and the potential of cognitive and functional rehabilitation

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We often think and talk about dementia in terms of decline, impairment and loss (Martyr et al. 2019), but what if we focused instead on what people with dementia can still do? When a dementia diagnosis is first received, changes in the brain and thinking ability are acknowledged, alongside other physical changes. However, the impact of these changes on everyday functioning, participation in family life and community involvement is often neglected (Martyr et al., 2024).

With the right support as part of their rehabilitation plan, people with dementia can still learn new information and skills, and adapt their activities. It is important to differentiate cognitive rehabilitation, which focuses on neuropsychological challenges due to changes in the brain, from rehabilitation that addresses purely physical problems (Kern et al., 2025). Cognitive and functional rehabilitation, also known as *reablement*, aims to optimize everyday functioning, activity and participation – areas in which people with dementia often struggle (Poulos et al., 2017).

In this sense, the World Alzheimer Report 2025 aims to highlight the concept of dementia rehabilitation, with the hope of serving as a resource and roadmap to encourage more individuals to adopt and adapt rehabilitation practices, regardless of their location. The report highlights the fact that, despite evidence of its benefits, people with dementia rarely have access to rehabilitation services around the world. The report highlights how this inequality can be reduced. It also points out that cognitive and functional rehabilitation can enable people with dementia to function better in targeted areas, since the long-term effects include reduced disability and a longer time spent at home before moving into residential care (ADI, Clare et al., 2025).

Ideally, a dementia diagnosis should mark the beginning of rehabilitation. Nevertheless, a cognitive and functional rehabilitation program can be introduced at any stage of dementia. It is important to bear in mind the need for tailored interventions that take into account the individual's needs and wishes, and that the goals are appropriate (Todhunter-Brown et al., 2025). It is also important to bear in mind that dementia usually coexists with other health issues. Therefore, teamwork among practitioners from diverse disciplinary backgrounds is essential, as is the involvement of caregivers in the changes that occur as the dementia progresses and rehabilitation takes place (Miettinen et al., 2013).

Experts mention that person-centered, goal-oriented and collaborative approaches are core components of rehabilitation and should be included in any intervention program. The starting point should be to improve or maintain functioning in everyday life by building on the person's strengths, finding ways to compensate for impairments (e.g. functional communication, visuospatial and perceptual difficulties, mobility, motivation and engagement) and supporting independence (Jeon et al., 2025). It is also recommended that functional goals relevant to the person living with dementia are identified, and that they, their family members and their



caregivers work together to achieve these, bearing in mind that the environment should be aligned with the person's abilities to enhance their independence and potential (Gjellestad et al., 2023).

The following suggested compensatory strategies for addressing cognitive and functional rehabilitation in people with dementia are agreed upon by studies (Bennet et. Al., 2018, Kudlicka et al., 2023, Paggetti et al, 2025, Raghuraman et al., 2025):

- ✓ Making strategies into habits: Once a strategy becomes a habit, it becomes easier to use.
- ✓ Use daily routines: Use cues and triggers. Consistency. Begin with one or two strategies.
- ✓ Layering strategies: Sometimes using more than one strategy at a time can be more effective.
- ✓ Use visual and environmental support. Simple changes to the home can make a big difference. For example, keeping items in the same place, labelling drawers, color coding and putting up signs.
- ✓ Mood and motivation matter. If the person with dementia is feeling sad, anxious or unmotivated, they may not be able to follow through.
- ✓ Trial and error are normal. Not every strategy works for everyone as dementia affects everyone differently.
- ✓ Getting back on track after disruptions: If the person falls out of a routine, that's okay. Gently guide them back to support reconnection.
- ✓ Caregiver support: Caregivers play a significant role in implementing strategies on a daily basis. The goal is to support the person in a calm and patient manner, free from pressure or frustration, so they feel confident and respected.

People living with dementia should not have to pay for the privilege of living well with purpose and dignity; it should be a basic right. In the absence of a cure, we have a collective duty to pursue rehabilitation. Rehabilitation is not a magic wand that erases all symptoms of dementia (United Nations CRPD, 2006). However, it provides tools to build upon existing strengths and manage symptoms, offering a degree of agency and dignity that is all too often denied to people with the condition. A good quality of life and ageing well should not be a luxury (Krutter et al., 2020). Rehabilitation should be embraced as part of 'precision care'. The new dialogue is centered on 'precision diagnoses', 'precision treatment' and 'precision risk reduction'. It is important to normalize rehabilitation as part of the regular care pathway (Vargese et al., 2021).

According to the aforementioned World Alzheimer's 2025 Report, 65% of current national dementia plans mention rehabilitation. However, in practice, 75% of World Health Organization (WHO) member states have yet to develop national plans on this topic. Therefore, rehabilitation should be embedded within national dementia plans (NDPs) and implemented (Metzelthin et al., 2024). Societal readiness for change in dementia care cannot be left entirely to those in government or policymakers. Citizens and others involved in dementia care must be given the opportunity to participate in creating solutions and must also be willing and interested in enacting change (Tuntland et al., 2025). Finally, when it comes to caring for people with dementia and their caregivers, we as a society can and should be more ambitious.



References

Alzheimer's Disease International, Clare, L, Jeon, YH. 2025. World Alzheimer Report 2025: Reimagining life with dementia – the power of rehabilitation. London, England: Alzheimer's Disease International.

Bennett S, Laver K, Voigt-Radloff S, Letts L, Clemson L, Graff M, Wiseman J, Gitlin L. Occupational therapy for people with dementia and their family carers provided at home: a systematic review and meta-analysis. *BMJ Open*. 2019 Nov 11;9(11):e026308. doi: 10.1136/bmjopen-2018-026308. PMID: 31719067; PMCID: PMC6858232.

Jeon YH, Simpson J, Fethney J, Krein L, Shin M, Low LF, Woods RT, Mowszowski L, Hilmer S, Naismith SL, Clemson L, Brodaty H, Naganathan V, Miller Amberber A, Kenny D, Gitlin L, Szanton S. Effectiveness of the Interdisciplinary Home-based Reablement Programme (I-HARP) on improving functional independence of people living with dementia: a multicentre, pragmatic, randomised, open-label, controlled trial. *J Neurol Neurosurg Psychiatry*. 2025 Jun 12;96(7):705-715. doi: 10.1136/jnnp-2024-334514. PMID: 39824599; PMCID: PMC12322460.

Gjellestad Å, Oksholm T, Alvsvåg H, Bruvik F. Trust-building interventions to home-dwelling persons with dementia who resist care. *Nurs Ethics*. 2023 Nov-Dec;30(7-8):975-989. doi: 10.1177/09697330211041745. Epub 2022 Feb 22. PMID: 35189756; PMCID: PMC10710005.

Kern R, Haaland B, Nicodemus-Johnson J, Dickson S, Morgan M, Christensen JR, Sabbagh MN, Lee L, Hajós M, Riddle J, Seshagiri CV, Howell C, Mallinckrodt C, Hendrix S. Time saved in activities of daily living and whole-brain volume: Post hoc analysis of a randomized feasibility trial of gamma oscillation treatment in participants with mild or moderate Alzheimer's disease. *Alzheimers Dement (N Y)*. 2025 Jun 11;11(2):e70118. doi: 10.1002/trc2.70118. PMID: 40501511; PMCID: PMC12152371.

Krutter S, Schaffler-Schaden D, Essl-Maurer R, Wurm L, Seymer A, Kriechmayr C, Mann E, Osterbrink J, Flamm M. Comparing perspectives of family caregivers and healthcare professionals regarding caregiver burden in dementia care: results of a mixed methods study in a rural setting. *Age Ageing*. 2020 Feb 27;49(2):199-207. doi: 10.1093/ageing/afz165. PMID: 31875879; PMCID: PMC7047818.

Kudlicka A, Martyr A, Bahar-Fuchs A, Sabates J, Woods B, Clare L. Cognitive rehabilitation for people with mild to moderate dementia. *Cochrane Database Syst Rev*. 2023 Jun 29;6(6):CD013388. doi: 10.1002/14651858.CD013388.pub2. PMID: 37389428; PMCID: PMC10310315.

Martyr A, Nelis SM, Quinn C, Rusted JM, Morris RG, Clare L; IDEAL programme team. The relationship between perceived functional difficulties and the ability to live well with mild-

to-moderate dementia: Findings from the IDEAL programme. *Int J Geriatr Psychiatry*. 2019 Aug;34(8):1251-1261. doi: 10.1002/gps.5128. Epub 2019 May 20. PMID: 31034650; PMCID: PMC6767698.

Martyr A, Ravi M, Gamble LD, Morris RG, Rusted JM, Pentecost C, Matthews FE, Clare L; IDEAL study team. Trajectories of cognitive and perceived functional decline in people with dementia: Findings from the IDEAL programme. *Alzheimers Dement*. 2024 Jan;20(1):410-420. doi: 10.1002/alz.13448. Epub 2023 Sep 2. PMID: 37658739; PMCID: PMC10916967

Metzelthin SF, Thuesen J, Tuntland H, Zingmark M, Jeon YH, Kristensen HK, Low LF, Poulos CJ, Pool J, Rahja M, Rosendahl E, de Vugt ME, Giebel C, Graff MJL, Clare L. Embracing Reablement as an Essential Support Approach for Dementia Care in the 21st Century: A Position Paper. *J Multidiscip Healthc*. 2024 Nov 25;17:5583-5591. doi: 10.2147/JMDH.S484069. PMID: 39628606; PMCID: PMC11611700.

Miettinen S, Ashorn U, Lehto J. Talking about the institutional complexity of the integrated rehabilitation system-the importance of coordination. *Int J Integr Care*. 2013 Mar 22;13:e007. doi: 10.5334/ijic.851. PMID: 23687479; PMCID: PMC3653285.

Paggetti A, Druda Y, Sciancalepore F, Della Gatta F, Ancidoni A, Locuratolo N, Piscopo P, Vignatelli L, Sagliocca L, Guaita A, Secreto P, Stracciari A, Caffarra P, Vanacore N, Fabrizi E, Lacorte E; Italian Dementia Guideline Working Group. The efficacy of cognitive stimulation, cognitive training, and cognitive rehabilitation for people living with dementia: a systematic review and meta-analysis. *Geroscience*. 2025 Feb;47(1):409-444. doi: 10.1007/s11357-024-01400-z. Epub 2024 Nov 1. Erratum in: *Geroscience*. 2025 Aug;47(4):6111. doi: 10.1007/s11357-025-01551-7. PMID: 39485657; PMCID: PMC11872969.

Poulos CJ, Bayer A, Beaupre L, Clare L, Poulos RG, Wang RH, Zuidema S, McGilton KS. A comprehensive approach to reablement in dementia. *Alzheimers Dement (N Y)*. 2017 Jul 27;3(3):450-458. doi: 10.1016/j.trci.2017.06.005. PMID: 29067351; PMCID: PMC5654482.

Raghuraman S, Richards E, Mahmoud A, Morgan-Trimble S, Clare L, Anderson R, Goodwin VA, Allan L. Understanding rehabilitation and support needs after an episode of delirium: a qualitative thematic analysis of interviews with older people with delirium, family carers and healthcare professionals. *BMC Geriatr*. 2025 Jul 26;25(1):547. doi: 10.1186/s12877-025-06196-x. PMID: 40713532; PMCID: PMC12296708.

Todhunter-Brown A, Sellers CE, Baer GD, Choo PL, Cowie J, Cheyne JD, Langhorne P, Brown J, Morris J, Campbell P. Physical rehabilitation approaches for the recovery of function and mobility following stroke. *Cochrane Database Syst Rev*. 2025 Feb 11;2(2):CD001920. doi: 10.1002/14651858.CD001920.pub4. PMID: 39932103; PMCID: PMC11812092.

Tuntland H, Ashfaq K, Zingmark M, Metzelthin SF. Understanding and Overcoming Negative Attitudes That Hinder Adoption of Reablement in Dementia Care: An Explorative



Qualitative Study. J Multidiscip Healthc. 2025 Jun 12;18:3411-3422. doi: 10.2147/JMDH.S522515. PMID: 40534647; PMCID: PMC12174993.

United Nations. Convention on the Rights of Persons with Disabilities (CRPD). 2006. <https://social.desa.un.org/issues/disability/crpd/convention-on-the-rights-of-persons-with-disabilities-crpd> (accessed Sep 26, 2025).

Vargese SS, Halonen P, Raitanen J, Forma L, Jylhä M, Aaltonen M. Comorbidities in dementia during the last years of life: a register study of patterns and time differences in Finland. Aging Clin Exp Res. 2021 Dec;33(12):3285-3292. doi: 10.1007/s40520-021-01867-2. Epub 2021 May 3. PMID: 33939125; PMCID: PMC8668841.