KEY POINTS

- Cognitive rehabilitation is an individualised intervention that enables people with early-stage dementia to function at the best possible level and remain as independent as possible in everyday activities.
- It can take various forms, from one-off expert advice to a series of individual home visits.
- Professionals such as occupational therapists and clinical psychologists have the necessary expertise to provide cognitive rehabilitation.
- People with dementia, and where appropriate their family carers, work together with a therapist to identify and attain therapy goals.
- Evidence of effectiveness is available from feasibility studies and one randomised controlled trial.
- A large-scale randomised controlled trial, GREAT, is ongoing and will report in 2017.

WHAT IS COGNITIVE REHABILITATION?

Rehabilitation focuses on managing the effects of disability and enabling each individual to function at the best possible level given the nature and extent of his or her illness, injury, or other impairments. Rehabilitation for people with cognitive impairments, termed ‘cognitive rehabilitation’, aims to enable people with difficulties in aspects of cognitive functioning, such as memory, attention, concentration, planning and problem-solving, to function at the best possible level and remain integrated with an appropriate social and environmental context. It does not set out to train the brain or improve scores on cognitive tests, but rather uses an individualised, goal-oriented approach to enable and support optimal functioning. This approach can be used to assist people after an illness or injury, and is equally relevant for people in the early-stages of progressive conditions such as Alzheimer’s disease and other forms of dementia.

WHAT DOES COGNITIVE REHABILITATION FOR PEOPLE WITH DEMENTIA INVOLVE?

Cognitive rehabilitation for people with dementia can be implemented in various ways depending on the needs that are identified. For some people, in some situations, one-off expert advice on developing strategies for dealing with a particular problem may be sufficient to enable effective coping and maintain independence. Others will benefit from a series of sessions with an experienced rehabilitation therapist such as an occupational therapist or clinical psychologist. Whatever format is used, cognitive rehabilitation is always individualised, and is structured around identifying and addressing personally-meaningful goals. Cognitive rehabilitation therapists work with each individual to formulate clear goals that are realistic and potentially achievable, and then draw on a range of evidence-based strategies and techniques to help the person achieve these goals.
The therapist starts by finding out how the person is managing, what s/he does well and enjoys, what is important to him/her, and works with the person to identify areas that are causing concern or dissatisfaction in managing everyday life, and things the person would like to improve. This provides the basis for agreeing on therapy goals. The therapist assesses the person’s current level of ability and identifies where difficulties are arising in carrying out relevant activities. This understanding helps to make sure that the agreed goals are realistic and achievable as well as meaningful. There are some structured assessments and interviews that therapists can use to support the goal-setting process.

Once goals have been agreed, people with dementia and, where possible, their family members work together with the therapist to develop and apply strategies to enable goal achievement. These include restorative strategies, involving new learning or re-learning or setting up new routines, and compensatory strategies such as the use of memory aids and adaptations to get around particular difficulties. Therapists are sensitive to the anxiety and stress that can result when living with cognitive disability, and can also suggest ways of helping reduce anxiety and manage stress. Ability to carry out the activities specified in the goals is monitored and strategies are adjusted as necessary to ensure optimal outcome.

WHAT EVIDENCE IS THERE THAT COGNITIVE REHABILITATION IS BENEFICIAL FOR PEOPLE WITH DEMENTIA?

It is well-established from experimental studies that people with early-stage dementia can, with appropriate support, learn or re-learn relevant information, change their behaviour, and develop new routines, habits and skills. Cognitive rehabilitation builds on this evidence by using these retained abilities to help manage everyday activities. This has been shown to work in a number of feasibility studies using single case designs or small-group pre-post comparisons. Efficacy was demonstrated in a single-site randomised controlled trial funded by the Alzheimer’s Society; participants receiving cognitive rehabilitation showed improvements compared to both active and no-treatment control groups in goal attainment, as well as in cognition, mood and quality of life, while their family carers experienced improved stress levels, mood and quality of life.

A larger study, the GREAT trial, is now under way. These publications provide valuable information and will also point you to other useful sources:


WHAT IS THE GREAT TRIAL?

GREAT is an ongoing randomised controlled trial funded by the National Institute for Health Research, conducted in eight centres throughout England and Wales, which aims to provide definitive evidence about the effectiveness and cost-effectiveness of goal-oriented cognitive rehabilitation for people with early-stage Alzheimer’s disease, vascular, or mixed dementia and their carers. In GREAT, the cognitive rehabilitation therapy involves 10 home-based sessions with a therapist over three months, followed by four maintenance sessions over the following six months. Over the course of the 10 weekly sessions, participants with dementia work in collaboration with a therapist to address up to three personal rehabilitation goals, where possible supported by a family carer. They also explore ways of managing anxiety and stress and improving concentration, and reviewed and improved on existing coping strategies.

Recruitment to the GREAT trial has now ended. Results will be available in early 2017 and will be posted on our website:

www.exeter.ac.uk/great