

Home Based Memory Rehabilitation Programme

An occupational therapy early intervention for dementia

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Outline

- · Cognitive Rehabilitation
- Memory rehabilitation
- Home Based Memory Rehabilitation Programme
- Brief outline of the programme
- Outcomes of rehab with people with dementia
- Case study
- Questions



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Cognitive Rehabilitation

- Cognitive rehab was originally developed through work with younger people with a brain injury; however has been found to be equally appropriate for progressive conditions such as early stage Alzheimer's Disease (Clare et al, 2000)
- Individualised approach, which focuses on improving functioning in everyday life/activities



Cognitive Rehabilitation

- Person with dementia and their families work together with healthcare professional to identify personally relevant goals and devise strategies for addressing these. (Wilson, 2002)
- Memory rehabilitation taps into a 'partially intact learning capacity' (Bird, 2001)



Memory Rehabilitation

Key is to compensate for memory difficulties

- 1) Environmental Adaptation
- 2) Use of external memory aids
- 3) Use of internal memory strategies



Home Based Memory Rehabilitation Programme

- Evidence based OT early intervention programme for people with dementia
- First established in Belfast City hospital in 2007 (McGrath & Passmore, 2009)

Contact: Mary.McGrath@belfasttrust.hscni.net

• COT OT Evidence Factsheet for dementia



Home Based Memory Rehabilitation Programme

- Programme aims to help people with dementia compensate for memory difficulties affecting everyday functioning
- Structure and Repetition:

encourages new learned behaviours in early stages of dementia

- Habits and Routines:
 - more likely to be remembered as memory loss continues
- Early intervention, post-diagnostic support, living well with dementia



Criteria for Programme

- Diagnosis of mild dementia or mild cognitive impairment
- Non age specific
- ACE III >60/100 MMSE >20/30 (guideline)
- Family/friend/carer support : preferable
- Insight / awareness of everyday memory difficulties
- All Memory Clinic referrals screened



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Assessments

- Large Allen Cognitive Level Screen (LACLS)
- Checklist of Everyday Memory Problems
- Modified Carer Strain Index (MCSI) (Thornton, M & Travis, S.S., 2003)
- Activities of Daily Living : dependency scale
- Assessment of Motor and Process Skills (AMPS)



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Session 1 Remembering Your Priorities

- Memory book
- Medication checklist
- Remembering where you've put things
- Tip sheets
- Practice



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Session 2 Remembering What People Have Told You

- Review previous week and practice progress
- Pocket Notebook
- Telephone use: prompt card, notebook
- Practice



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Session 3 Remembering Something You Have To Do

- Review previous weeks and practice progress
- Permanent reminders, checklists
- Calendars, memory boards
- Reminder notes, techniques, tips
- Practice



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Session 4 Coping in Social Situations

- Review previous weeks and practice progress
- Keeping track in conversations
- Remembering people's names
- Techniques and Tips
- Practice



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Session 5 Keeping Your Brain Healthy

- Review previous weeks and practice progress
- General advice about active brains
- Breathing exercises
- Local and online resources
- Practice



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Session 6 Remember Your Bearings & Driving

- Review previous weeks and practice progress
- Tips on driving
- Tips for on foot bearings
- Revision of all previous sessions
- Revision of strategies in place





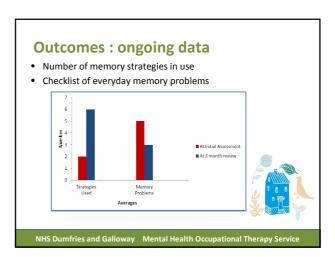
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Reassessment

- 3 months post programme completion
- 1 year
- 2 years
- Repeat assessment package
- Monitor memory strategy use

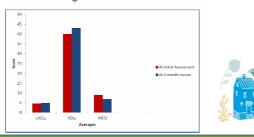


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Ongoing data

- Large Allen Cognitive Level Screen
- ADL Dependency Scale
- Modified Caregiver Strain Index



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Emotional Touchpoints (Bate and Robert 2007)

• Carried out on completion of the HBMR Programme





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Emotional Touchpoints

- "I find the strategies helpful.... I am looking for something to help with the blank bits - I found these [strategies] helped."
- "HBMR Realising I still have skills and I'm hopeful this will continue for some time. I know I can still be responsible for myself. If you think of the effect of all of these, then you're going to be happy"

Case Study Mrs G

- Mrs G is a 79 year old lady who was diagnosed with Alzheimer's dementia. ACE III: 65/100
- At time of referral, main difficulties identified:
 - remembering where she has put things
 - remembering what she has to do e.g. appointments/meeting friends/working in local community shop
 - remembering what she has done each day
 - sequencing more complex tasks such as cooking
 - general organisation of day to day activities

Mrs G functions well within ADL's and lives independently with support from her daughter.

HBMR completed



HBMR with Mrs G

- Mrs G completed the HBMR programme and took on the following
 - memory book
 - telephone prompt card and notebook beside phone
 - pocket notebook
 - safety checklist
 - use of post-it notes
 - going out prompt card
 - calendar

 - all tip sheets within HBMR folder which Mrs G looks over regularly



HBMR with Mrs G

- Mrs G stated she found HBMR "very useful" and as a result feels more "organised within day to day activities". Daughter "simple but effective strategies".
- Repeat testing:
 - EDMP and ADL scoring remained the same
 - LACLS on initial assessment = 4.8

LACLS on 3 month review = 4.6



Summary of HBMR

- Positive results obtained
- Demonstrate people with dementia have ability to learn and retain new strategies/ skills with support from the OT



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Questions?



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Further Reading

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