

HOSTED BY



ELSEVIER

Available online at www.sciencedirect.com

ScienceDirect

journal homepage: <http://www.elsevier.com/journals/international-journal-of-nursing-sciences/2352-0132>

Original Article

Effects of TimeSlips on Cornell Scale for Depression in Dementia scores of senile dementia patients



Hui-Ying Chen, Jing Li, Yan-Ping Wei, Ping Chen, Hong Li*

Fujian Provincial Hospital, Fujian, China

ARTICLE INFO

Article history:

Received 30 December 2014

Received in revised form

30 November 2015

Accepted 26 January 2016

Available online 6 February 2016

Keywords:

Aged

Dementia

Creative expression

Depression

ABSTRACT

Objective: To investigate the influences of TimeSlips on the Cornell Scale for Depression in Dementia (CSDD) scores of mild or moderate senile dementia patients.

Methods: Forty-three cases of mild or moderate senile dementia patients were selected locally for convenience sake and given the TimeSlips intervention. The patients were assessed using the scales of CSDD and the Observed Emotion Rating Scale (OERS).

Results: The differences of the patients' CSDD scores between before and after the intervention were statistically significant ($P < 0.05$). The differences of the patients' OERS scores on positive and negative emotions between before and after the intervention were also statistically significant ($P < 0.05$).

Conclusion: TimeSlips is beneficial to relieve depressive symptoms and ameliorate the emotions of mild or moderate senile dementia patients, thus improving their life quality and reducing the burden of their caregivers. A large-scale experimental research on TimeSlips with rigorous design is proposed for further studies.

Copyright © 2016, Chinese Nursing Association. Production and hosting by Elsevier B.V.

This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

Population aging, which generates many challenges, exists in every country. Chinese population over 60 years of age is expected to increase from 12% in 2009–31% in 2050 [1]. Senile dementia refers to the relatively long-term intelligence damage of the elderly (above 60 years), characterized by disorders of memory, calculation, thinking, language, orientation, emotion, and personality changes, along with deterioration of the ability to perform everyday social activities and living independently [2]. Approximately 36.5 million people suffer from dementia worldwide, which threatens the health of the elderly. Depression is common in patients with dementia [3], and it is one of the independent factors that affect their quality of life [4]. The prevalence of depression in patients

with dementia reaches 87% [5]. Therefore, the depressive symptoms of senile dementia patients should be relieved to promote their life quality and slow down the progress of the illness. TimeSlips is a storytelling intervention on dementia patients abroad that focuses on creative expression [6]. Given the simplicity, economy, practicality, and efficacy of TimeSlips, it has been adopted by dementia care units in numerous countries. However, the understanding and application of this intervention are still at the preliminary stage. The Cornell Scale for Depression in Dementia (CSDD) is an instrument directed at the depressive symptoms of dementia patients [7]. The Observed Emotion Rating Scale (OERS) is an observational tool for rating two positive emotions (pleasure and general

* Corresponding author.

E-mail address: leehong99@126.com (H. Li).

Peer review under responsibility of Chinese Nursing Association.

<http://dx.doi.org/10.1016/j.ijnss.2016.01.001>

2352-0132/Copyright © 2016, Chinese Nursing Association. Production and hosting by Elsevier B.V. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

alertness) and three negative emotions (anger, anxiety or fear, and sadness) [8]. This thesis aims to investigate the effects of TimeSlips on CSDD and OERS scores of mild or moderate senile dementia patients.

1. Data and methods

1.1. General data

Forty-nine patients with mild or moderate senile dementia were selected from two comprehensive hospitals and one social welfare institute in the local region for convenience sake. Among the 49 patients, 6 withdrew from the study during the process and 3 quit for disease progression on weeks 1, 3, and 4 during the intervention. Another three patients did not continue to participate and dropped out on weeks 1, 2, and 4. Thus, the drop-out rate is 12%, and the actual number of sample cases is 43.

1.1.1. All patients met the following requirements

1.1.1.1. Inclusion criteria

- Met the diagnostic criteria of the International Classification of Diseases (ICD-10) of the World Health Organization [9];
- Clinically evaluated with mild or moderate dementia or obtained a score of 10–26 according to the mini-mental state examination (MMSE) scale;
- Above 60 years old;
- Ability to understand and speak Mandarin or dialects of Fuzhou City, hear the program dialogue, and view the program stimulus picture;
- Willingness to participate in the study and provide informed consent (patients and their family members).

1.1.1.2. Exclusion criteria

- With advanced terminal illness;
- Displaying behavior that would make interview impossible, such as constant wandering, shouting, or aggression;
- Diagnosed with learning disability.

The average age of the patients is 85.30 ± 5.886 , with a minimum age of 69 and a maximum age of 94. Table 1 shows general information of the patients.

1.2. Methods

1.2.1. Intervention

The patients received a 0.5–1 h intervention, twice a week, for 6 weeks. The period of treatment and nursing for the patients were avoided. The intervention was conducted at the most convenient and comfortable time for the patients. The selected place was quiet and spacious, with a limited number of patients (~6–10) each time.

With an interesting and dramatic picture, the host attempted to inspire the patients' thinking and imagination and encouraged them to speak out their created stories and imagination. The host led the patients to think by raising

Table 1 – General information of research objects.

Types	n	Constituent ratio (%)	
Gender	Male	19	44.19
	Female	24	55.81
Education	Illiteracy	1	2.32
	Primary School	9	20.93
	Secondary School	23	53.49
	Technological Academy or above	10	23.26
Marriage	Married	10	23.26
	Widowed	33	76.74
Self-care	Complete Self-care	13	30.24
	Partial Self-care	22	51.16
	Totally Incapacitated	8	18.60
Income	Above 0 yuan	7	16.28
	Above 1000 yuan	3	6.98
	Above 3000 yuan	33	76.74

open-ended questions about the picture and tried to avoid suspension. Meanwhile, the assistants of the project recorded the process of the entire activity and the answers of the patients in detail. The questions have no right or wrong answers. In addition, the host retold the stories shared by the patients timely to maintain their attention and enthusiasm to continue and develop the stories further. The specific steps of intervention are shown in Table 2. The host and assistants of the project have a Master of Medicine degree. The host previously worked in neurological nursing for 2 years, and the three assistants had a clinical nursing work experience for more than 3 years.

1.2.2. Evaluation of the effects

The scales used for evaluation include general social data and MMSE, CSDD, and OERS scales on week 0 (one week before the intervention). The scales employed for evaluation include CSDD and OERS scales on week 7 (one week after the intervention) and CSDD on week 10 (one month after the intervention). MMSE is a brief and widely used test of cognitive function, with good reliability and validity [10]. This study employed the Chinese version of this test by Zhang Mingyuan. The test covers a variety of cognitive domains, such as orientation to time and place, short- and long-term memory, registration, recall, constructional ability, language, and the ability to understand and follow commands. The five factors in CSDD scale are as

Table 2 – Steps of TimeSlips intervention.

Stages	Activities
Beginning	① Create a special and suitable environment
	② Invite the patients to take part in this activity
	③ Review the stories last time
Central section	④ Choose a new picture
	⑤ Raise open-ended questions and lead the discussion
	⑥ Respond to and write down all the answers
	⑦ Repeat after every 4–5 answers
Ending	⑧ Fully retell all the stories and give them a topic
	⑨ Give thanks to all the participants

Download English Version:

<https://daneshyari.com/en/article/2652751>

Download Persian Version:

<https://daneshyari.com/article/2652751>

[Daneshyari.com](https://daneshyari.com)