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A Comparison Of Two Interventions For People With Severe Dementia Who Wander: Issues And Insights

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Background

- Wandering is a common behaviour exhibited by Long Term Care (LTC) residents with dementia.
- Walking that goes beyond safe limits is known as 'risky wandering'[1].
- Risky wandering is linked with adverse outcomes including unintended weight loss, fatigue, injury from falls, resident-to-resident violence, becoming lost and death [2].
- Non-pharmacological interventions are recommended as the first line approach to managing wandering [3]. However, there is limited evidence and few guidelines for carers and clinicians to use [4].
- To address this gap, the feasibility of using two behavioural interventions were trialled.

Project aims

- To explore the feasibility of using the *Safe Walking Program (SWP)* and the *Listening to Preferred Music Program (LPMP)* with LTC residents with severe dementia who exhibit risky wandering.
- To explore staff and family perceptions of the acceptability and sustainability of the programs in LTC

Participants

Safe Walking Program: Seven residents from two LTCs

Listening to Preferred Music Program: Ten residents from two LTCs

Inclusion criteria

A resident >3 months, independently ambulant, severe dementia diagnosis, exhibit risky wandering (frequent and repetitive wandering with boundary transgression i.e. enter out of bounds/hazardous areas).

Intervention development

The two interventions were developed after considering: 1) recommendations from family/professional carers and people with dementia about interventions that would be meaningful; 2) current evidence related to why wandering occurs; and 3) evidence of the efficacy of non-pharmacological interventions to manage wandering in LTC.

Intervention 1: Supervised Walking Program (SWP)

Participants were invited to go for a **daily 30 minute walk**, outside the care facility (when practical), 30 minutes before their unique peak activity period (most active 2 hours between 7am and 7pm).

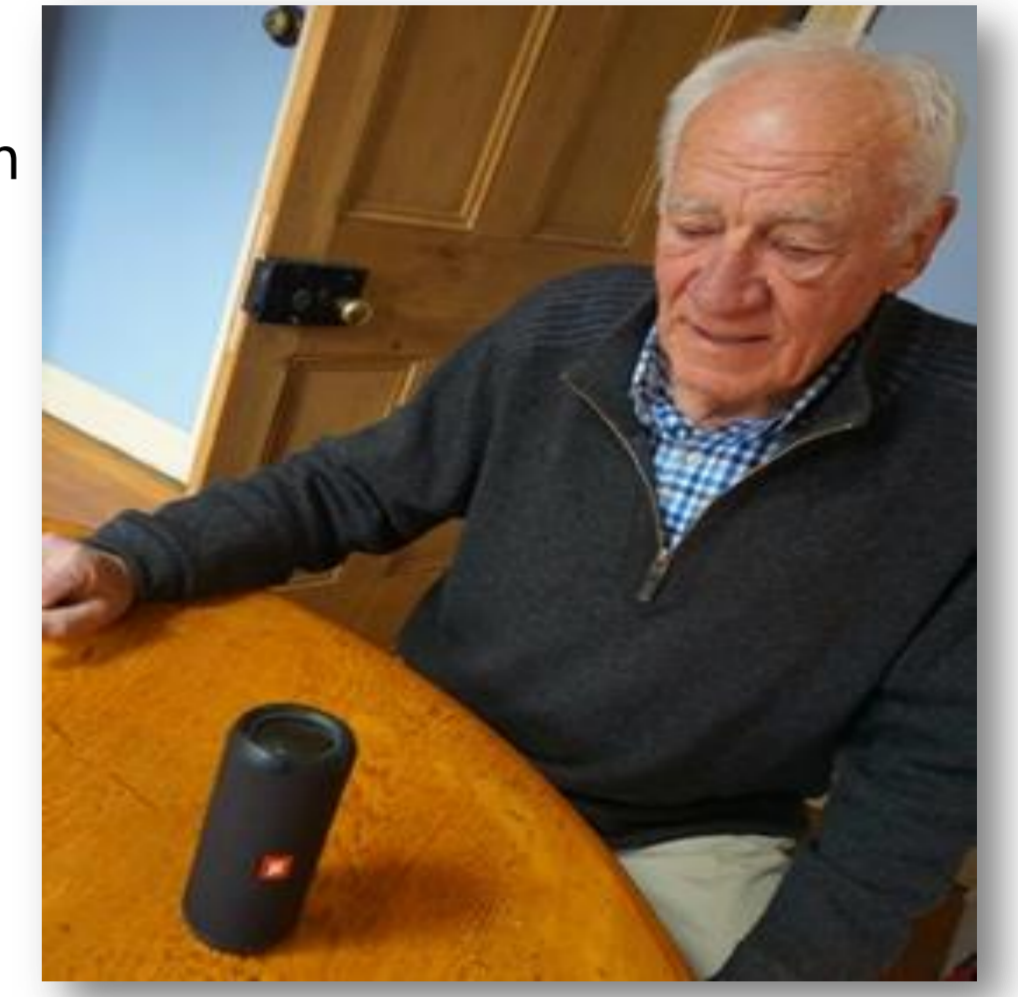
The walks were conducted 1:1 with a trained member of staff or research team member. The SWP was trialled for **3 weeks**.



Intervention 2: Listening to Preferred Music Program (LPMP)

Participants were invited to **listen to music** (chosen for them by their family members) for **20 minutes per day** for **three weeks**, under two conditions: a) 30 minutes before peak activity periods; b) at a random time NOT before peak activity periods.

Music was played on head phones or a speaker. Participants sat in a suitable quiet room such as their bedroom.



Results

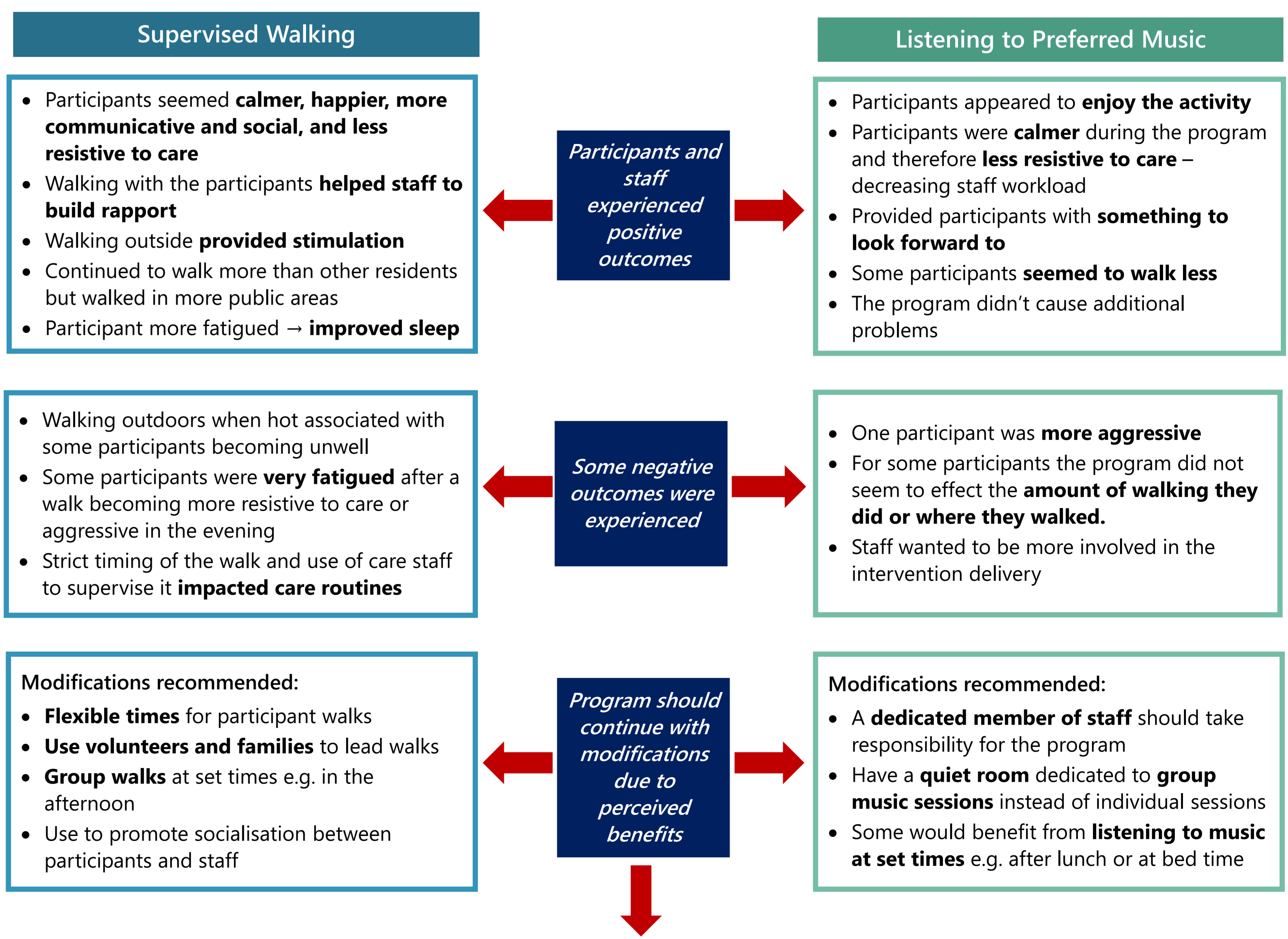
Feasibility of interventions

Feasibility data showed that while both interventions were feasible, more SWP interventions commenced and were completed suggesting SWP was more acceptable to participants.

Feasibility	SWP (n = 7)	LPMP (n=10)
Treatment fidelity		
Scheduled interventions	105	150
Total interventions commenced	86 (80%)	92 (61%)
Mean interventions commenced	12.3	9.2
Received full dose	78 (91%)	55 (60%)
Mean dose (minutes)	29.27	16.19
Reasons for deviation from protocol		
Intervention did not commence	19 (20%)	58 (39%)
Participant refusal	5 (26%)	37 (64%)
Fatigue	4 (21%)	-
Participant reported illness	3 (16%)	-
Staff reported illness	3 (16%)	12 (21%)
Participant asleep	1 (5%)	-
Interventionist unavailable	-	9 (15%)
Participant unavailable	-	-
Incomplete intervention	8 (9%)	37 (40%)
Fatigue	4 (50%)	-
Desire to return home	2 (25%)	-
Pain	2 (25%)	-
Removed headphones	-	20 (54%)
Walked away from speaker	-	12 (32%)
Request to cease	-	5 (14%)
Alternate route taken	18 (21%)	-
Participant preference	6 (33%)	-
Fatigue (walk indoors)	3 (17%)	-
Refusal to walk outdoors	3 (17%)	-
New hazards e.g. road works	4 (22%)	-
Health concerns (walk indoors)	2 (11%)	-
Alternate room used	-	26 (28%)

Staff and family perceptions of acceptability and sustainability

Post-intervention interviews with participants' care staff (N=31) and family members (N=4) were **generally positive** with most believing each program was beneficial although the response was highly individual. **Similar modifications were suggested for both programs.**



Summary of findings across both interventions

Aspects of the programs that are promising

- Positive outcomes > negative outcomes
- Both programs were well tolerated but the SWP appeared to be more acceptable to the person with dementia
- Opportunity for participants to walk outside the care facility and listen to preferred music were both seen as positive elements of the protocols.

Directions for future research

Modifications to the protocol to trial:

- Tailored approach interferes with care routines → **Flexible timing** of interventions.
- Use of **volunteers or activity officers** to run programs.
- Conduct as **group activities** to reduce staff workloads.

References
 1. Aljase, D., et al., Mapping the maze of terms and definitions in dementia-related wandering. *Aging & Mental Health*, 2007, 11(6): p. 686-698.
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