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*Using multisensory therapy to promote
wellbeing for people with dementia in
hospital*



The development of a complex psychosocial intervention in acute care

Using multisensory to promote wellbeing for people with dementia in hospital

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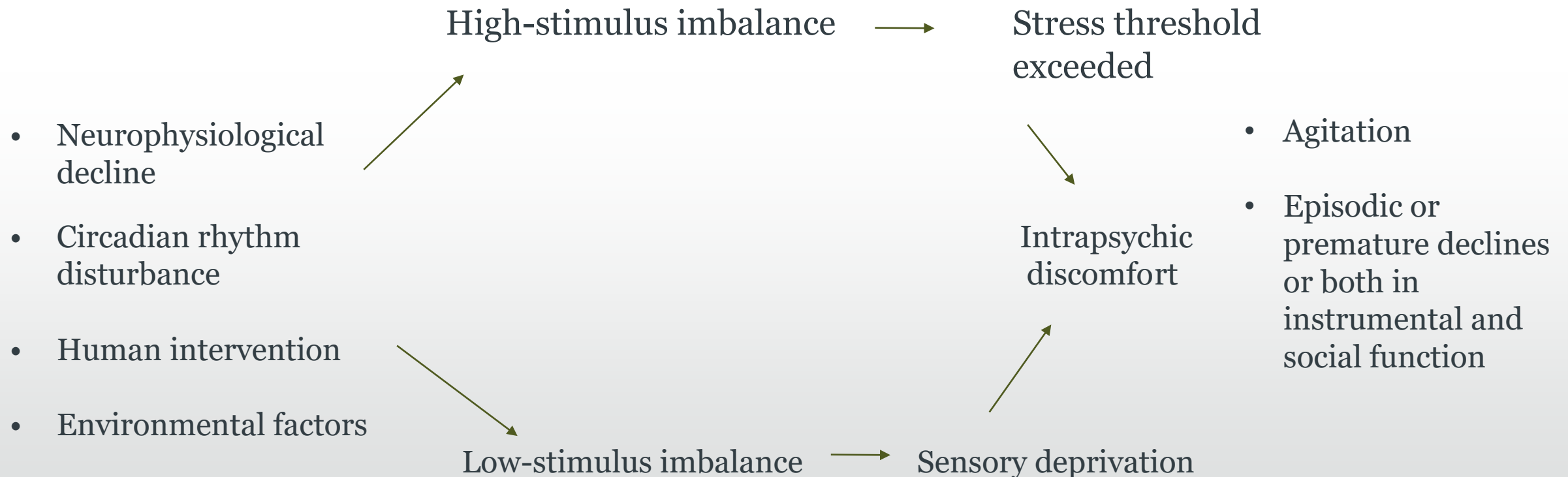
Multisensory therapy



- Learning disabilities
- Mental health
- Maternity
- Pain management
- Head injury
- Stress management
- Older persons

Sensoristasis – the mechanism of change

- **Antecedents** → **Sensoristasis imbalance** → **Cortical Sequelae** → **Behavioural Sequelae**



Literature review

- Outcomes predominantly of mood and behaviour
- Effectiveness studies had methodological problems and small sample sizes
- Proving effectiveness of the intervention is difficult due to the complex interlinking components of the intervention (implementation, delivery, assessment of intervention)
- Implementation of multisensory therapy has been challenging
- Quality of reporting of the intervention is poor meaning translation into practice is hindered

TIDieR Checklist

Setting	Is it clear where the intervention was delivered?
Recipient	inclusion criteria, is it clear who is receiving the intervention
	Exclusion criteria, is it clear who is excluded from the intervention
	Baseline characteristics. Do you know all that you need to about the patients? Do the participants have sensory impairments, are they taking psychotropic medications?
Provider	Is it clear who delivered the intervention? What training did they receive? What is their professional background?
Procedure	Is the procedure of the intervention sufficiently clear to allow replication? (including the sequencing of the technique)
Intensity	Is the duration of individual sessions of the intervention clear?
Schedule	Is the schedule (interval, frequency, duration or times) of the intervention clear?
Materials	Physical, are they adequately described
	informational, are they adequately described
Missing	Is anything missing in the description?
Control group	Is it clear what the control group received during this study?

The exploration of the potential utility and effectiveness of a multisensory intervention on an acute medical ward for people with dementia.

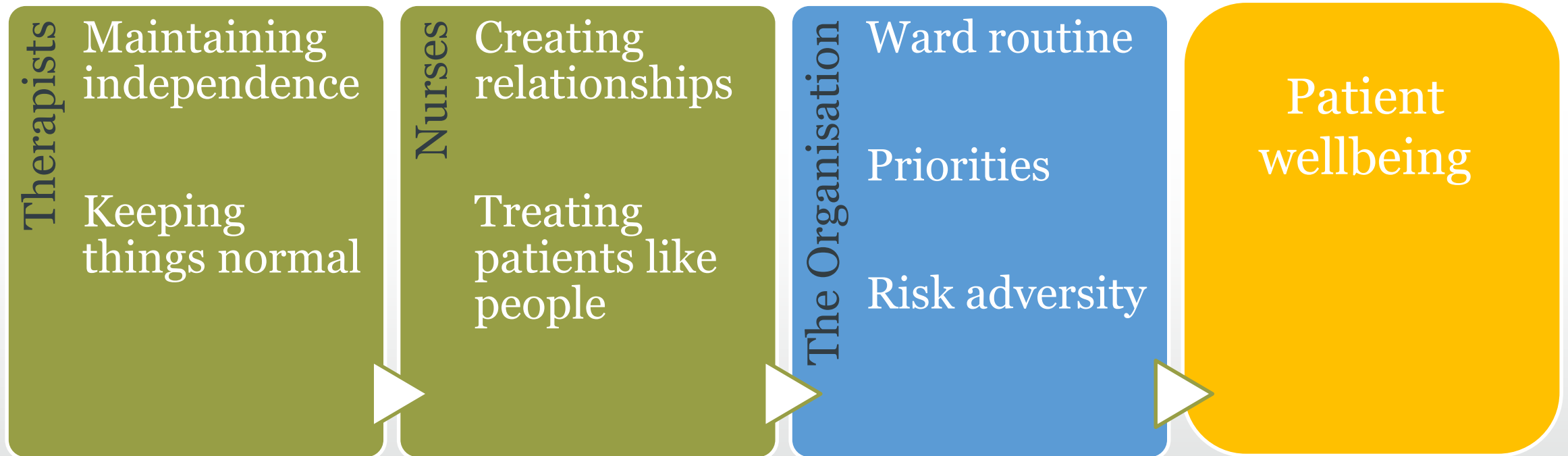
- To identify barriers and facilitators to staff use of dementia care innovations such as multisensory intervention
- To determine the feasibility of a multisensory therapy intervention with people with dementia in an acute hospital environment
- To pilot the use of Dementia Care Mapping to measure patient wellbeing in a future definitive evaluation of multisensory intervention in acute care.

Objective 1: Identifying barriers and facilitators

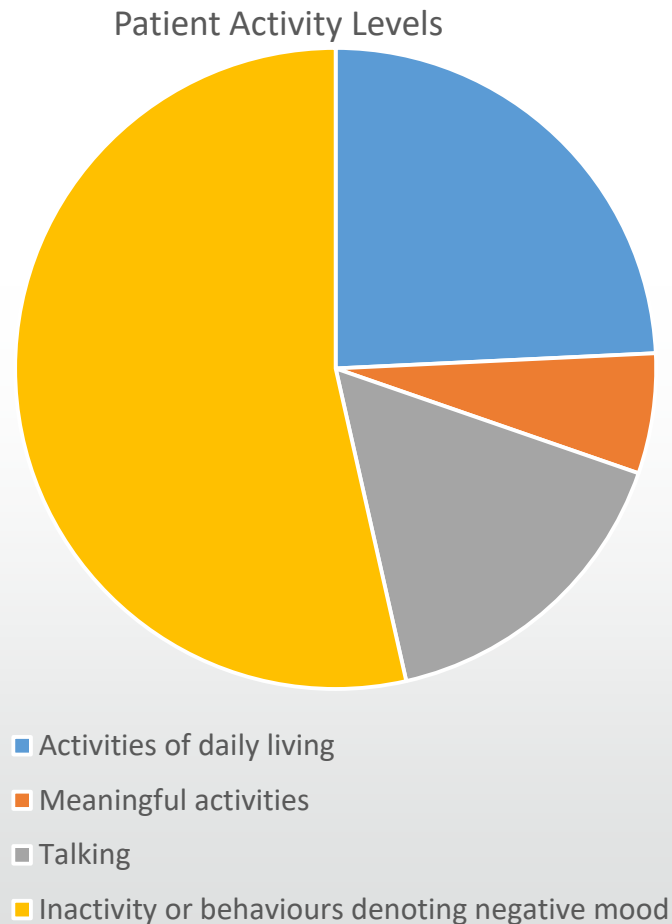


- Interviews with nurses, healthcare assistants, senior managers
- Focus group with therapy team (therapy assistants and Occupational Therapist)
- Emerging themes: lack of time, lack of suitable resources, little understanding of the intervention, a negative attitude towards the intervention, other opportunities to improve patient wellbeing deemed easier and more important

What do staff identify as their role in promoting patient wellbeing?



Baseline wellbeing and activity levels



- Baseline data collected for patient wellbeing levels
- Observations of what nurses do to improve patient wellbeing
- Observations of what interventions are currently utilised

Implications for practice

- Multisensory therapy & other psychosocial interventions are being introduced into acute hospitals without an evidence base
- Future research needs to focus on
 - Identification of contextual factors (C)
 - Identification of mechanisms of change (M)
 - How C & M effect outcomes

What works for whom, in which circumstances? (Pawson and Tilley 1997)

References

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