

Activity Programmes for Clients with Alzheimers Disease: A Comparative Study of Nova Scotia and Iowa

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INTRODUCTION

Chronic dementia syndromes of various types account for 50 to 70 percent of the residents in long term care facilities (Peppard, 1985). Alzheimers disease (AD) is the leading cause of dementia. It is estimated that 300,000 Canadians and 1.5 million Americans suffer from probably AD and other forms of dementia. AD is a progressive neurological disorder which effects the central nervous system. The continuum of care correlates with the progressive decline of the disease. As the disease becomes more severe, institutionalized care becomes a necessity and many clients with AD find their way into special care facilities. In recent years, there has been an increase in specialized units and specialized programmes for clients with AD.

The irreversible nature of AD makes planning recreational programmes to maintain or increase functional ability difficult. The focus of AD care is aimed at alleviating the symptoms and improving quality of life (Singleton and Ostiguy, 1987). Presently, nursing homes seem inadequately prepared to meet the challenge presented by clients with dementia. The AD population is often ignored because activity programmers are uncertain of how to intervene with meaningful programmes when the client demonstrates little or no continuity in activity learning from week to week.

Conflicting reports on activity approaches for AD clients make programming decisions difficult for the practitioner. Some special care facilities believe that special units have a positive effect on the behaviour of clients with AD, while others believe that clients function better in a high stimulus integrated environment. Informal observations and anecdotal evidence indicates the approach to recreational programming between the United States and Canada may vary considerably. However, there is an inconsistency and a lack of documentation in the area of recreation service delivery in both countries.

The purpose of this study was to identify and evaluate the various programmes and special programming approaches offered for clients with AD. This study examined the differences and similarities between programming approaches in the state of Iowa and the province of Nova Scotia.

METHOD

The study population was comprised of registered intermediate care facilities in the state of Iowa and in the province of Nova Scotia. These regions were selected because both were considered rural areas with approximately the same percentage of elderly. The two areas had approximately the same number of care facilities, ranging in size from large to small. The population was selected from different geographical regions to determine whether or not any regional differences in activity approaches exist.

The instrument in the study consisted of a survey including: a letter of introduction, instructions, and a questionnaire. The questionnaire was divided into three sections. The first section contained questions pertaining to programme information. The second section focused on behavioural observations of AD clients. The third section focused on demographic data. The dependent variable in the study was the behaviour of AD clients who regularly participated in activity programmes. The behaviours were selected based on literature review, which identified various problem behaviours.

To determine the most effective approaches to activity programming with AD clients, all programmatic and situational factors were submitted to a stepwise regression analysis with the total behaviour scores serving as the dependent variable. The list of potential predictor variables included: leisure assessment, referral by a physician, stage of AD, special unit, and special programmes. High and low stimulus were measured by specific questions within the survey. The questions included time of day which agencies programmed activities, the number of activities offered to clients with AD and the number of days activity coordinators programmed for clients with AD. Descriptive statistics were also employed to assess the regional differences in activity programmes for AD clients in Iowa and Nova Scotia.

Stepwise regression was used to identify characteristics associated with the most effective activity programmes (i.e. programmes reporting the highest total behaviour scores). Analysis of variance (ANOVA) was used to compare high stimulus versus low stimulus programmes for clients with AD. Regional differences were examined by categorizing responses to programmatic questions according to region. Programme effectiveness was determined by using stepwise regression with programmatic variables and the total behaviour score.

RESULTS AND DISCUSSION

The response rate of the survey was 84%. The results of the study indicated that there seemed to be an optimal level of programming. Generally, programming five days a week and two to three times a day was associated with more positive behaviour scores. There was a large difference in scores when agencies programmed less than five days a week.

The special programming approaches did not translate into any real programme difference according to region. None of the approaches were associated with significant differences in the programme offered. Special units were a significant variable in the stepwise regression for the total behaviour scores. The results indicated that a multidisciplinary approach works best with clients with AD. The stepwise regression identified the impact of the severity of AD as an indicator of total behaviour score. This indicates the need to create innovative recreation programmes for clients who are in the advanced stages of AD.

One of the most important implications of the study is that leisure assessment was identified as the most important predictor of positive behaviour in clients with AD. Programmes developed as a result of leisure assessment had the most effect on developing a positive outcome on behaviour. Regional differences seemed to differ in name only. Both regions offered the same number and type of programmes. More studies are needed on programming effects on clients suffering from AD. The high return rate in this study indicates an interest among activity directors. Effective systematic approaches to programming for clients with AD are desperately needed.

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