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**

  - High-stimulus imbalance → Stress threshold exceeded

  - Neurophysiological decline
  - Circadian rhythm disturbance
  - Human intervention
  - Environmental factors

  - Low-stimulus imbalance → Sensory deprivation

  - Agitation
  - Episodic or premature declines or both in instrumental and social function

Kovach 2000 Model of sensory imbalances
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

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

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

<table>
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<tr>
<th>Therapists</th>
<th>Maintaining independence</th>
<th>Keeping things normal</th>
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<tbody>
<tr>
<td>Nurses</td>
<td>Creating relationships</td>
<td>Treating patients like people</td>
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<tr>
<th>The Organisation</th>
<th>Ward routine</th>
<th>Priorities</th>
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<td>Risk adversity</td>
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| 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

Patient Activity Levels

- Activities of daily living
- Meaningful activities
- Talking
- Inactivity or behaviours denoting negative mood
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


