



KEY POINT SUMMARY

OBJECTIVES

To assess the impact of an enhanced AL environment and dementia care program on mood, cognition, and quality of life (QoL) for patients specifically with memory disorders.

DESIGN IMPLICATIONS

Designs that make AL patients feel more at home and less in an institution can have a significant impact on patient quality of life. Spaces and programs that provide degrees of freedom to residents of AL homes are notably effective. Generally, access to both social outlets and privacy, natural environments, and physical and mental engagement are effective in boosting AL resident well-being.

Effects of an assisted living facility specifically designed for individuals with memory disorders: A pilot study

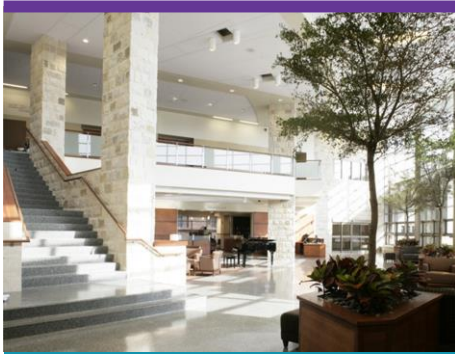
Springate, B. A., Talwar, A. K., & Tremont, G. 2014 | *Journal of Housing for the Elderly* Volume 28, Issue 4, Pages 399-409

Key Concepts/Context

A 2007 study estimated that 14% of individuals over the age of 71 have dementia, and many of those individuals require some level of support with daily life. Furthermore, many of these individuals eventually move to assisted living (AL) facilities or nursing homes as they begin to require more assistance. Many people choose AL facilities due to pricing or the desire to be assisted rather than nursed. Previous studies have indicated that the physical environment of nursing homes can influence the overall well-being of residents with dementia. However, relatively few studies have assessed the effects of AL facility environments on the well-being of dementia patients.

Methods

Thirty-nine individuals (average age of 83.65) with Alzheimer's disease or another form of related dementia were involved in the study. The study took place in an AL residence with a 43-person capacity and a specific goal of bridging the gap between living in a home with services and living in what may typically be called a nursing home. The residence was specially designed to appear similar to a home rather than an institution. The residence featured amenities including 15 shared spaces and 13 private rooms, one window per bed, privacy curtains, a large shared bathroom, balanced natural and artificial lighting, carefully calibrated colors and air temperatures, specially designed floor patterns to help manage falls, a 24-hour retro-design diner, recumbent bikes, games, a movie hall, a barbershop, exercise/meditation room, and a garden with walking paths. Diets were specially formulated to promote healthful living among residents, and residents were generally given a large degree of control over their lives. Various social and recreational activities were offered.



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Researchers assessed each participant within two weeks of admission and at intervals of three and six months after placement. Mini-Mental State Examinations were administered, and Geriatric Depression Scales (GDS), Visual Analog Mood Scales, Quality of Life-AD, and a Neuropsychiatric Inventory were also taken. To analyze these, descriptive statistics were used to examine differences between baseline and follow-up measures.

Findings

Of the 39 participants, 20 individuals remained in the study by the six-month assessment. Participants showed signs of moderately severe dementia. Low levels of depression on the GDS were found throughout the study. Increased happiness and declining rates of sadness were reported over time; however, there were no significant increases in energy, fatigue, confusion, or feeling tense. Despite declining global cognition over the six-month period, improved moods and no decreases in quality of life were found.

Limitations

The authors note that this study is limited by a small sample size that was largely Caucasian females with moderately severe dementia, making these findings difficult to generalize. There was a high attrition rate among participants, though the authors state that there were no baseline differences between those who left the study and those who stayed. No control group was involved, so no comparisons with groups outside of the AL home were drawn. All patient moods were self-reported, which may be unreliable in the case of dementia patients.

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