

Topic

Alzheimer's disease

[Alzheimer's disease](#) [Treatment](#)

Non-drug interventions for Alzheimer's disease



(PantherMedia / Ramona Heim)

Non-drug interventions for Alzheimer's disease include things like memory training, mental and social stimulation, and physical exercise programs. Some of these strategies could possibly improve people's mental abilities and increase their independence.

As Alzheimer's disease progresses, it becomes more and more difficult for people to do everyday activities on their own. They become forgetful and increasingly have problems expressing themselves in words.

Their orientation in space and time gets worse and their personality changes. This makes good-quality care and support all the more important: people who have dementia need loving and stable relationships and a

tolerant environment.

There is currently no cure for Alzheimer's disease. As well as medications, there are non-drug interventions that aim to delay the loss of mental abilities, to help people stay independent in everyday life for as long as possible, and to increase their wellbeing and quality of life. Non-drug strategies include things like memory or orientation training. Other interventions include art therapy, aromatherapy, music therapy, animal-assisted therapy and caregiver education programs.

Below you will find an overview of the research on the most commonly used interventions. Unfortunately there are only a few good-quality studies on the effectiveness of non-drug interventions. But that does not mean that the described interventions are not effective. And it does not affect the importance of psychosocial support. The most suitable approach will depend on things like a person's symptoms, how far the disease has progressed, the causes of certain behaviors, and their life circumstances. Different treatment goals can influence the decision too. It is important that interventions do not ask too much of the person and are not stressful. They should allow a sense of achievement, to improve their quality of life. Their personality and experiences in life will play an important role in the right choice of treatment too. Which non-drug interventions are most suitable for someone is best found out with the help of specialists, for example in the fields of medicine, nursing, psychology, social work, occupational therapy and physiotherapy.

Cognitive therapy approaches

The term "cognitive" is used as a collective name for everything that has to do with the mental abilities of an individual, for example perception, thinking and remembering. There are various types of cognitive interventions for people with mild to moderate dementia. They may include things like arithmetic problems, or exercises in which series of numbers are to be completed, or in which images have to be remembered and recognized. There are also exercises involving words and puzzles, as well as interventions in which people practice doing everyday things like shopping. These exercises are offered in either one-on-one or group sessions which are often done one to two times per week, with each session lasting 30 to 90 minutes.

Another widely used intervention is called reality orientation training. This approach aims to help improve people's orientation in space and time. It involves repeatedly giving people with dementia basic information such as their name, the date or the time. This is done in conversations or by placing orientation aids around the person's home. Orientation aids might include things like large calendars, or door signs with the names of the rooms on them.

Studies suggest that cognitive interventions can improve mental performance in mild and moderate Alzheimer's disease. They might also have a positive effect on people's wellbeing. But it is still not clear whether these interventions improve people's mood or their ability to

take care of themselves.

Adverse effects of cognitive approaches cannot be ruled out. It is important to adapt interventions according to the abilities and needs of the individual, and the interventions should be carried out with the guidance of a professional. It could be very frustrating for someone with dementia if they fail to complete an exercise again and again. Reality orientation training can be too much for people, making them feel even more confused. Some specialists view this type of training critically because it sometimes involves repeatedly pointing out the obvious, which people with dementia might consider to be patronizing.

Physical, mental and social stimulation

These approaches focus on different kinds of activities, such as discussion groups on various topics, preparing food together, practical things like brushing your teeth, making coffee or writing letters, as well as physical exercises to improve strength, endurance and balance.

Research has shown that social activities like discussion groups, listening to music or preparing meals together can improve the quality of life of people with dementia and their caregivers. They can also reduce the need for care.

Just like with other people, physical activity has health benefits for people with Alzheimer's. It is important to ensure that older people are able to stay active too, so they do not become bedridden, for instance. Studies have shown that people with dementia can stay mobile for longer if they take part in exercise programs. Combining exercises to improve strength, agility and balance might help them perform everyday activities on their own for longer. Such exercise programs include things like walking, gymnastic exercises, strength-building exercises and endurance exercises. People have about two to three exercise sessions per week, lasting between 30 and 60 minutes each.

The studies found that people who took part in some of the exercise programs had to go to the hospital more often. It is not clear why that happened. Exercise and sports can sometimes be too much for people and lead to injuries, so it is important to adapt exercise programs based on a person's abilities and needs.

It is not clear whether exercise also has a positive effect on the mental performance and mental health of people with Alzheimer's disease.

Emotion-oriented interventions

Emotion-oriented treatment approaches focus on the feelings, values and experiences of people who have Alzheimer's disease, and aim to improve their quality of life. One example is validation therapy. Here the caregivers use special communication techniques, being sure to create an atmosphere of closeness and care when interacting with the person who has Alzheimer's. The aim is to make them feel understood, safe and comfortable. The caregivers do not judge the behavior of those with the disease, and accept them and their feelings as they are.

For example: A woman with dementia cannot find her purse and is absolutely sure that it must have been stolen. She is angry and wants to call the police. Telling her that she always forgets where her purse is would just make her even angrier at that point. In a validation approach, the fact that her purse is missing would not be questioned. The caregiver might be understanding and suggest a solution, such as looking for the purse together before contacting the police.

Reminiscence therapy is another kind of emotion-oriented treatment. The word "reminiscence" comes from the Latin word for "remembering". In reminiscence therapy, people who have Alzheimer's are encouraged to talk about topics such as their hometown, school days or work. This is done in individual or group settings. The aim is to improve their mental abilities as well as their quality of life, and lessen the psychological effects of dementia, such as depression. There is not enough research on emotion-oriented interventions to be able to say for sure what effects they have.

Caregiver education programs

People who have Alzheimer's need more and more help as the disease progresses. This can be a great burden and challenge for their families and loved ones. Education programs have been developed to provide non-professional caregivers with support. The aim of these programs is to teach them how to help people who have dementia to keep their abilities as long as possible. They also try to help caregivers understand the disease better and solve practical problems related to the care of their loved ones. Sharing experiences with

other non-professional caregivers is an important part of many of these programs.

Research has suggested that people with Alzheimer's can live at home for a longer time if their caregivers take part in education programs. But it was also found that people whose caregivers had completed such programs went to hospital more often too. It is not clear why that happened. Some evidence also suggests that special training in how to deal with challenging behavior has a positive effect. It could help to reduce challenging behavior such as aggression and restlessness, and also help caregivers to cope better with this kind of behavior when it arises.

Although caring for a parent or partner with dementia can be very challenging, many people say it is an enriching experience. They make it possible for their loved ones to stay in a familiar environment and to be cared for by people who are close to them. It is important for non-professional caregivers to get support and help so that they are better able to cope with situations that are often stressful and upsetting.

Other treatment options

A large number of other non-drug interventions are available for the treatment of Alzheimer's disease. Some of these, such as reflexology and aromatherapy, have been tested in scientific studies. It is not clear how reflexology affects the symptoms. A few studies have suggested that aromatherapy can have a calming effect if someone is feeling restless or behaving aggressively. But it can also cause side effects like nausea and dizziness. Overall, not enough is known about the pros and cons of this treatment.

Some studies have looked at the effects of music therapy. Unfortunately they were not able to provide a reliable answer to the question of whether music therapy can influence the symptoms of Alzheimer's disease. Occupational therapy, involving things like practicing everyday activities, is another treatment option. Psychotherapy can be considered if the disease has distressing psychological effects.

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