

# The effect of an individual activity card on the activity level and mental functions of institutionalized persons with dementia.

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Hypothesis one: An individual activity card, focusing on personal interests and capacities, is suitable to enhance the activity level of institutionalized persons with dementia. Hypothesis two: Provided that there will be found a positive effect of...

<b>Ethische beoordeling</b>	Positief advies
<b>Status</b>	Werving gestopt
<b>Type aandoening</b>	-
<b>Onderzoekstype</b>	Observationeel onderzoek, zonder invasieve metingen

## Samenvatting

### ID

NL-OMON22033

### Bron

NTR

### Aandoening

Dementia, nursing home, activity level, cognition, rest-activity rhythm, depression, agitation, apathie, quality of life.

Dementie, verpleeghuis, activiteitsniveau, cognitie, slaap-waakritme, depressie, agitatie, apathie, kwaliteit van leven.

### Ondersteuning

**Primaire sponsor:** Vrije Universiteit Amsterdam<br>v.d. Boechorststraat 1, 1081 BT Amsterdam

**Overige ondersteuning:** Stichting Warande<br>Alzheimer Nederland<br>Fonds Sluiterman van Loo

# Onderzoeksproduct en/of interventie

## Uitkomstmaten

### Primaire uitkomstmaten

Activity level

## Toelichting onderzoek

### Achtergrond van het onderzoek

Enriched environment is characterized by multi-sensory stimulation. In humans with dementia and cognitive impairment, environmental enrichment, e.g. by increasing physical activity, social activity and/or cognitive stimulation can have positive effects on cognition, behavior, well-being and quality of life. Unfortunately, living in a nursing home is often equal to living in an impoverished environment. Consequently, it is necessary to increase the resident's level of activity in order to increase normal motor, sensory and cognitive stimuli. An individual activity card, focusing on personal interests and capacities, can be particularly suitable to enhance the activity level of persons with dementia living in a nursing home. The goal of this study is to investigate the effect of an individual activity card on activity level, cognition, mood and quality of life of persons with dementia living in a nursing home and on job satisfaction of the professional caregivers. In addition, if the results are positive, a protocol for the use of the individual activity card in persons with dementia living in a nursing home will be developed.

Methods: This study has a prospective longitudinal quasi-experimental multicenter design. Participants are persons aged 64 or higher diagnosed with dementia living in a nursing home. Participants in the experimental group live in a nursing home where an individual activity card will be introduced. Participants in the control group live in a nursing home where they will continue receiving care as usual. Outcome measures are activity level (general activity level and rest-activity rhythm), cognition (general cognition and when MMSE score is 15 or higher: working memory; verbal long term memory; verbal category fluency), mood (depression, agitation and apathy) and quality of life of the participants. In addition, job satisfaction of the professional caregivers will be evaluated. The measurements will be done at baseline, at 12 weeks and at 24 weeks.

### Doel van het onderzoek

Hypothesis one: An individual activity card, focusing on personal interests and capacities, is suitable to enhance the activity level of institutionalized persons with dementia.

Hypothesis two: Provided that there will be found a positive effect of the individual activity

card on the activity level of institutionalized persons with dementia, a positive effect of the individual activity card is expected on cognition, rest-activityrhythm, mood, and quality of life.

## **Onderzoeksopzet**

baseline, three months and six months after baseline

## **Onderzoeksproduct en/of interventie**

At first, the contact person (member of the nursing staff) of the patient fills in a form with the possibilities and preferences of the patient. Also the abilities of the patient regarding activities of daily living are noted. This form is discussed with a relative/friend of the patient and if possible with the patient him/herself. The form with the possibilities and preferences of the patient is used as a basis to create extra activities that can be presented to the patient. Furthermore, the relative/friend of the patient is asked if he/she can contribute to the extra activities of the patient. The extra activities plus the activities that are done already (including activities of daily living) are filled in on the individual activity card of the patient. The individual activity card is discussed with the nursing staff, a relative/friend of the patient and if possible with the patient him/herself. Agreements are made concerning who is responsible for the implementation of a certain activity. To ensure that the patient does as many activities of daily living by him/herself as possible, a list with the possibilities of the patient regarding activities of daily living are hanged in the bedroom of the patient. In addition, the nursing staff makes agreements how to ensure that the other activities on the individual activity card will be carried out, e.g. by writing the activities on the individual calendar of the patient or by noting the activities of the patients of the whole ward on a whiteboard in the living room.

## **Contactpersonen**

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## Deelname eisen

### Belangrijkste voorwaarden om deel te mogen nemen (Inclusiecriteria)

Participants are elderly persons, above the age of 64, living on a psychogeriatric ward in a nursing home and diagnosed with some form of dementia. If possible, the subtype of the dementia (e.g. AD, FTD, VaD) will be noted.

### Belangrijkste redenen om niet deel te kunnen nemen (Exclusiecriteria)

For the first hypothesis: a Mini Mental State Examination (MMSE (Folstein, Folstein & McHugh, 1975); measures global cognitive functioning) score that is higher than 24.

For the second hypothesis: a psychiatric history (including depression), (history of) alcoholism, cerebral trauma, normal pressure hydrocephalus, brain tumor, visual disorders, or a Mini Mental State Examination (MMSE (Folstein, Folstein & McHugh, 1975); measures global cognitive functioning) score that is higher than 24.

## Onderzoeksopzet

### Opzet

Type:	Observationeel onderzoek, zonder invasieve metingen
Onderzoeksmodel:	Parallel
Toewijzing:	N.v.t. / één studie arm
Blinding:	Open / niet geblindeerd
Controle:	Geneesmiddel

### Deelname

Nederland	
Status:	Werving gestopt

(Verwachte) startdatum: 01-09-2013  
Aantal proefpersonen: 92  
Type: Werkelijke startdatum

## Ethische beoordeling

Positief advies  
Datum: 06-07-2017  
Soort: Eerste indiening

## Registraties

### Opgevolgd door onderstaande (mogelijk meer actuele) registratie

Geen registraties gevonden.

### Andere (mogelijk minder actuele) registraties in dit register

Geen registraties gevonden.

### In overige registers

Register	ID
NTR-new	NL6374
NTR-old	NTR6558
Ander register	2013.311 : non-WMO VUmc

## Resultaten

### Samenvatting resultaten

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