

Psychosocial therapies for Parkinson's-related dementias



Iracema Leroi

Professor of Psychiatry in Aging and Dementia

Principal Investigator: INVEST

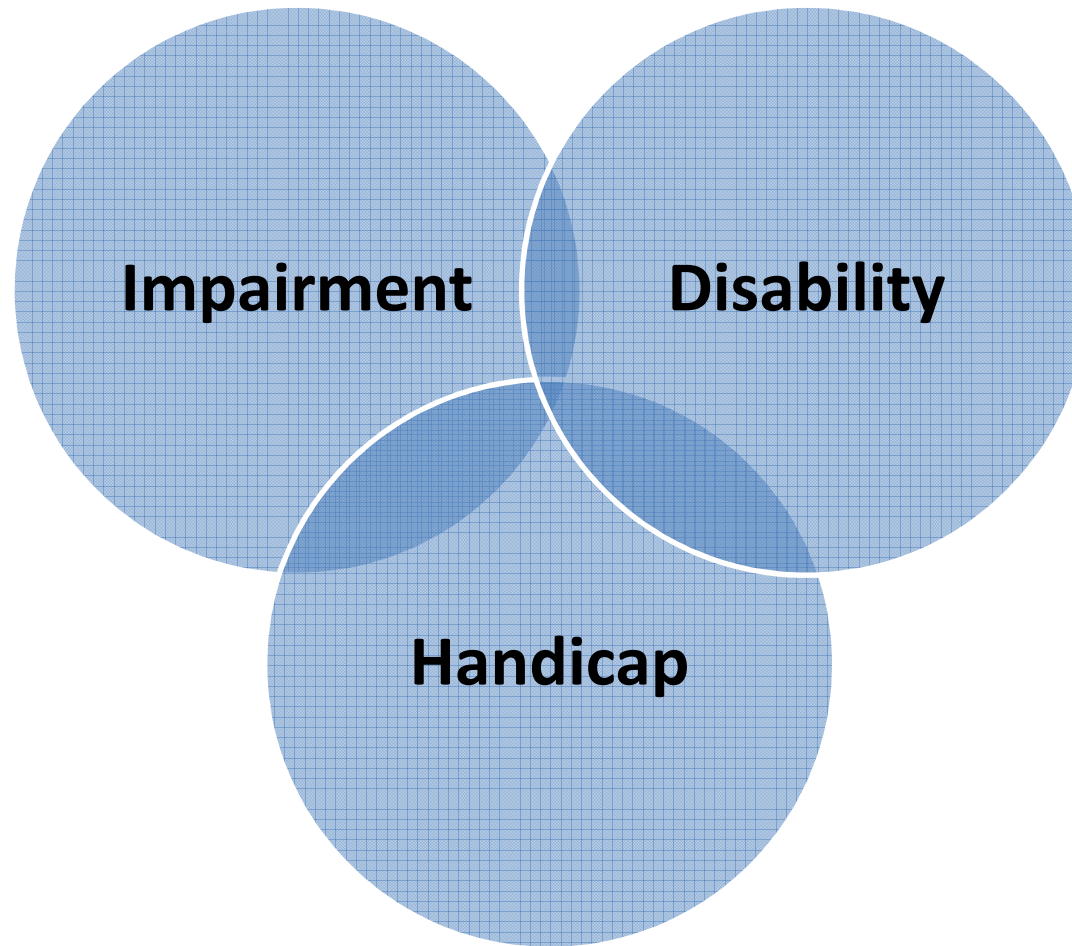
Contact: Iracema.Leroi@manchester.ac.uk

www.invest-trial.com

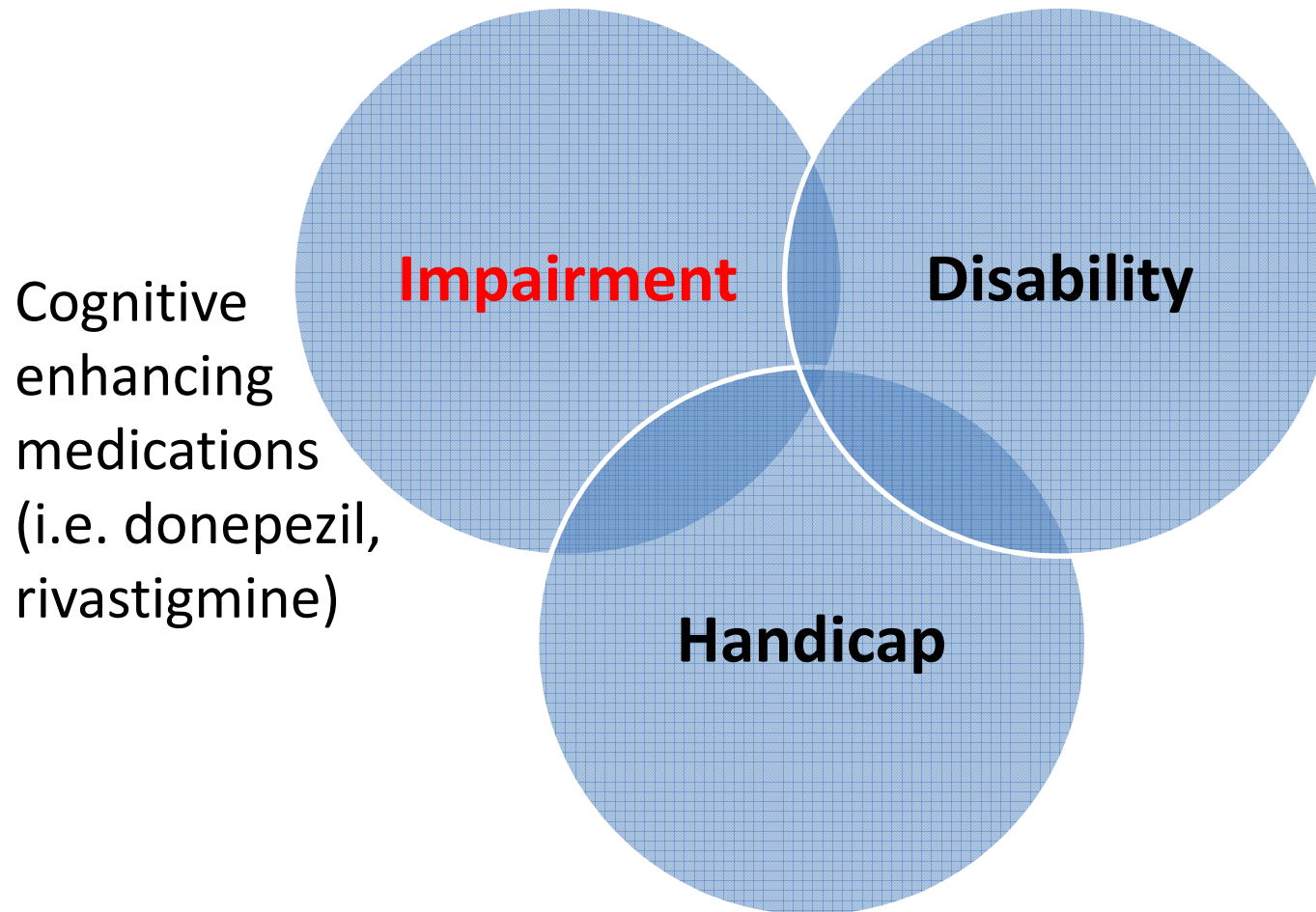
What is dementia?

**What is dementia due to
Parkinsonian disorders?**

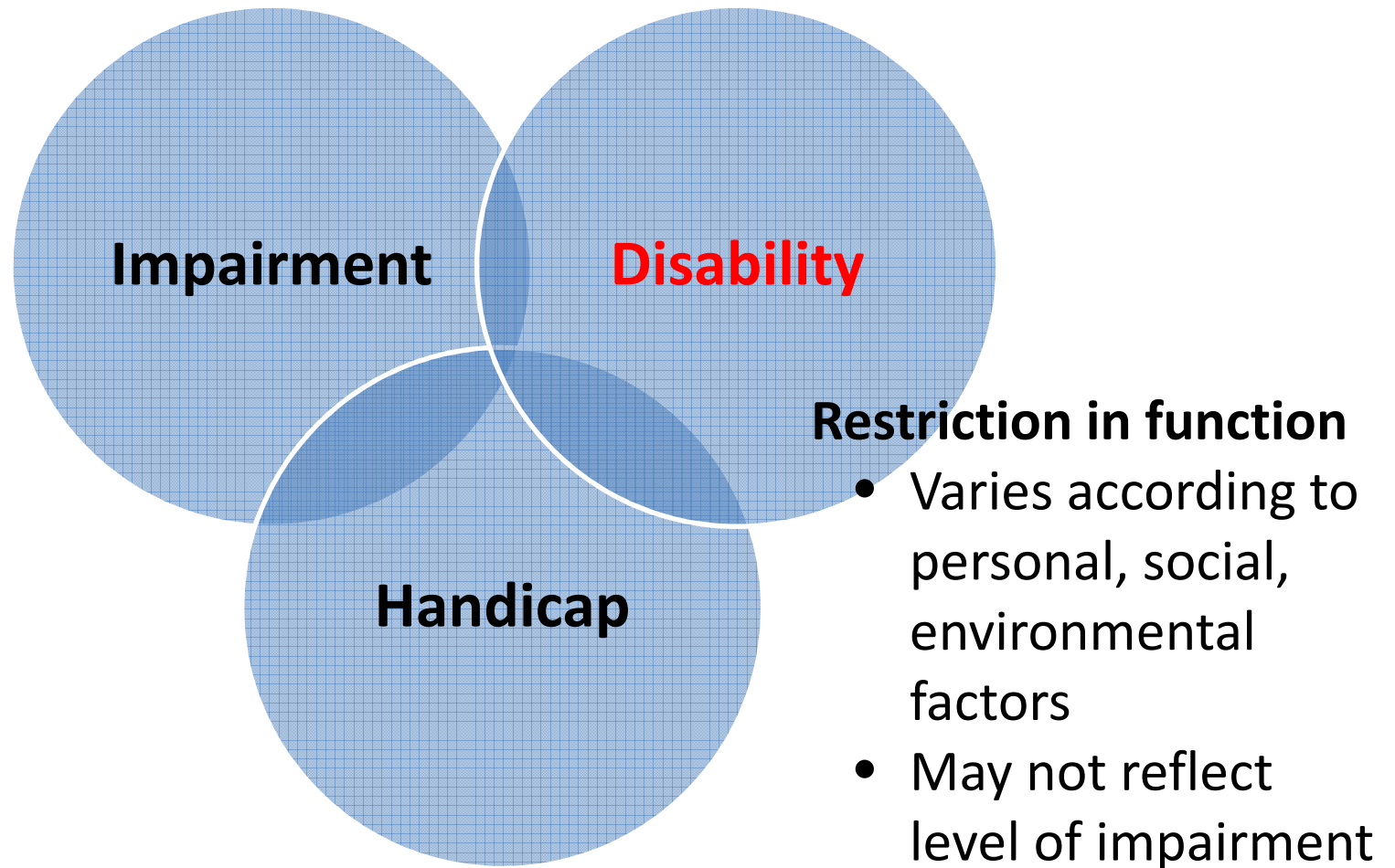
The WHO consequences of dementia...



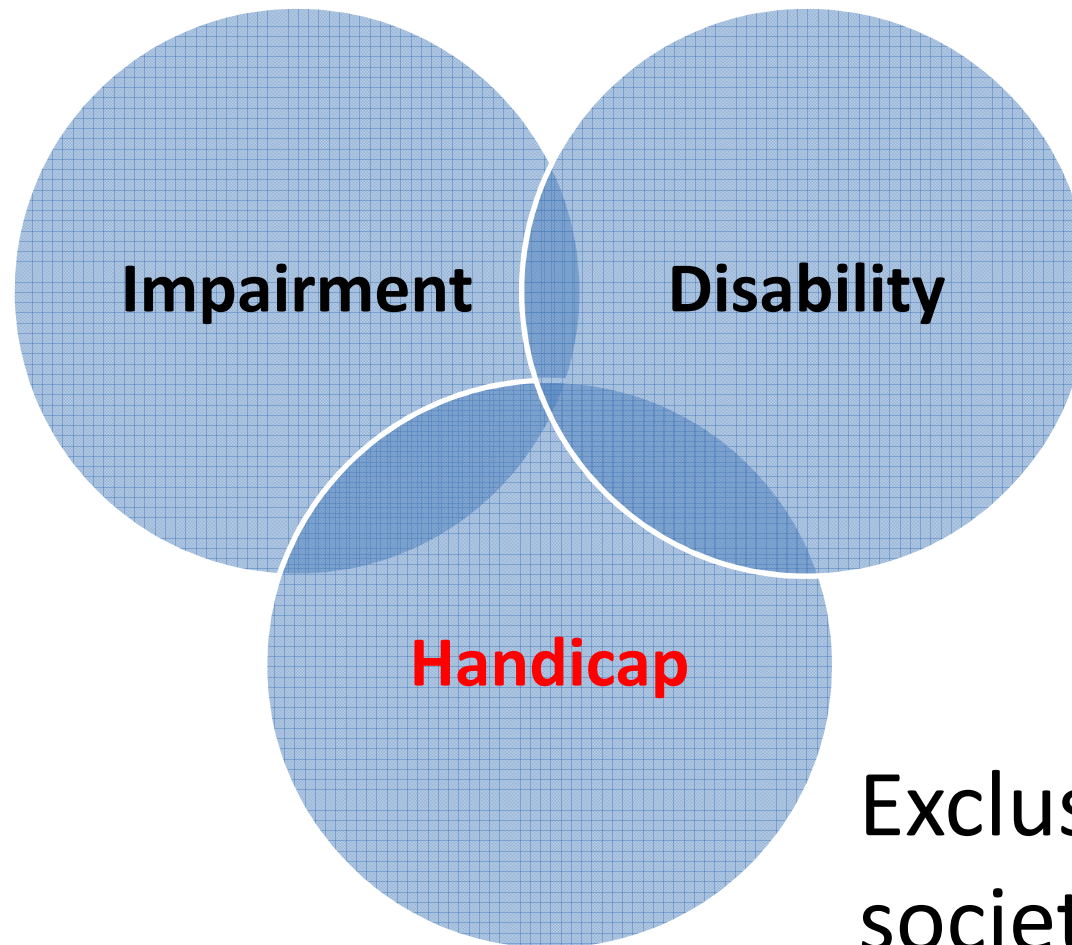
The consequences of dementia...



The consequences of dementia...



The consequences of dementia...



Exclusion from
society

Interventions in dementia

- Impairment



medication

- Disability



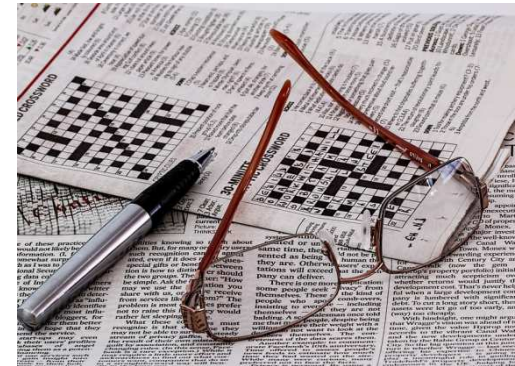
- Handicap



**Psychosocial
interventions**

Psychosocial Interventions for dementia

- **SM5 Cognitive (brain) training:**
 - Learning new methods to enhance information coding or retrieval of previously learnt material
- **Cognitive stimulation:**
 - Stimulating thoughts, interactions, opinions; errorless learning
- **Cognitive rehabilitation:**
 - Uses strategies (memory aids, daily routines to support memory, etc) to compensate for cognitive impairment



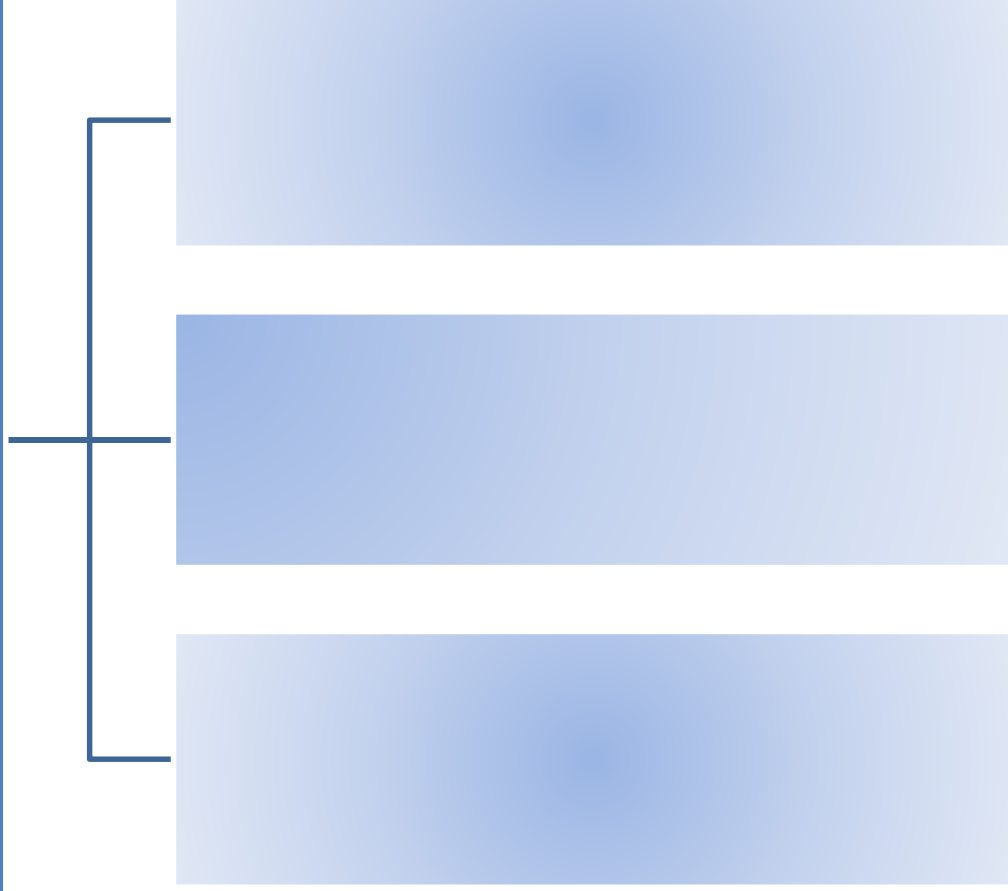
Slide 8

SM5

This is fine, if I was being picky I would say it would benefit from an image of each example.

Sheree McCormick, 20/02/2018

Which therapy for PD?



Which therapy for PD?

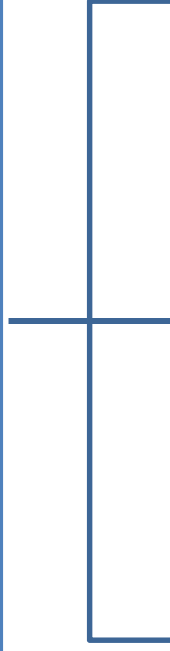


Off the shelf?

Which therapy for PD?

Off the shelf?

Totally new
therapy?



Which therapy for PD?

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graph LR; A[Which therapy for PD?] --- B[Off the shelf?]; A --- C[Totally new therapy?]; A --- D[Adapt an existing therapy?];
```

Off the shelf?

Totally new
therapy?

**Adapt an existing
therapy?**

Which therapy for PD?

Off the shelf?

Totally new
therapy?

**Adapt an existing
therapy?**



??Cognitive Stimulation Therapy

Aims

1

- To develop a cognitive stimulation therapy adapted for PDD/DLB

2

- To undertake a study to:
 - Assess feasibility
 - Evaluate process
 - Understand efficacy

3

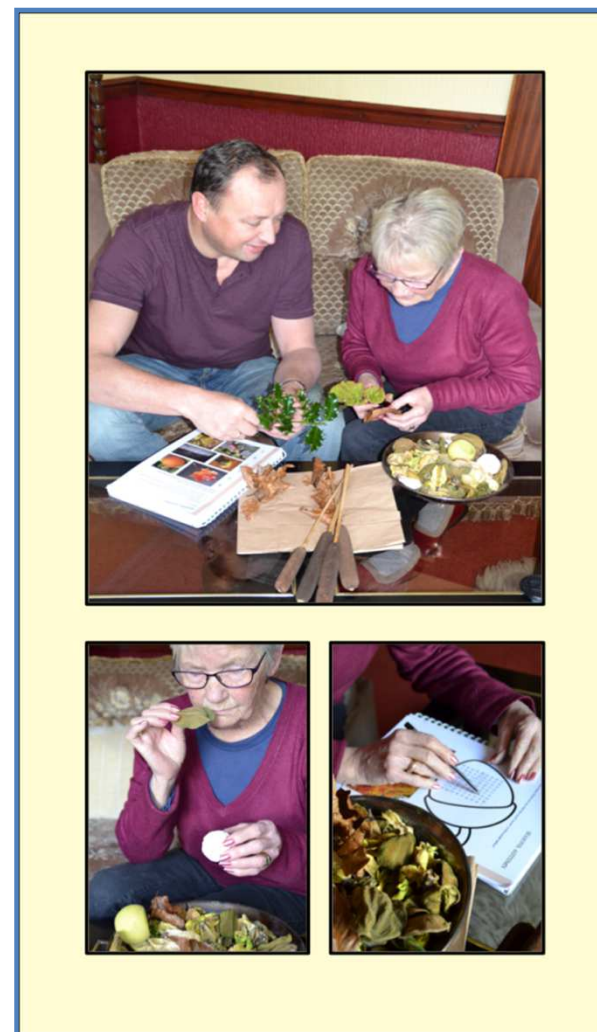
- To provide recommendations for a subsequent large-scale trial.



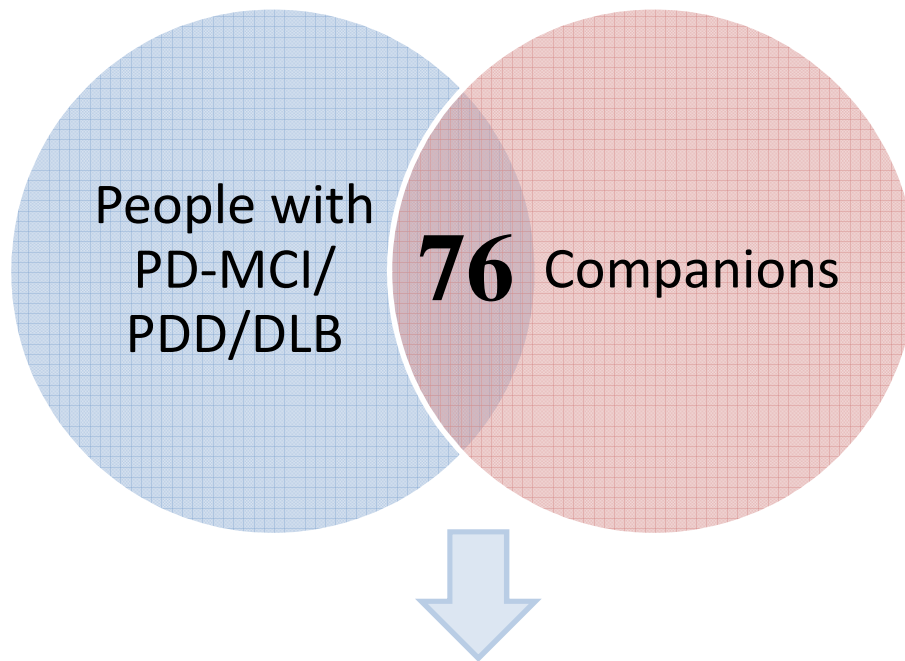
Cognitive Stimulation for Parkinsonian Dementias (CST-PD)

- Low tech, low cost therapy
 - Manual consisting of 250 pages of cognitively stimulating activities
- Home-based
- Led by a companion (partner, relative, family friend)
 - 10-weeks, 3x a week, 20-30min
- Personalised

INVEST video: https://youtu.be/GZ-wh_SJ-M



Participants/Method




- Manchester
- London
- NW Coast
- Derby



- Data collection:
- Assessments
 - Interviews
 - Companion diary

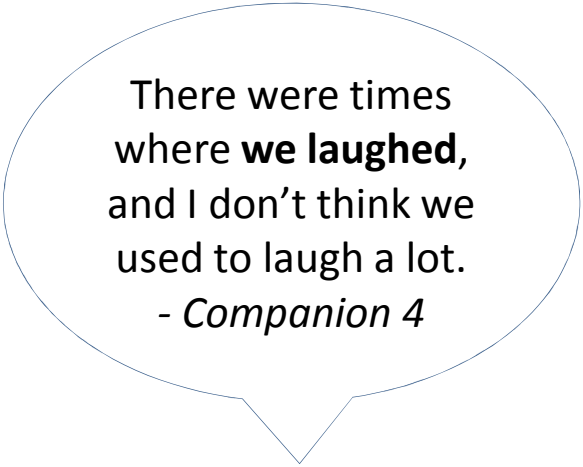
Results – feasibility of intervention delivery

- Couples engaged in meaningful activity
- Both members of the dyad benefitted
- Move away from ‘structured therapy for person with PDD’ to ‘supporting the health and well-being of couples living with PDD’



It's **finding things out about mum** that I didn't know really [...], so that's been good.

- Companion 4



There were times where **we laughed**, and I don't think we used to laugh a lot.

- Companion 4

Results - acceptability of therapy (1)

It made him think again **about the past**, it gave him an opportunity to **recall, to reflect.**

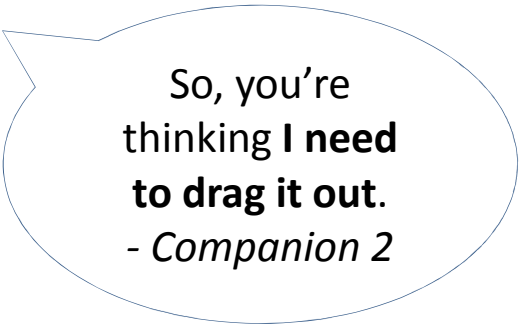
- Companion 1

It **turned the key and opened another door.**

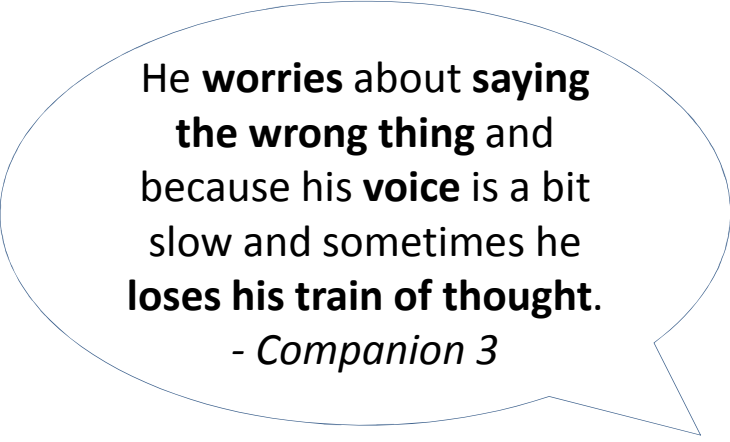
- Companion 5

- Reminiscence was extremely popular
- Participants and companions have reminiscence-efficacy
- Talking about a former self provided opportunity to feel 'valued'
- Support reminiscence through video and still images/ personal diaries

Results - acceptability of therapy (2)



So, you're thinking I **need to drag it out.**
- Companion 2



He **worries about saying the wrong thing** and because his **voice** is a bit slow and sometimes he **loses his train of thought.**
- Companion 3

- Some companions felt the therapy was a chore
- Some participants lost their train of thought
- Add auditory and written cues to make the activities seem effortless (reduce cognitive load)

Results – Feasibility of intervention deliverer

- Individual sessions were longer than recommended (31 vs 30 minutes)
- Conducting 3 sessions per week was difficult to schedule – companions are time-poor
- A lay deliverer/virtual session can overcome this
- Record adherence automatically via technology-dependent methods

Results – Feasibility of assessments

Assessments:

- were cumbersome to administer and receive
 - did not capture immediate effects of therapy
 - were inconsistently administered across assessors
-
- SMART technology can address these issues