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Perspective

A comprehensive approach to reablement in dementia

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Abstract As society grapples with an aging population and increasing prevalence of disability, "reablement" as a means of maximizing functional ability in older people is emerging as a potential strategy to help promote independence. Reablement offers an approach to mitigate the impact of dementia on function and independence. This article presents a comprehensive reablement approach across seven domains for the person living with mild-to-moderate dementia. Domains include assessment and medical management, cognitive disability, physical function, acute injury or illness, assistive technology, supportive care, and caregiver support. In the absence of a cure or ability to significantly modify the course of the disease, the message for policy makers, practitioners, families, and persons with dementia needs to be "living well with dementia", with a focus on maintaining function for as long as possible, regaining lost function when there is the potential to do so, and adapting to lost function that cannot be regained. Service delivery and care of persons with dementia must be reoriented such that evidence-based reablement approaches are integrated into routine care across all sectors.

Keywords: Rehabilitation; Dementia; Reablement; Aged; Exercise; Pharmacologic management; Hip fracture; Activities of daily living; Recovery of function; Caregiver; Cognitive impairment

1. Introduction

As society grapples with an aging population and the accompanying increasing prevalence of disability from aging-associated diseases, the concept of "reablement" as a means of maximizing functional ability in older people is emerging as a potential strategy to help promote independence. Policy drivers in support of reablement include government concern about the growing cost of long-term care in demographically aging populations [1] and the desire to advance a human rights framework embracing healthy aging [2]. Yet, there is considerable variation in the meaning and practical application of reablement within and across countries [1].

In an attempt to expand the debate about the nature and role of reablement, the International Federation on Ageing facilitated an international summit in Copenhagen, Denmark, in 2016, the purpose of which was to provide a platform for knowledge exchange between government officials, industry leaders, experts, and civil society on the subject of improving the capacity and capability of older people

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through reablement (http://www.ifa-copenhagen-summit.com/about/2015-2016-theme). In preparation for the summit, a Global Think Tank comprising thought leaders, academics, and practitioners was assembled and tasked with preparing concept papers on reablement as it may be applied to dementia, diabetes, and frailty. The perspectives of the reablement in dementia subgroup are presented here.

Dementia is one of the most significant diseases of aging. It is estimated that more than 46 million people are currently living with the condition worldwide, with that number expected to almost triple by 2050 [3]. Reablement offers a potential means to mitigate the impact of dementia on function and independence. This article presents a holistic reablement approach for the person living with mild-to-moderate dementia, considers gaps in the research evidence supporting reablement, and discusses the implications for policy and practice.

2. The meaning of reablement in the context of dementia

Reablement is a relatively recent term not consistently defined in the academic literature or in policy. It is often used interchangeably with other terms, such as "restorative care", depending on the jurisdiction and context [1]. Reablement also shares many features in common with "rehabilitation". The unifying theme across all these terms is a focus on strategies that maintain or improve functional ability and independence, through maximizing an individual's intrinsic capacity and the use of environmental modifiers [2]. Given the common emphasis on the promotion of function, we can consider these terms as existing within the same spectrum, thus avoiding the distraction of debating the nomenclature in detail.

In general, a reablement approach should have the following characteristics

- It is individualized and goal oriented, taking into account psychosocial and environmental factors, and undertaken collaboratively with the person living with dementia and their caregiver(s) or care staff, where appropriate.
- Goals may relate to cognition, activity (mobility, basic activities of daily living [ADL], instrumental ADL, and leisure activities), behavior, emotion, physical symptoms (e.g., pain), or communication.
- Goals are operationalized based on a careful understanding of the person's abilities, to ensure that the aims are achievable and realistic, as well as meaningful and worthwhile.
- Strategies to enable the person to work toward the goal are put in place, drawing on a range of evidence-based methods, which may include physical training, learning or relearning skills, or behaviors (*restorative methods*), or modifying activities or ways of doing activities, including adapting the environment or using assistive technology (*compensatory methods*).

For the person living with dementia, the approach is threefold: maintaining function for as long as possible; regaining lost function when there is the potential to do so; and adapting to lost function that cannot be regained. The approach could also be described as one of ongoing "enablement", along with specific and targeted interventions that fit within the "reablement-rehabilitation" spectrum as the need arises. We suggest seven broad domains that should be addressed in a comprehensive reablement approach (see Table 1).

3. A comprehensive approach to reablement in dementia

3.1. Initial comprehensive medical/geriatric assessment and pharmacologic approaches

Optimal disease management should be the cornerstone of the reablement approach for the person with dementia. As with other geriatric syndromes, effective management of dementia should start with a comprehensive medical/geriatric assessment, followed by a package of pharmacologic and nonpharmacologic interventions tailored to the needs of the individual and their family, with the aim of maximizing their quality of life [4]. Identifying the likely subtype of dementia, as well as its severity and the presence of other comorbidities, is the first step in guiding management. Alzheimer's disease will account for over half of cases, with vascular dementia, dementia with Lewy bodies, frontotemporal dementia, and alcohol-related dementia accounting for most of the remainder. Each condition has a characteristic cognitive and behavioral profile that will influence the nature of the functional deficits, the most appropriate approach to management and the patient's ability to adapt and manage their reablement regimen.

More often than not, dementia does not occur in isolation. Consideration also needs to be given to the presence of comorbid medical conditions and their best treatment, as this will help to optimize intrinsic capacity, and therefore function. Common comorbidities that are likely to be responsive to active medical management are diabetes, Parkinson's disease, congestive heart failure, anemia, cardiac arrhythmia, chronic skin ulcers, osteoporosis, thyroid disease, and retinal disorders [5,6]. The presence of depression and anxiety will

Table 1
Seven domains to ensure a comprehensive approach to reablement in dementia

1. Initial comprehensive medical/geriatric assessment and pharmacologic approaches
2. Addressing the impact of cognitive disability on everyday functioning
3. Physical and other related nonpharmacologic approaches to support functioning
4. Targeted rehabilitation interventions following acute illness or injury
5. Assistive technology to aid function
6. Support services for the community or residential care sector
7. Caregiver support and education