

## Cognitive Stimulation Therapy Impact on Quality of Life in Patients with Mild and Moderate Alzheimer's Disease – A Short Commentary

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### Commentary

Analyzing rehabilitation possibilities of cognitive function in different types of degenerative dementia requires setting calibrated and scientifically measurable goals. Cognitive disorders in people affected by dementia may have a huge impact on everyday life, which may lead to the manifestation of anxiety, depression and social withdrawal with negative effects on the quality both of their own life and the one of their relatives. The aim of this study is to assess the therapeutic efficacy and the impact of a cognitive treatment on the quality of life in patients affected by mild to moderate Alzheimer's disease. Our sample is made up of patients aged between 58 and 85 with diagnosis of mild to moderate Alzheimer's disease according to the criteria established by Nincds-Adrda. All the patients belong to Consultative Center for Cognitive Disorders of the Neurology Unit of the Fidenza Hospital.

The sample was divided into two groups and both of them underwent neuropsychological evaluation in pre and post treatment. There are 10 patients with mild dementia (MMSE=20-24), including 6 females and 4 males, and 10 patients with moderate dementia (MMSE=10-20), including 6 females and 4 males. The initial evaluation included two phases: The first one was the collection of patient's medical history and demographic information about their personal and family history, which helps organize the intervention, whereas the second one required further diagnostic work as well as screening tests to be carried out. The tests used for this purpose were in particular MMSE, ADL, IADL, HADS, 15 Words of Rey, Constructive Apraxia, Digit Cancellation Test, Clock Drawing Test and CRQ. Three months after the end of the Cognitive Stimulation Therapy there was a post treatment phase during which the same battery of tests was carried out. The sessions of cognitive training took place twice a week for three months and each session lasted 120 minutes. A preliminary step of mutual understanding requires all activities to be planned and organized according both to the groups' and all the members' features. Compared to Reality Orientation Therapy, the CST allowed organizing all the meetings with behavioral analysis feedback of all patients depending on the evolution of diseases. Attention has been paid on

recognizing emotions both for individual and group by means of verbal and nonverbal communication, i.e., the use of images or imitation.

During the meetings, exercises to stimulate cognitive functions such as memory, attention, executive functions, language and ideomotor praxis has been made. The Zarit Burden Interview-22 item has been administered to family members before and after the therapeutic treatment in order to assess the caregiver's well-being and to evaluate the caregiver burden. At the end of the CST, the patients were asked to continue, similar exercises at home a caregiver help. This choice has been made considering the scientific results that demonstrate the quality of life impact in patient affected by Alzheimer's disease.

The analysis of the data shows the effectiveness of cognitive training on cognitive and functional performances, which remain constant. No significant performance degradation emerges from the comparison of the cognitive tests carried out before and after the treatment in the group of patients with mild dementia. Concerning the group of patients with moderate dementia, there is instead a slight decrease in their performance during the exams aimed at testing their memory and attentional capacity, while their performances regarding language, executive functions and apraxia remain constant. The decrease in the level of anxiety and depression is significant in both of the groups and is independent of the subjects' age and gender. These last two dimensions, as well as the patients' social cognition seem to benefit from the group's relational activity, which is also characterized by a continuing and careful expression of their emotions as well as of a particular attention to the relational dynamics developed during the whole stimulation process. Furthermore, caregivers' stress levels have significantly decreased. Our results match the literature data

To conclude the results obtained show the clinical efficacy of a non-pharmacological treatment that leads to an improvement in the quality of patients' and caregivers' life. The CTS changes according to the degeneration of Alzheimer's disease in the patients. The proven clinical efficacy suggests that the number of patients benefiting from this non-pharmacological therapeutic treatment should be increased in order to improve the quality of life for a larger number of people suffering from Alzheimer's disease.

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