



## Service Priorities and Programmes Electronic Presentations

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### **Can dementia elderly dance?**

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### **Introduction**

The Psychogeriatric outreach service in NTEC commenced a newly developed programme, Multimodal Stimulation and Movement (MSM) programme for elderly with mild to severe dementia in private old-aged homes. Multimodal stimulation refers to different types of stimulations including music, reminiscence therapy, reality orientation, and percussion of acupuncture points, whereas movement refers to dance and exercise.

### **Objectives**

To evaluate whether the programme could enhance physical well-being of elderly with dementia by means of improving cognitive function, mood and behavioural problem, activity of daily living and balance stability.

### **Methodology**

Elderly under psychogeriatric service diagnosed with dementia were recruited. An outreach physiotherapist provided weekly group programmes to 7 POAHs from Sept 2011 to July 2012. The outcome measures were Mini-Mental State Examination (MMSE), Neuropsychiatric Inventory (NPI), Cornell Scale for Depression in Dementia (CSDD), Elderly Mobility Scale (EMS), Modified Barthel Index (MBI) and Berg Balance Scale (BBS). Pre- and Post- assessment data were analysed using SPSS 19.0.

### **Result**

Fifty-one patients were recruited for analysis. Significant improvements in MMSE, NPI, CSDD, EMS and MBI were found (Wilcoxon signed rank test,  $p < 0.05$ ). Nearly 80% of the participants had increased or no decline in MMSE. About 60% of the participants had improvement in NPI or CSDD scores. Of the sub-scores in NPI, significant improvements in agitation and night time behaviour were noted (Wilcoxon signed rank test,  $p < 0.05$ ). Almost all of the elderly had improved or no decline in EMS and about 60% had improvement in MBI scores. There were some improvements in BBS scores though statistically insignificant. Results supported that this programme had resulted

in enhanced cognitive ability, mood and behaviour, physical mobility and BADL functioning in the elderly with dementia living in OAHs. This clinical programme had well demonstrated its feasibility and clinical benefits to the participants after a 3-month weekly training.