

CAHE JC Critically Appraised Article Summary

Journal Club Details

Date of submission	February 2009
Journal Club location	Masonic Homes
JC Discipline/s	Occupational Therapy
JC Facilitator	Stacey Watson

Clinical Scenario

What are the benefits/differences of older people living in the community with varying levels of cognitive deficits attending Montessori-Based Dementia Programming groups compared to other community groups that use different cognitive/social models?

Review Question/PICO/PACO

- P** Older people living in the community with varying levels of cognitive deficits
- I** Montessori-Based Dementia Programming
- C** Other community cognitive/social-approaches/models targeting older, community-dwelling people with cognitive deficits
- O** Differences/benefits/level of cognition

Article/Paper:

McConnell, E 2000 'Montessori-based activities for long-term care residents with advanced dementia: effects of engagement and affect', *The Gerontologist*, vol. 40: 1 pp. 107.

Please note: due to copyright regulations CAHE is unable to supply a copy of the critically appraised paper/article. To obtain a copy of this article please contact the DOHSA librarian (health.library@health.sa.gov.au). More information and additional contact details are available on the CAHE website (<http://www.unisa.edu.au/cahe/CAHEJC/appraisedarticles.asp>)

Article Methodology:	Controlled Study
Returned JC on:	19 February 2009
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Ques No.	Yes	Can't Tell	No	Comments
1	✓			Improved constructive engagement and more positive affect and lower levels of passive engagement during Montessori programming when compared to regular activities programming in an aged care facility.
2			✓	Controlled study. Authors did not report that their sample was selected randomly from the 350 person population. Random selection and allocation of subjects is important considering the purpose of the study. This may put the study at risk of selection biases.
3			✓	No randomisation or allocation procedure reported. Therefore large risk of selection bias. Majority female/ Orthodox Jewish population –may relate to external validity of results.
4			✓	Blinding of therapists was not possible. Blinding of outcome assessors was not reported. Risk of observer bias.
5	✓			No drop outs across 9 month time frame (see method paragraph 1) No incidences of contamination or co-intervention were reported.
6	✓			Different size intervention-control groups. Duration and frequency 15-30 min, twice a week. Was not clear whether this applied to both the intervention and control groups or just the intervention group. Measurement: Data was collected in the same way for intervention and control groups. Improves the scientific rigour of the study.
7		✓		Small intervention group size (n=16). No power calculation.
8		NA		Results presented as means and standard deviations of clinician-rated scales, to be read from a table. Did not report baseline measures for intervention group, only for control group. Presented standard deviations of control group at baseline but needed a baseline measure for the intervention group to calculate an effect size for each outcome. Without this it is difficult to know how large the effect is (unless you are familiar with every outcome measure). Did not report statistical significance between intervention and control groups, only within intervention group. Therefore although the results look large it is unknown whether they are statistically significant.
9		NA		Precision of results: As above. Concern RE baseline measurement for intervention group not completed or reported. Risk of selection bias (data).



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Ques No.	Yes	Can't Tell	No	Comments
10	✓			<p>Used a range of outcomes relating to quality of life of the individual. These outcomes link with the purpose of the study.</p> <p>On face value the benefits of this intervention outweigh any risk.</p> <p>Financial costs to families, facilities and/or the community were not discussed.</p> <p>Applicability: A training manual to use this technique is only available through one author (see final paragraph). Is this transparent/peer reviewed?</p> <p>External validity: Outcomes were more directly related to the individual as well as family/carers, more than third parties or the wider community.</p>