

CAHE JC Critically Appraised Article Summary

Journal Club Details

Date of submission	October 2008
Journal Club location	Flinders Medical Centre (OT)
JC Facilitator	Emma Gillespie

Clinical Scenario

Is there evidence for the effectiveness of tailored activities in the management of neuro-psychiatric behaviours among patients with dementia?

Review Question/PICO/PACO

- P Patients with dementia in a hospital setting
- I Tailored activities
- C No intervention
- O Improvement in mood or behaviour

Article/Paper

Soderback I, Guidetti S. The Effect of Personal Care Training at a Medical Department: A Study in Occupational Therapy. *Clinical Rehabilitation* 1992; 6:229-239.

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Article Methodology:	Randomised Controlled Trial
Returned JC on:	13 October 2008
By CAHE staff member:	Zuzana Machotka

Ques No.	Yes	Can't Tell	No	Comments
1	✓			<p><i>The study asked a clearly focused question:</i></p> <p>Does the Tailored Activity Program (TAP) reduce dementia-related neuropsychiatric behaviors, promote activity engagement, and enhance caregiver wellbeing?</p> <p><i>Population:</i></p> <ul style="list-style-type: none"> Dementia patients: English-speaking, had a physician diagnosis or Mini-Mental State Examination (MMSE) score less than 24, and were able to feed self and participate in at least two self-care activities. Excluded patients included those with schizophrenia, bipolar disorder, or dementia secondary to head trauma, had an MMSE score = 0 and were bed-bound (confined to bed or chair) or nonresponsive (unable to understand short commands). Caregivers: English-speaking, greater than 21 years of age, lived with the patient, provided more than 4 hours of daily care, and reported dementia patient's boredom, sadness, anxiety, agitation, restlessness, or trouble focusing on a task. Excluded were caregivers involved in another study, seeking nursing home placement, terminally ill, in active cancer treatment, or with three or more hospitalizations in the past year. <p><i>Intervention:</i></p> <ul style="list-style-type: none"> Tailored Activity Program (TAP), designed to reduce behavioral disturbances by identifying patients' preserved capabilities and previous roles and interests, and devising activities that build on them. Follow up at 4 months ** Waitlist control** <p><i>Outcomes:</i></p> <ul style="list-style-type: none"> Trial tested whether tailored activities enhanced patient engagement, reduced caregiver burden, and improved caregiver mastery, self-efficacy, and use of effective communication and simplification strategies.
2	✓			<p>This study was a randomised controlled trial which was an appropriate study design to address the objectives of the study.</p> <p>Is it worth continuing: YES</p>
3		✓		<p>The study reported that participants were randomised to intervention group, using a wait list as control. Dyads were randomized using random permuted blocks.</p> <p>Demographic Characteristics pre-intervention of intervention and control groups is displayed in table form. Groups were well matched.</p>

Ques No.	Yes	Can't Tell	No	Comments
4	✓		✓	All dyads were interviewed at 4 months by interviewers masked to group assignment and with no intervention role. Therefore assessors were blind to the group assignment of the participants. It is, however, impossible to blind the participants and those who facilitated the different exercises.
5	✓			Analyses followed intention-to-treat such that all subjects providing data were included in analyses regardless of study participation level. Of particular note, four out of 60 caregivers were lost to follow up and 4 patients died during study.
6	✓			Outcomes were measured and collected at 4 months for intervention group and waitlist control group. After initial data collection, the wait list control group was then subjected to the intervention. After the 4-month intervention period, the control group was tested in the same way (8 months post baseline).
7			✓	Pilot studies may yield large effect sizes and over estimate treatment benefits. There was no power calculation to estimate sample size needed for accurate effect size calculations.
8				<ul style="list-style-type: none"> Demographic Characteristics data was displayed in table form and p values given. No significant difference was found between groups. P-values were displayed for several dependent variables measured in reference to both patients and caregivers. Intervention caregivers reported greater activity engagement and ability to keep the patients busy. The experimental caregivers also reported fewer hours doing things for patients and fewer hours needed to be on duty. Experimental caregivers reported greater mastery, enhanced self-efficacy and greater use of simplification techniques, compared with the control group. Caregiver depressive symptom scores did not show significant results. <p><i>Bottom line result:</i> The results of this study demonstrate positive benefits and symptom reduction for patient and caregiver outcomes in reference to management of patients with dementia.</p>
9				Some differences between baseline and post-implementation measures were determined based on p-value computation. Results from this study can therefore be considered precise.
10	✓			A multitude of outcomes were used for both caregivers and patients to emphasise the results of the intervention from two perspectives. Fewer caregivers reported occurrences of agitation and argumentation in the intervention group. These are common triggers for nursing home placement and hence could have significant impact on nursing homes and patients' ability to reside at home for a longer period. Intervention was also shown to have positive effects on minimising time needed to manage patients which could have an impact on job satisfaction and enhanced job skills.

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For more information on the CAHE Journal Clubs contact:
CAHE JC Senior Researcher [Lucy Lizarondo](#) Ph 08 8302 2099 or
CAHE JC Administrator [Helen Walker](#) Ph 0411 677 457