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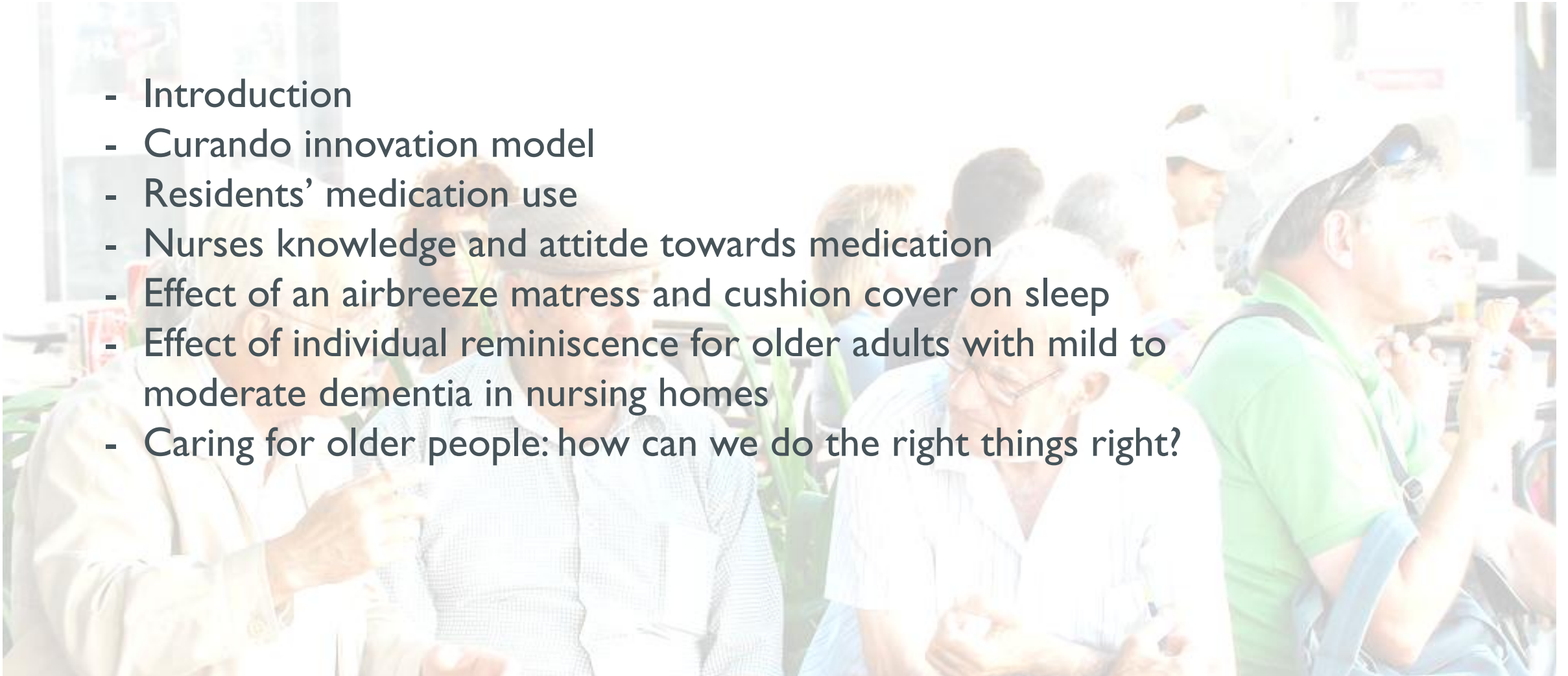
# POLYPHARMACY IN ELDERLY IN NURSING HOMES: HOW NURSES CAN CONTRIBUTE TO DEPRESCRIBING MEDICATIONS

KATRIN GILLIS – ODISEE UNIVERSITY COLLEGE – VZW CURANDO



# OVERVIEW

- Introduction
- Curando innovation model
- Residents' medication use
- Nurses knowledge and attitude towards medication
- Effect of an airbreeze mattress and cushion cover on sleep
- Effect of individual reminiscence for older adults with mild to moderate dementia in nursing homes
- Caring for older people: how can we do the right things right?



# INTRODUCTION



**Ives**  
**Clinical  
expert**



**Ann**  
**Coaching**



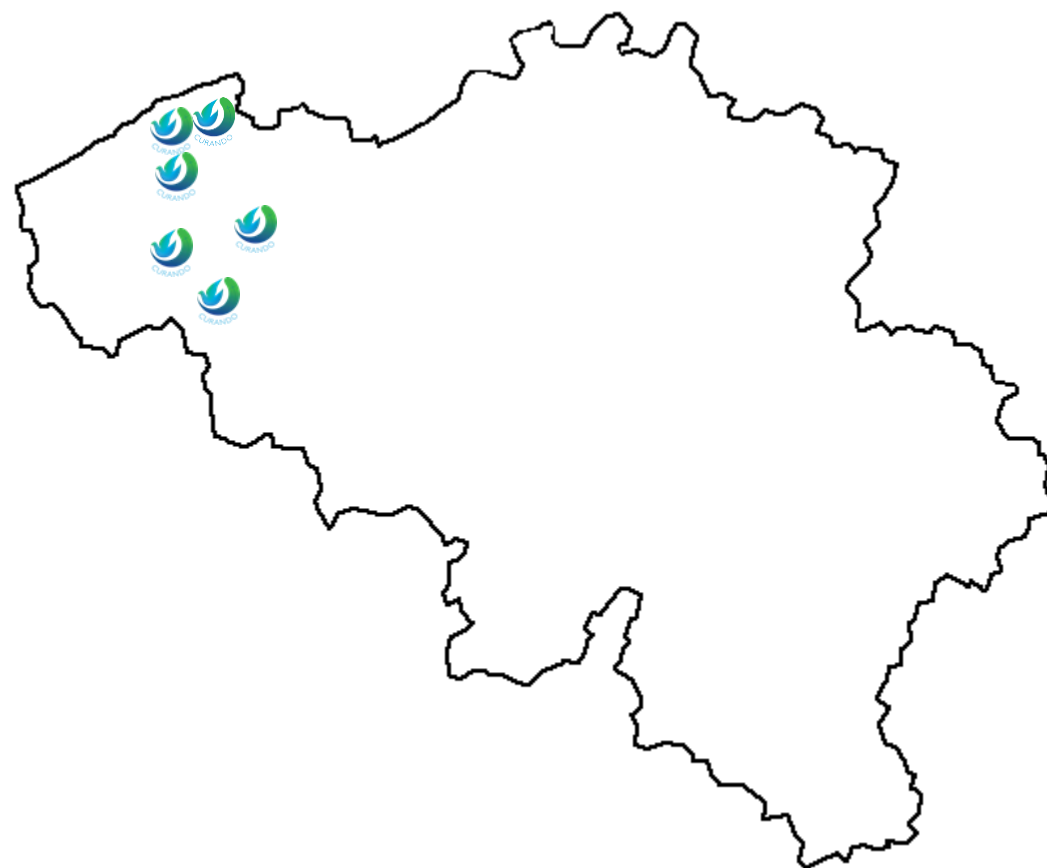
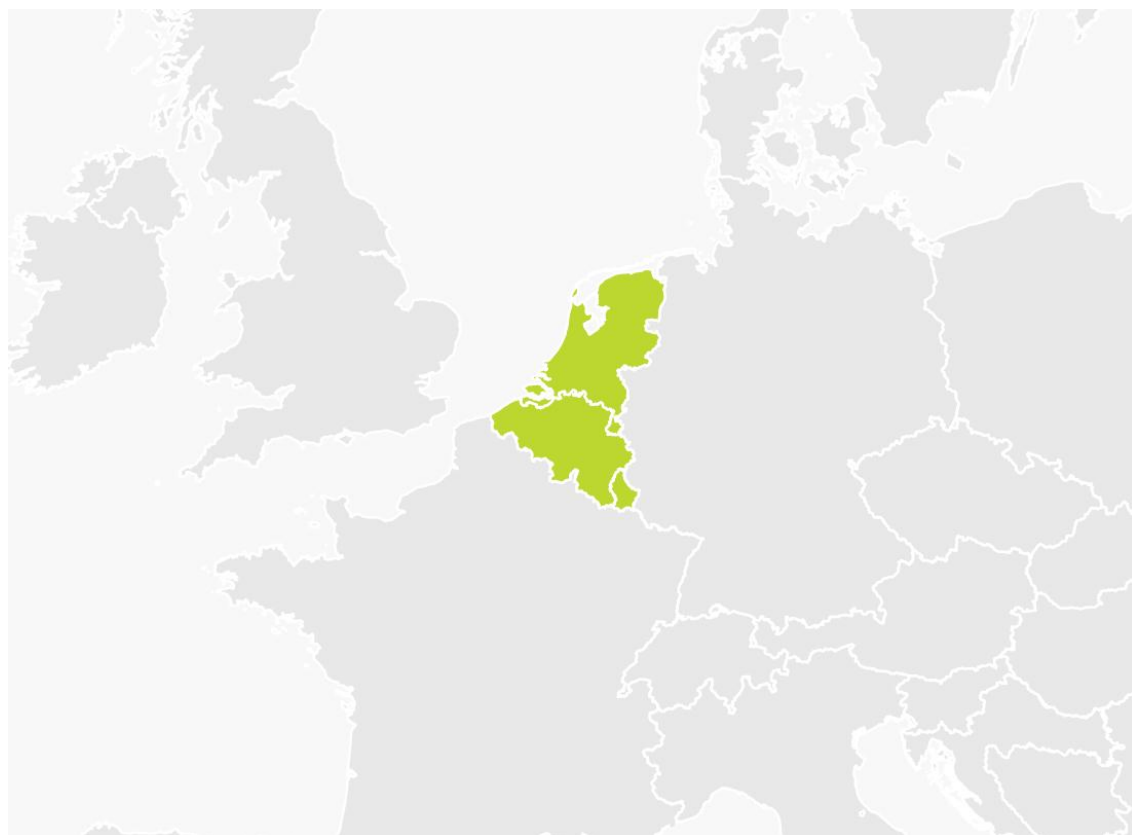
**Katrin**  
**Research  
Innovation**



- Odisee University College, department of healthcare
  - Talent
  - Structural interaction practice
  - State of the art education
- Vzw Curando
  - Quality of care
  - Person centered care
  - Evidence based care



VZW CURANDO





# VZW CURANDO



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Vzw CURANDO O.L.V.  
van 7 Weeën Ruisselede

is een nieuwe organisatie met een lange,  
boeiende voorgeschiedenis en een duidelijk plan  
voor de toekomst.

[Lees meer over onze organisatie](#)



# GOALS

*Elderly care is under pressure.*

*While an increasing amount of elderly people needs an increasing amount of care, financial resources are still hardly sufficient. This is why vzw Curando and Odisee University College have been searching for evidence based innovations: to be able to continue guaranteeing high-quality care, even during these challenging times. Residents always come first, so that we don't lose track of our main goals:*

***improving their quality of care and/or their quality of life.***

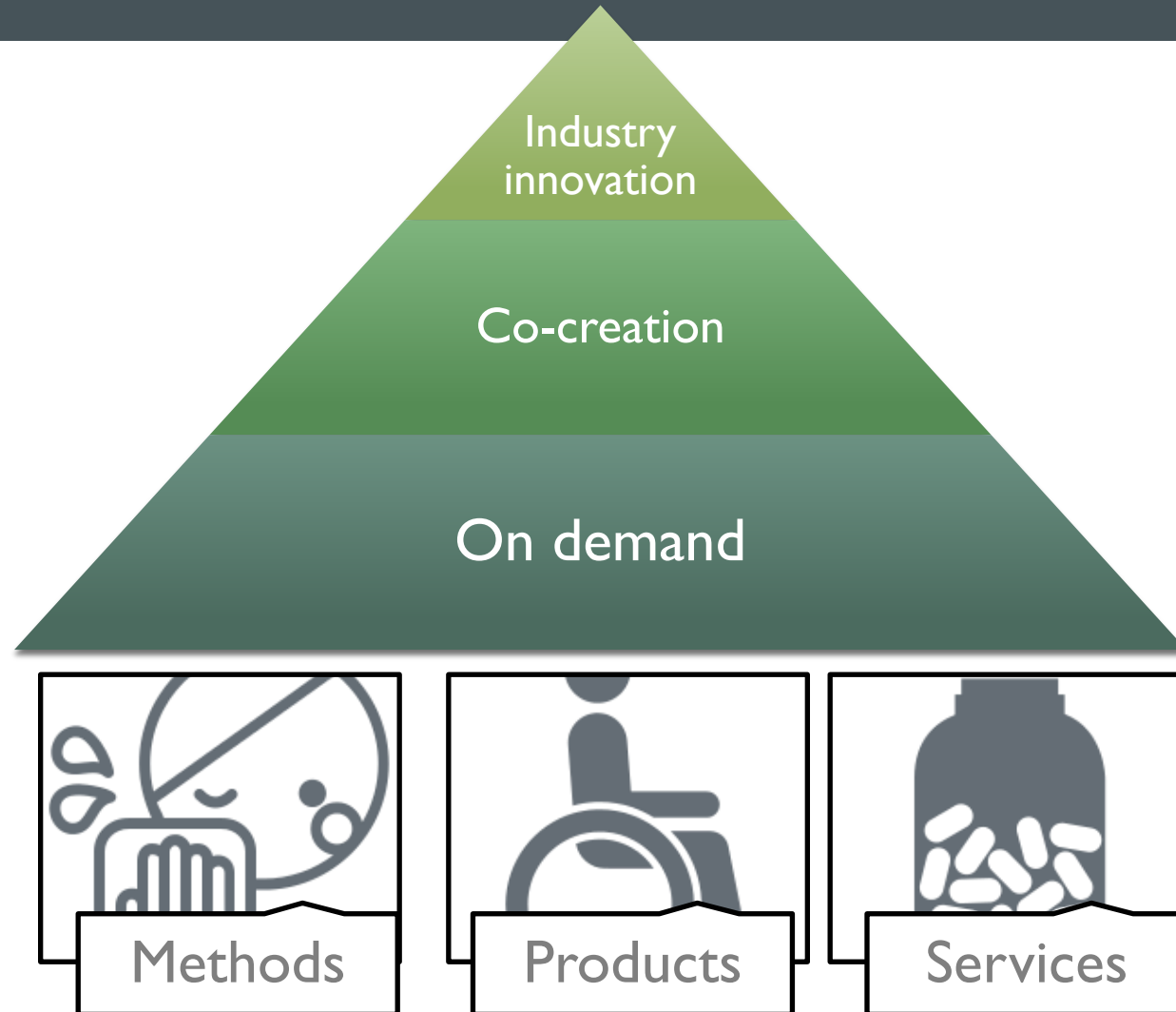
*Different studies in several Flemish nursing homes have resulted in numerous innovations: the introduction of disposable wash gloves and the supply of more comfortable seat cushions and mattress covers. We are striving to reduce the use of medication and person centered care is our basic principle: to treat each resident not only as a resident, but as a person with needs, likes and dislikes.*

*Small changes create great impact.*

*Together we can accomplish greatness.*



# CURANDO INNOVATION MODEL

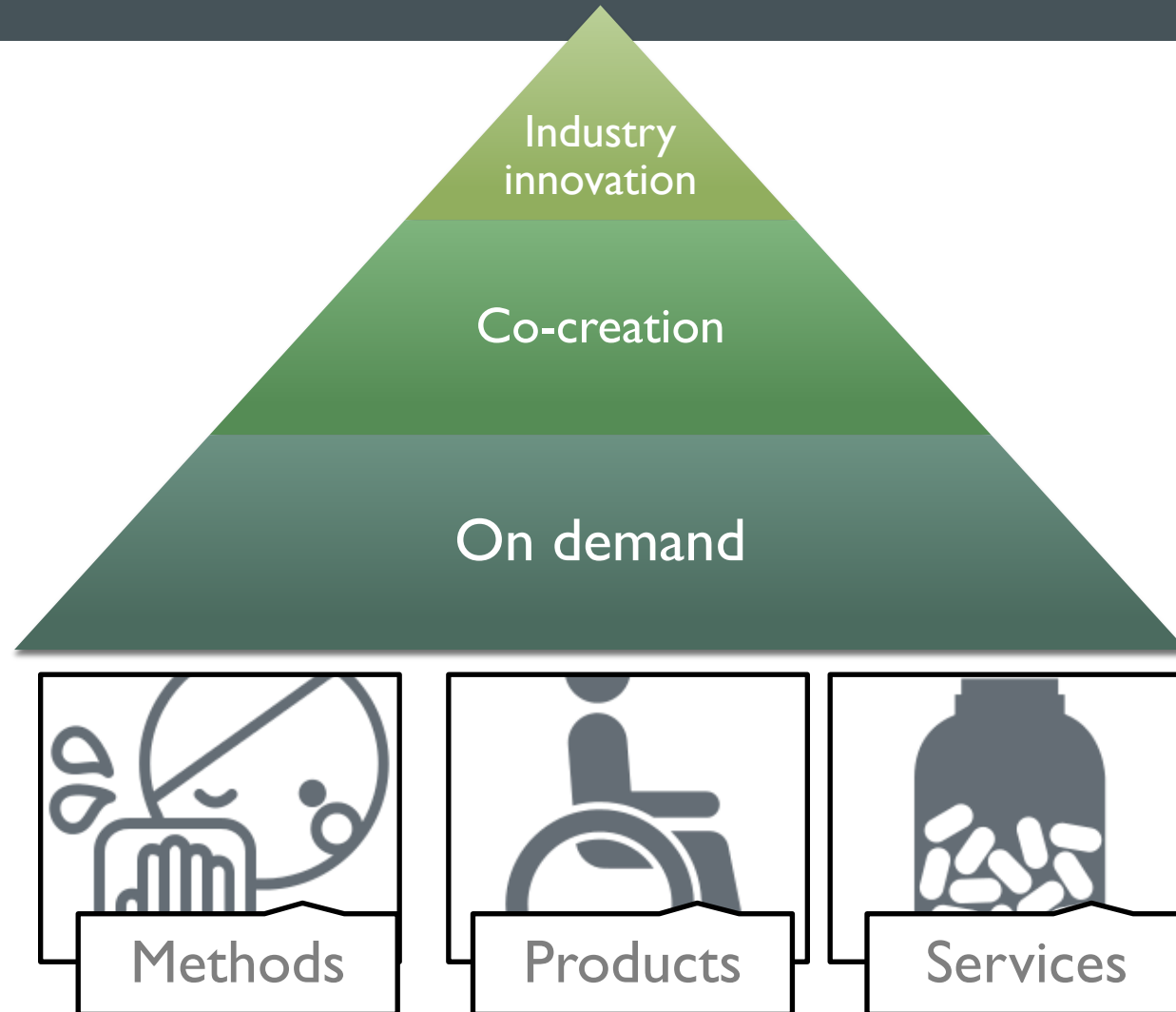




# CURANDO INNOVATION MODEL

- Grol & Wensing (2006)

- Social interactionmodel  
(van der Weide et al., 2004)





## 2 DESCRIPTIVE STUDIES

Nurses' knowledge and attitude towards medication

Residents' medication use



# RESIDENTS' MEDICATION USE

- **Polypharmacy** increases the risk for **more side effects of medications (82%), falls, hip fractures, hospital admissions and a higher rate of mortality** (Hardy & Hilmer, 2012).
- Elderly who take **more than 9 different medications** have **2,3x more risk for inadvertent side effects** (Nguyen et al., 2006).
- Residents who take **10 or more medications a day** have a significant higher risk for **cardiac stroke, diabetes mellitus, Parkinson disease, gastro-intestinal problems, dyspneu and more hospital admissions** (Vetrano et al., 2013).
- Polypharmacy increases the risk for **medication errors** (Petrovic, 2008).
- Polypharmacy increases the **costs** of medication therapy, **costs** of side effects and **costs** of preparation and administering of medication.



## RESIDENTS' MEDICATION USE

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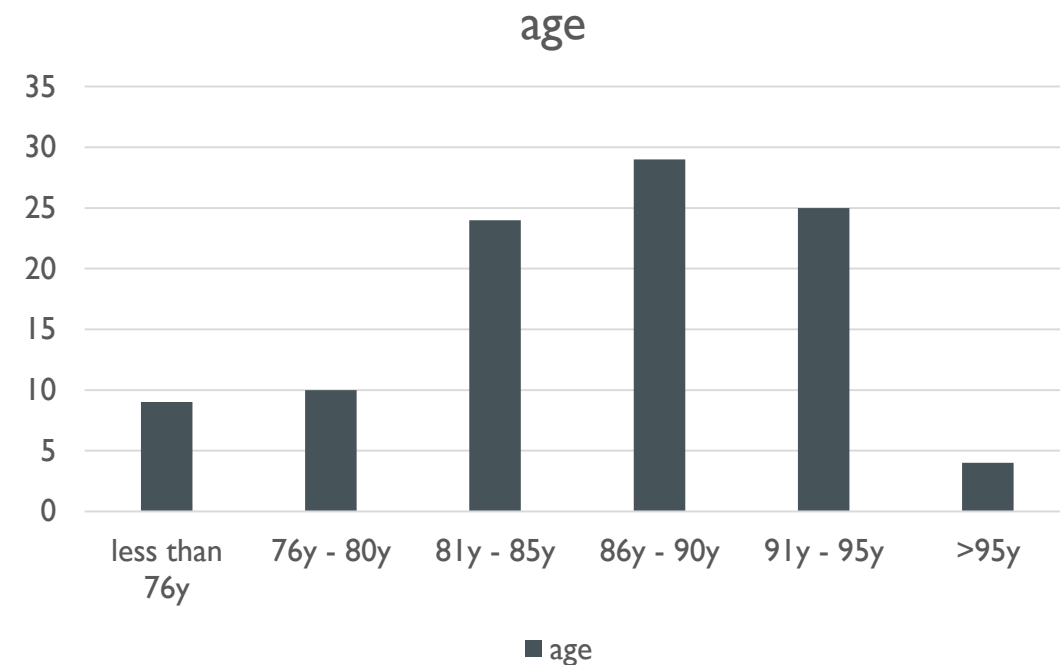
The aim of this study was to determine nurse-related prescribing patterns of medications in nursing homes and to identify the rate of polypharmacy.

# METHODS

- Informed consents general practitioner and resident/legal representative
- Cross-sectional design april 2015
- Medical background was not taken into account
- Database yes/no
- Exclusion of tear drops, vitamins, minerals en supplements
- Classificatie BFCI, 2015
- Exception:
  - Anti-aggregantia (acetylsalicylacide) = cardiovasculair use instead of pain and fever
  - Tegretol = neuropathic pain instead of anti-epileptic use

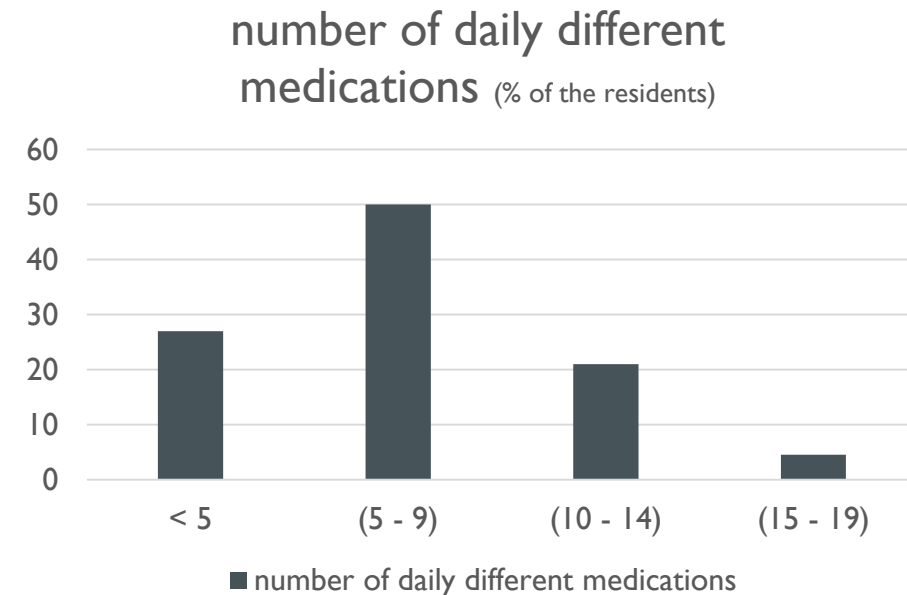
## DESCRIPTIONS OF THE RESIDENTS N=455 (RR 56%)

- **73% female**
- Mean age **85,8 years** (39 – 101)
- Forfait O 6%
- Forfait A 12%
- Forfait B 29%
- Forfait C 15%
- **Forfait CD 38%**
- General practitioners n = **164**



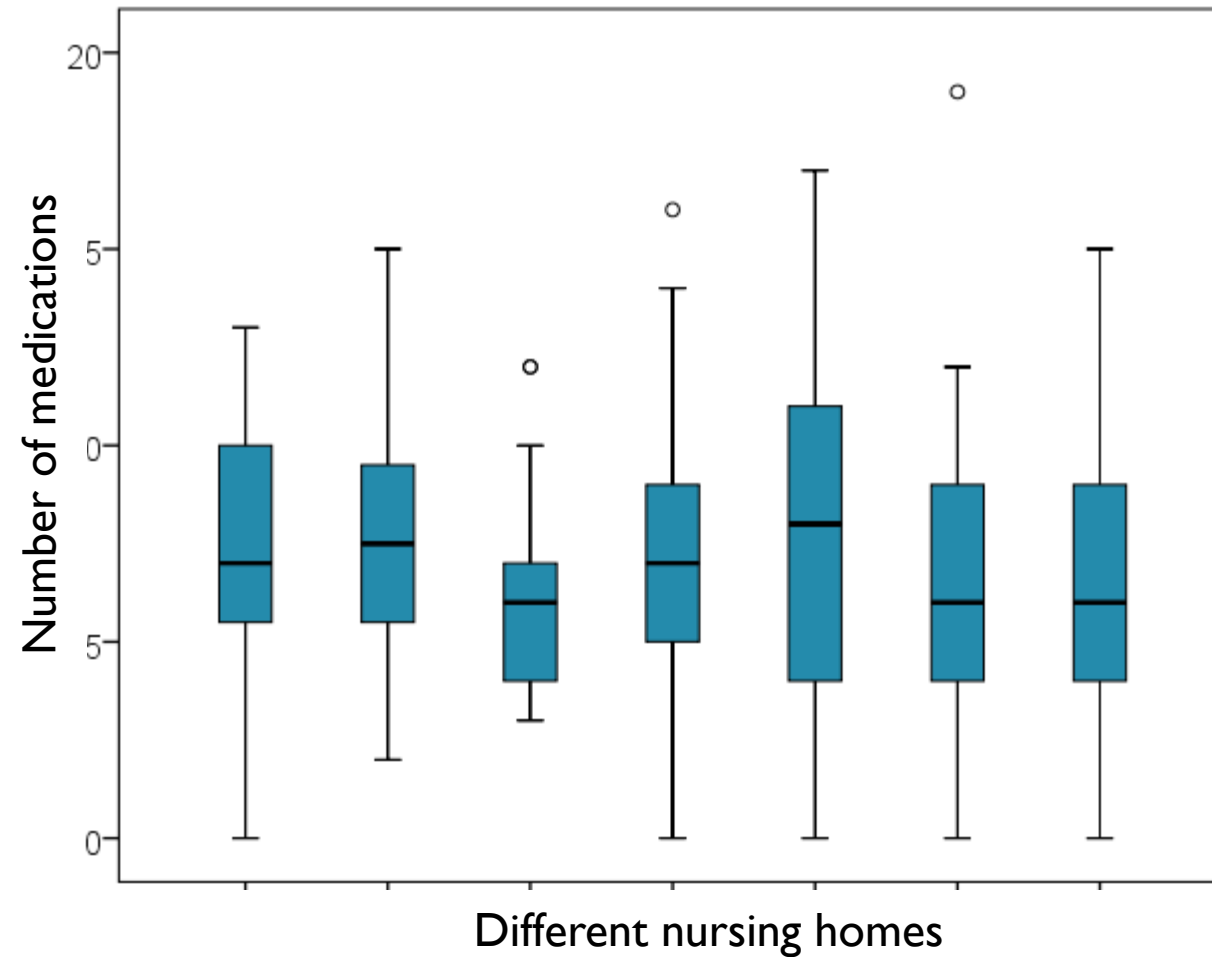
## RATE OF POLYPHARMACY

- Mean 7,3(0 - 21) SD 3,7
- **Mean 6,8**(0 -19) SD 3,5 without tear drops, vit/minerals en other supplements
- 73% of the residents take 5 of more medications a day = polypharmacy
- 50% of the residents take between 5 and 9 medications a day





# USE OF MEDICATIONS IN DIFFERENT NURSING HOMES $(P=0,089)$



## SOME FACTS

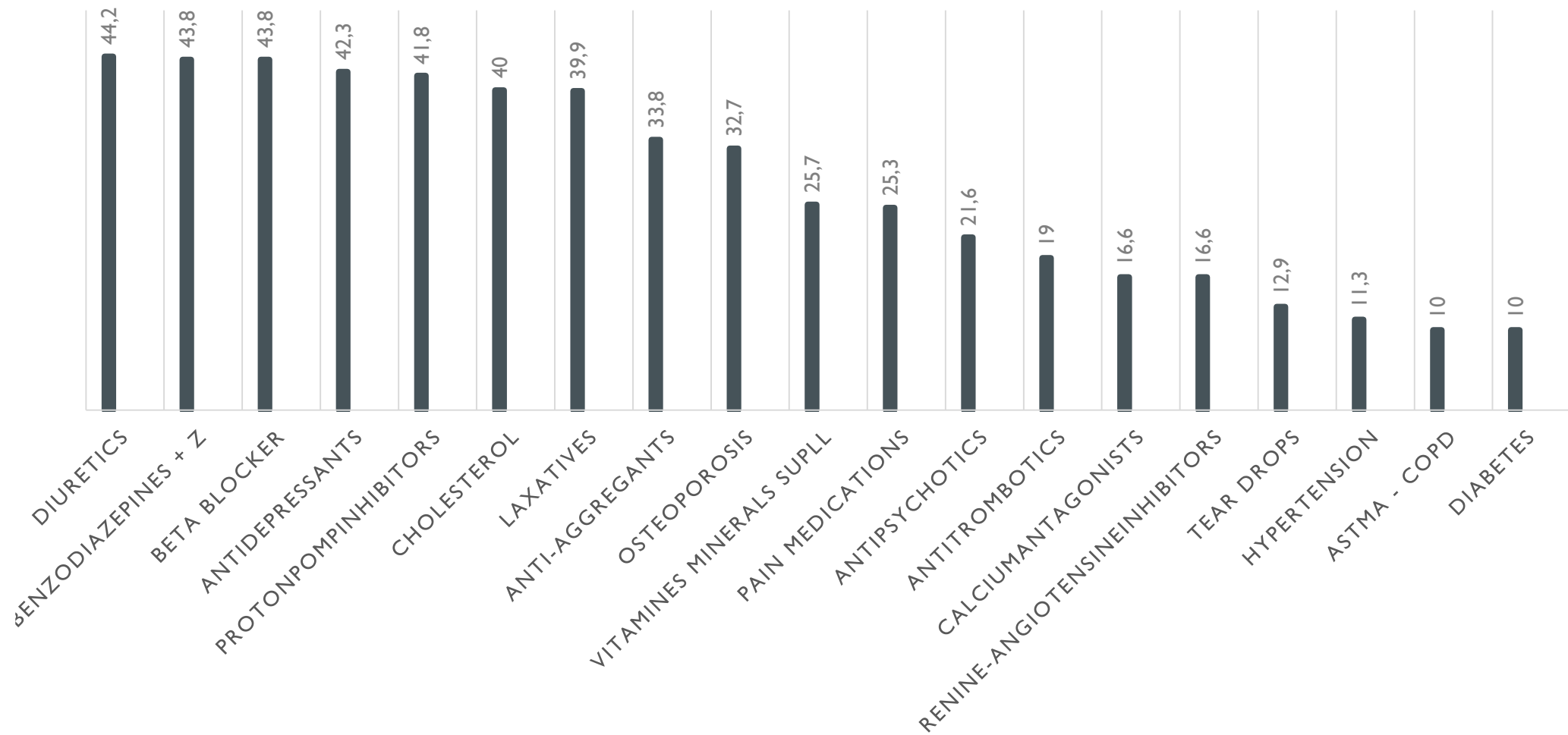
- A total of **407** different designations of medications
- Exclusive **38** different tear drops
- Exclusive **42** different vitamins, minerals and other nutritional supplements
- = **487**  
(no different doses taken in account)

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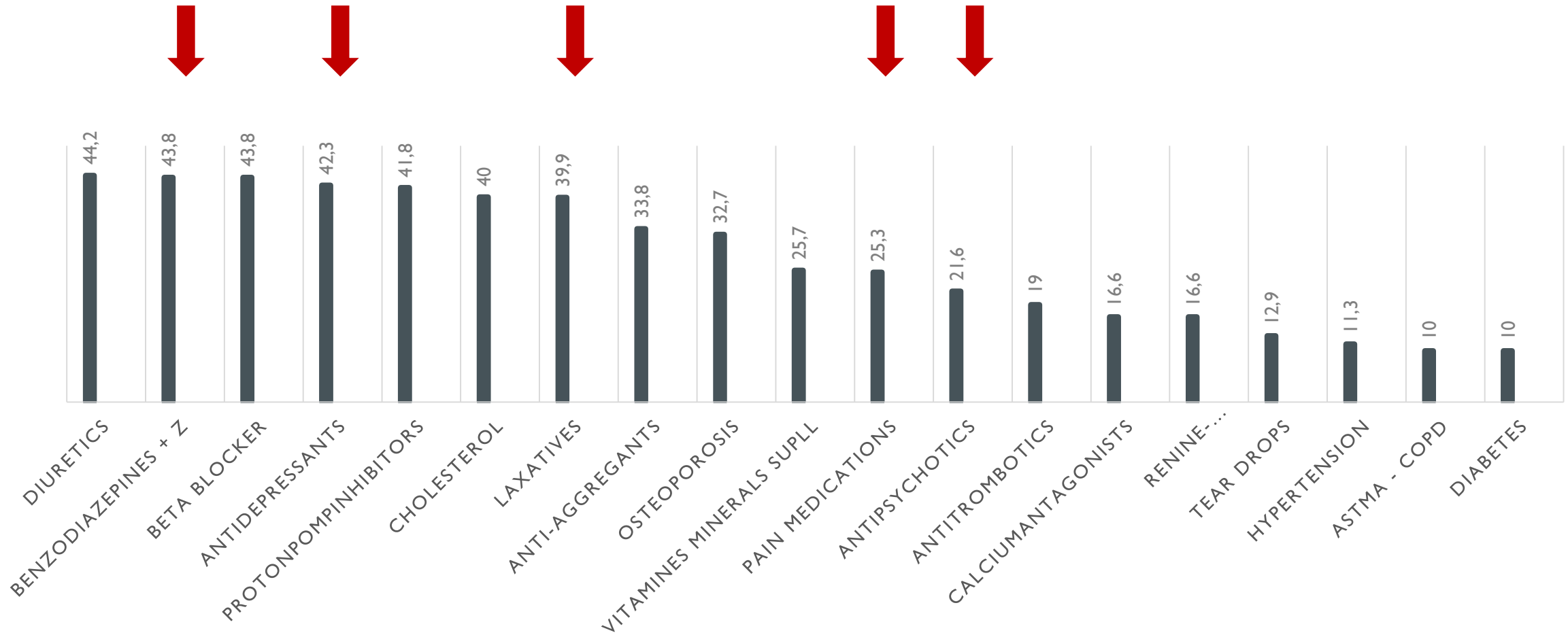


"We've run out of things to name our drugs.  
It's time to invent some new alphabet letters."

## USE OF MEDICATIONS (%)



# PRESCRIBING PATTERN RELATED TO NURSING PROBLEMS





# ■ QUESTION I

## VZW CURANDO VERSUS EVIDENCE

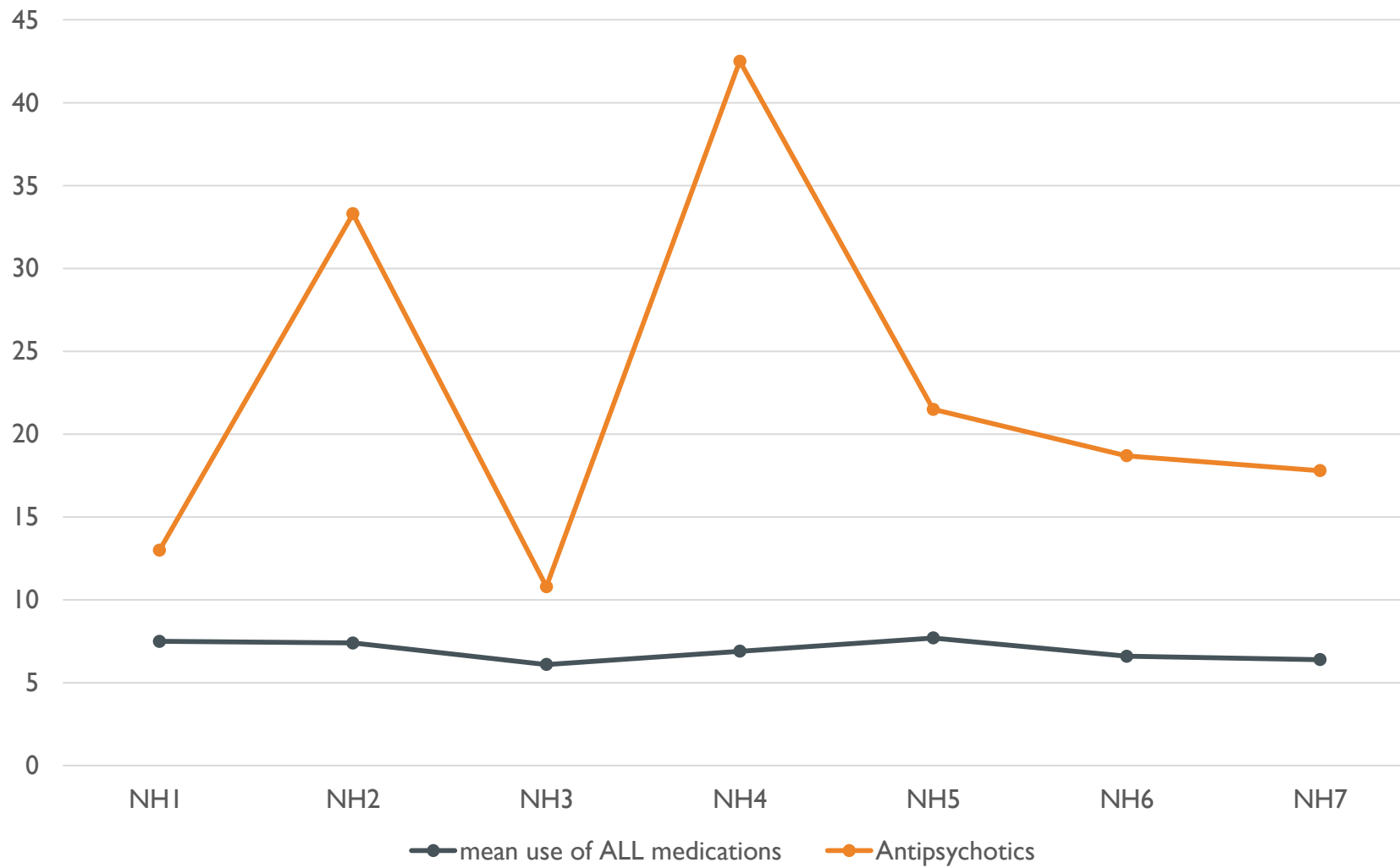
	<b>Curando</b>	<b>Evidence</b>	<b>Reference</b>
Polypharmacy (5 or more M)	73%	40% - 68% - 88%	Hamilton et al., 2009; Vetrano et al., 2013;VIP, 2013
Excessive polypharmacy (10 M or more)	23%	17% - 44%	Vetrano et al., 2013;VIP, 2013
Mean rate of medications	6,8	7	Gnjldic et al., 2012;

## VZW CURANDO VERSUS EVIDENCE

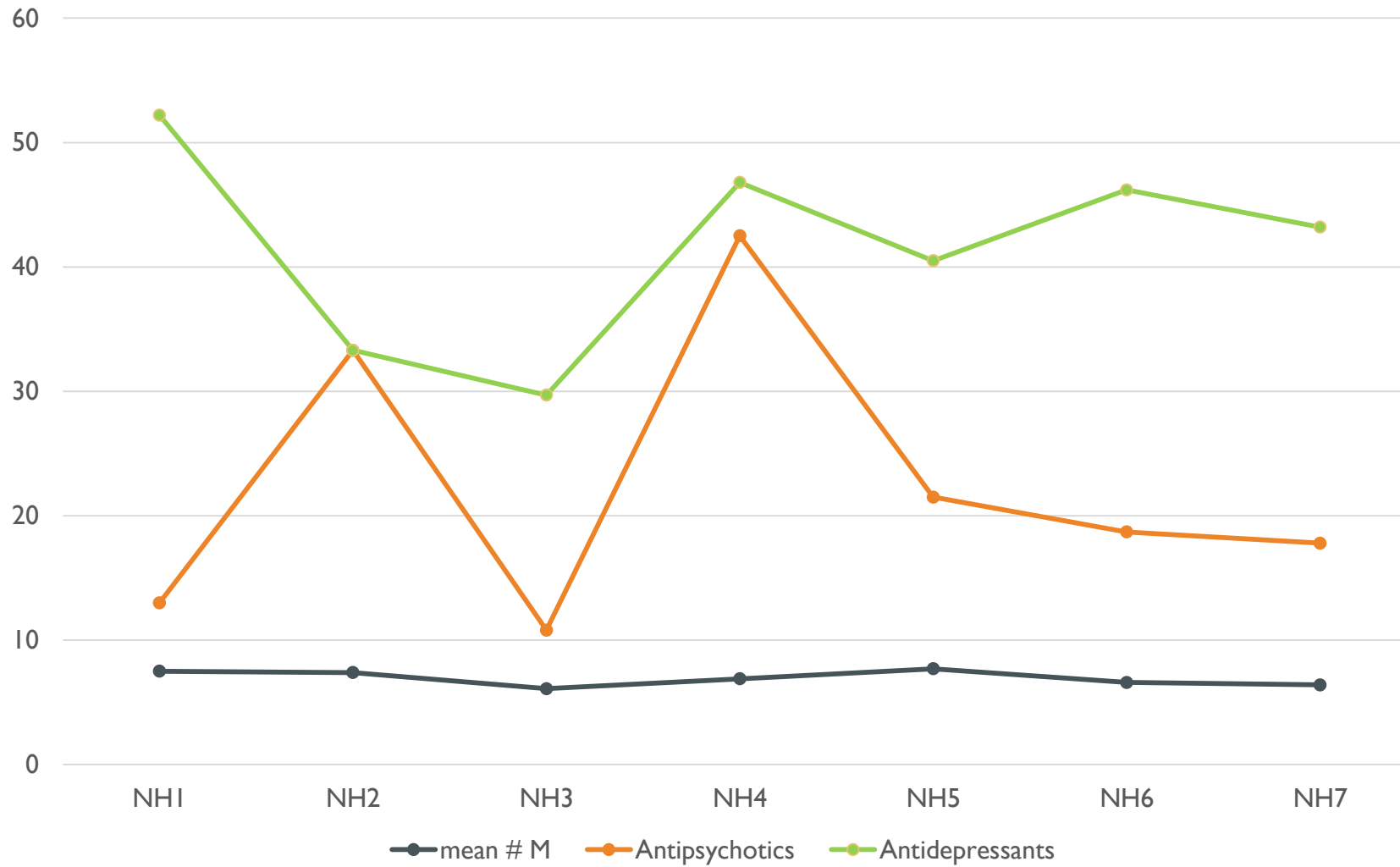
Medication	Curando	Evidence	Reference
Antipsychotics	22%	18% - 36%	Verhoeven et al., 2014; Vetrano et al., 2013;
Antidepressives	42%	32% - 42% - 46%	Vetrano et al., 2013; Verhoeven et al., 2014; Phebe, 2006;
Benzodiazepine and Z	44%	30% - 35% - 49% - 58%	Bourgeois et al., 2014; Vetrano et al., 2013; Phebe, 2006; Verhoeven et al., 2014
Pain medication	25%	30% - 42%	Vetrano et al., 2013; Phebe, 2006
Laxatives	40%	49% - 49%	Phebe, 2006; Vetrano et al., 2013;
Osteoporosis	33%	15%	Vetrano et al., 2013;
Nutritional supplements	26%	3%	Vetrano et al., 2013;



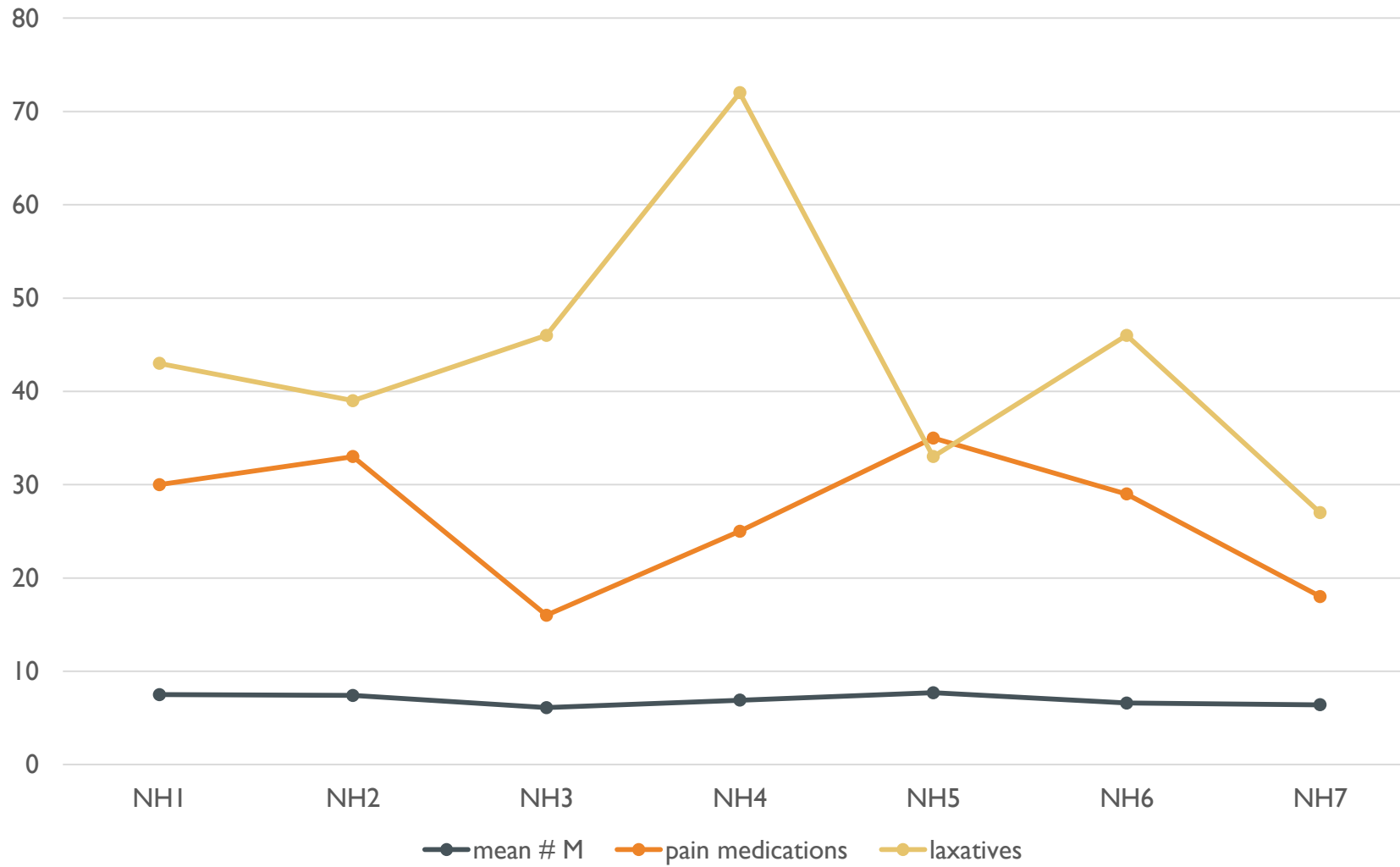
## Use of antipsychotics



## Use of antipsychotics and antidepressants



## Use of pain medications and laxatives



## DISCUSSION

- **Sample**, not all residents included.
- Only view on quantity of the use of medications. No link with medical history of the resident.
- Focus on medications related to nursing problems: laxatives, pain medication, benzodiazepines, antipsychotics and antidepressants.
- **Pain**: do residents experience less pain or is there a lack of observation of pain?
- Flemish **indicator** project VIP2:  
indicator G = chronic use of medications with systemic effect.
- Number of medications < number of pills.
- Number of medications < number of medications x different doses.

# POSSIBLE EVIDENCE-BASED INTERVENTIONS

## Kojima et al., 2012

- **Calculation costs:** two geriatric physicians checked lists of medication of all residents who took 9 or more medications n=74 (46%).
- 151 recommendations to general physicians. 86% was accepted.
- **Decrease of medications 16.6 -> 15.5**
- Significant decrease of costs
- A decrease of cost of time (**caregivers**) for administering of medication

## Azermai et al., 2015

- Intervention study in 2 NH/119 residents
- Education (control) versus education and I/I support (intervention)
- Only education showed small effect.
- Intervention group:
  - Use of benzodiazepines from 50% to 38%
  - Use of antidepressants from 42% to 36%
  - Use of antipsychotics from 21% to 17%

# CONCLUSION

- 73% of the residents take 5 or more medications a day
- 1/4 excessive polypharmacy
- Top 5 symptom-based medications are benzodiazepines (44%), antidepressants (42%), laxatives (39%), pain medication (25%) and antipsychotics (22%)
- Nurses can focus on sleep quality, depression, constipation, pain and behavioural and psychological symptoms.

# CREATING AWARENESS

## Polypharmacy in elderly in nursing homes: how nurses can contribute to deprescribing medications.

Katrin Gilly, MScN, RN, Sarah Steckel, MScN, RN, Serina Launby, RN, Dirk Lips, PhD

Abstract ingeleend voor oral presentation tijdens het congres "Caring for older people: How can we do the right things right?" Rotterdam, 4-7 oktober 2025

### Background and introduction

Polypharmacy is common among the elderly and is known as a risk factor for important morbidity and mortality. Guidelines on polypharmacy are now often developed for physicians. They appear beneficial in terms of reducing inappropriate prescribing. Numerous medications are prescribed at the request of nurses according to the corresponding nursing problem, while non-pharmacological interventions are available but not applied by a lack of implementation strategies.

### Aim

The aim of the study was to determine nurse-related prescribing patterns of medications in nursing homes.

### Materials and methods

A cross-sectional study in a consortium of 7 Flemish nursing homes was set up in April 2025. Demographic characteristics, Katz score, the number and classes of medications, use of polypharmacy >5 drugs (per day) and polypharmacy >10 drugs (per day) were recorded. Tweedrops, vitamins, minerals and suppletion products were not included in the rate of polypharmacy.

### Results

Medication reports of 455 residents (response rate 59%) were included. The mean age was 85 years and 73% of the residents were female and the mean age was 85 years. A total of 427 different medications were prescribed by 264 primary care physicians. The mean daily number of medications was 6,8 per person (range 0 - 35). 73% of the residents took 5 or more medications a day, 50% between 5 - 9 medications and 27% took 10 medications or more. For 44% of the residents benzodiazepines or Z-medications were prescribed, 42% received antidepressants, 40% laxatives, 35% pain medications and 21% anti-psychotics.

### Discussion and conclusion

The prevalence of polypharmacy in elderly in nursing homes is still high. In contrary the percentage of residents receiving pain medications is lower than in other studies. It's unclear if this can be explained by a more appropriate way of prescribing or by a lack of measuring pain in elderly by care givers. Nurses can have an important role in reducing polypharmacy in elderly in nursing homes by implementing alternative approaches for reduced quality of sleep, symptoms of depression, obstipation and changed behavior. Future longitudinal studies should focus on the effect of these alternative approaches on prescribing patterns of medications.



odineo

## facts & figures medicatiegebruik C

WOC	total informed consent	% bew
WOC 1	23	51
WOC 2	36	28
WOC 3	37	49
WOC 4	40	51
WOC 5	79	90
WOC 6	91	54
WOC 7	146	69

### Algemene kenmerken

73% vrouwen - 27% mannen

Gemiddelde leeftijd 85,8 jaar (39 - 90)

Forfait O 6%

Forfait A 12%

Forfait B 39%

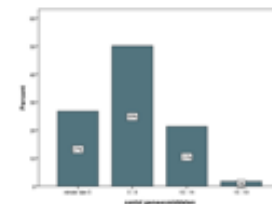
Forfait C 15%

Forfait CD 38%

Aantal huisartsen = 164

### Aantal geneesmiddelen

- Gemiddeld 7,3(0 - 35)
- Gemiddeld 6,8(0 - 35) oogdruppels en v
- 73% neemt 5 of n = polyfarmacie





# INTERVENTIONS RELATED TO NURSING PROBLEMS

Analysis of medication files

Sleep medication

Pain medication

Antidepressants

Antipsychotics

Laxatives

Supplements

Exploration

Knowledge and attitude

Intervention/action

Airbreeze

Person centered care – reminiscence

Nutrition

Interdisciplinary team: approach => intervention/action/more evidence?

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# NURSES' KNOWLEDGE AND ATTITUDE TOWARDS MEDICATION

- AIM

The aim of this descriptive study was to determine the knowledge of nurses in nursing homes about psychotropic medications and to identify their willingness or barriers to discontinue the use of antipsychotics in residents.

Another aim was to determine the practice of observation of pain in elderly and the knowledge of laxatives by nurses.

# NURSES' KNOWLEDGE AND ATTITUDE TOWARDS MEDICATION

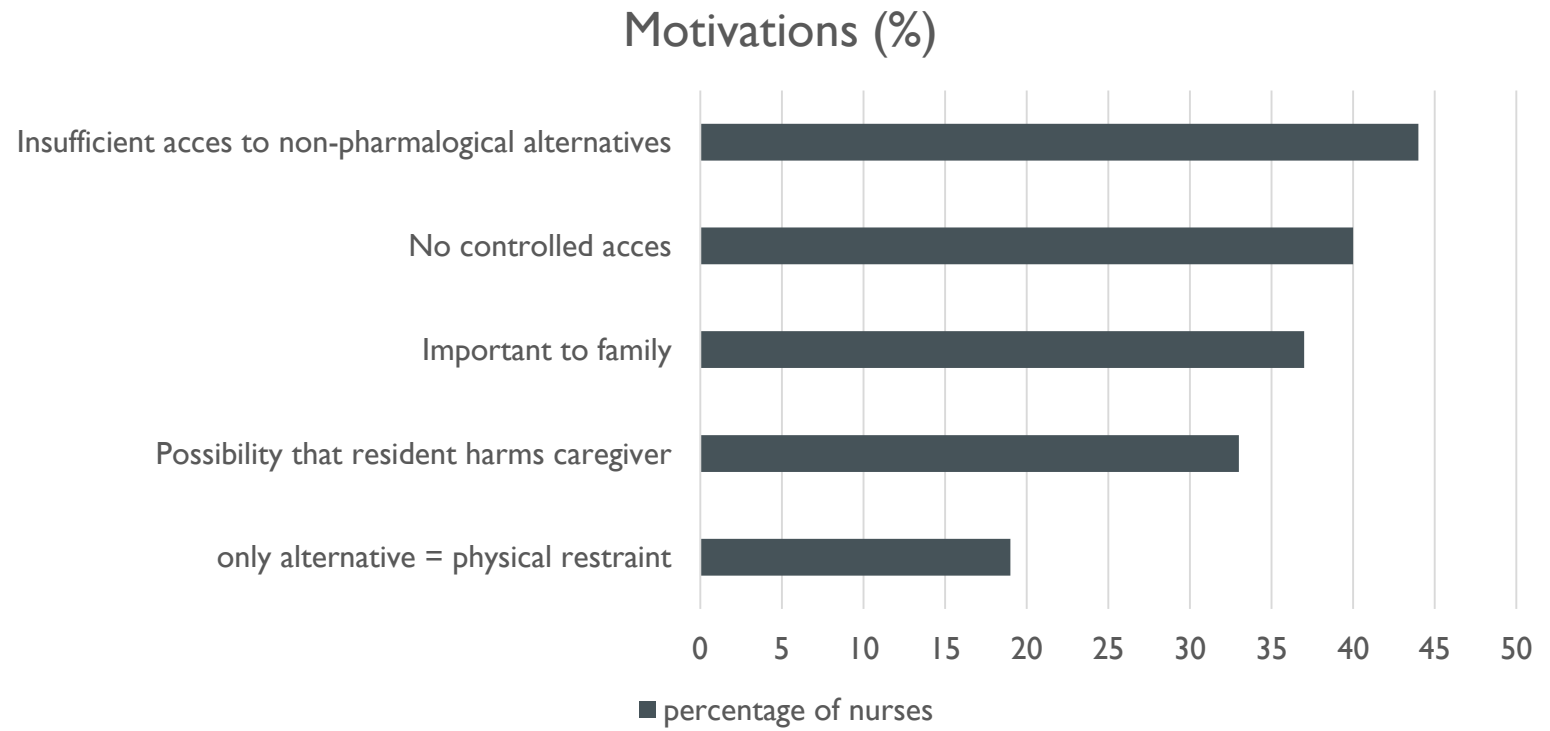
## Method

- Online survey (Qualtrics)
- The Psychotropic Education And Knowledge test for nurses in nursing homes (Perehudoff et al., 2015) 19Q
- 2Q selfperception of knowledge
- Barriers to discontinuation of chronic benzodiazepine and antipsychotic use in nursing home residents (Bourgeois et al., 2014; Azermay et al., 2015) 18Q
- 2Q competence & willingness to discontinuation of psychotropics
- 4Q observation of pain
- 5Q knowledge laxatives

Description of the participants	%
Female	95%
Age	42 y (22y – 64y)
Extra education pharmacologie	37%
Nurse	83%
Headnurse	17%
Graduated	64%
Bachelor	36%
Workexperience 0-5 years	16%
Workexperience 6-15 years	26%
Workexperience > 15 years	59%

# NURSE AS CATALYST IN PRESCRIBING PSYCHOTROPIC MEDICATION

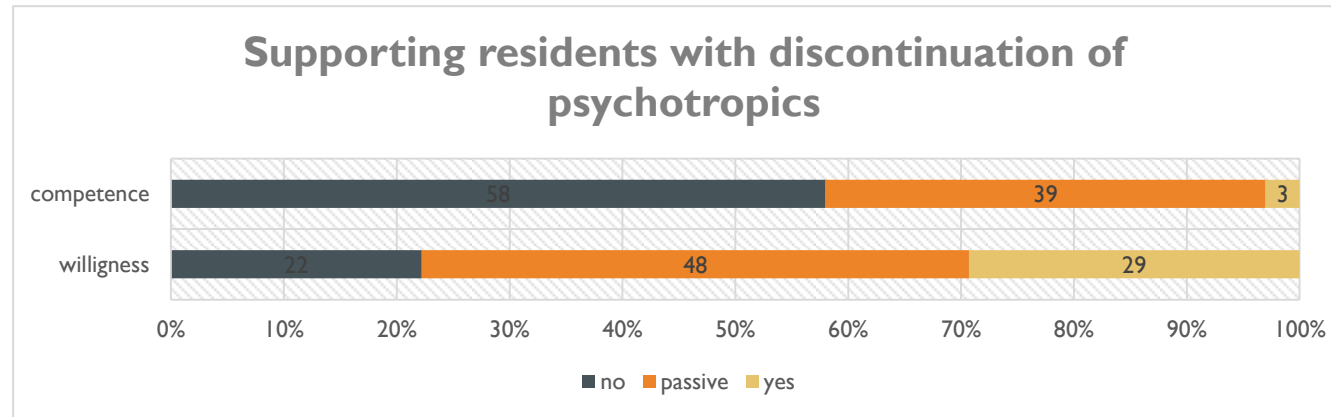
56%





## ■ QUESTION 2

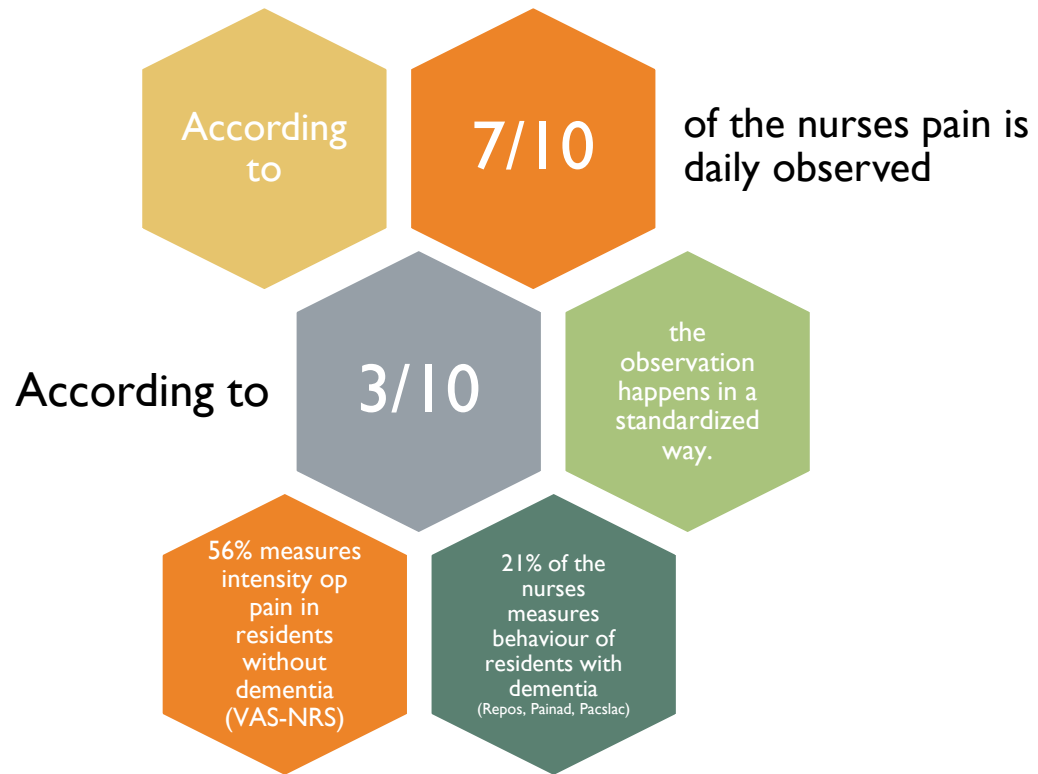
# SELFPERCEPTION OF COMPETENCE & WILLIGNESS TO DISCONTINUATION OF PSYCHOTROPICS



	SELFPERCEPTION	RESULT
Sleep medication	59%	55% (0-86%)
Psychotropic medication	54%	61% (0-89%)

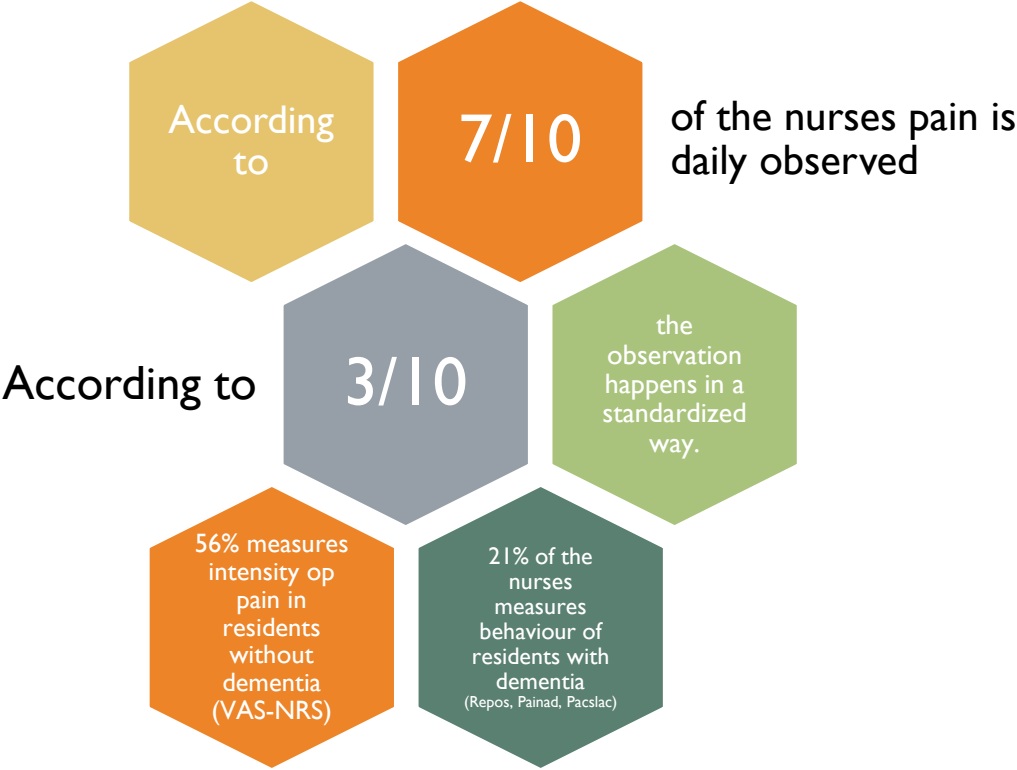


# OBSERVATION OF PAIN

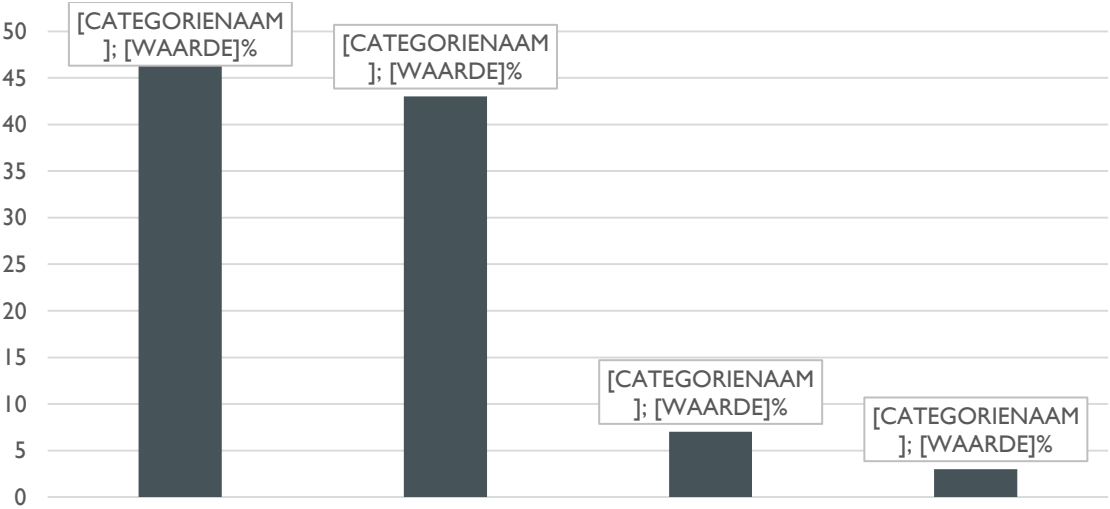


# OBSERVATION OF PAIN

# & KNOWLEDGE ABOUT LAXATIVA

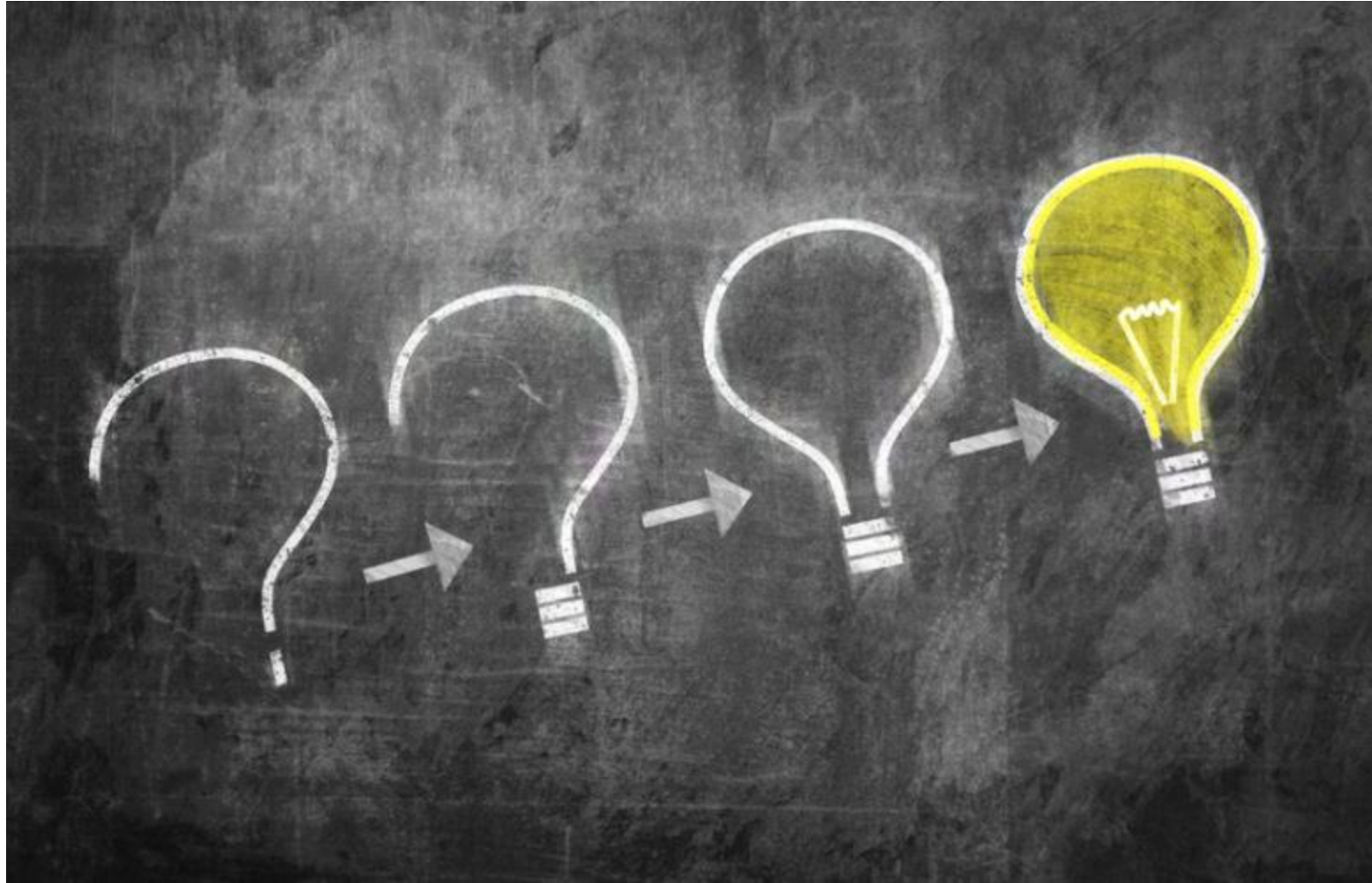


Wich product ensures a prickle of the intestine and may only be used short-term?



# CONCLUSIONS AND IMPLICATIONS FOR PRACTICE

- Knowledge about psychotropic medication is low, but similar to other studies (Perehudoff et al., 2015).
- 1/3 of the nurses showed willingness to discontinue the use of psychotropics.
- Education about pharmacotherapy and alternatives for pharmacotherapy is the first step.
- Motivation of all stakeholders is an important barrier. Cognitive behaviour therapy can be used as an effective method to motivate residents (Montgommery, 2003).
- To a more standardized observation of pain.
- To more knowledge about obstipation and his treatment.



# INTERVENTIONS RELATED TO NURSING PROBLEMS

Analysis of medication files

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Interdisciplinary team: approach => intervention/action/more evidence?

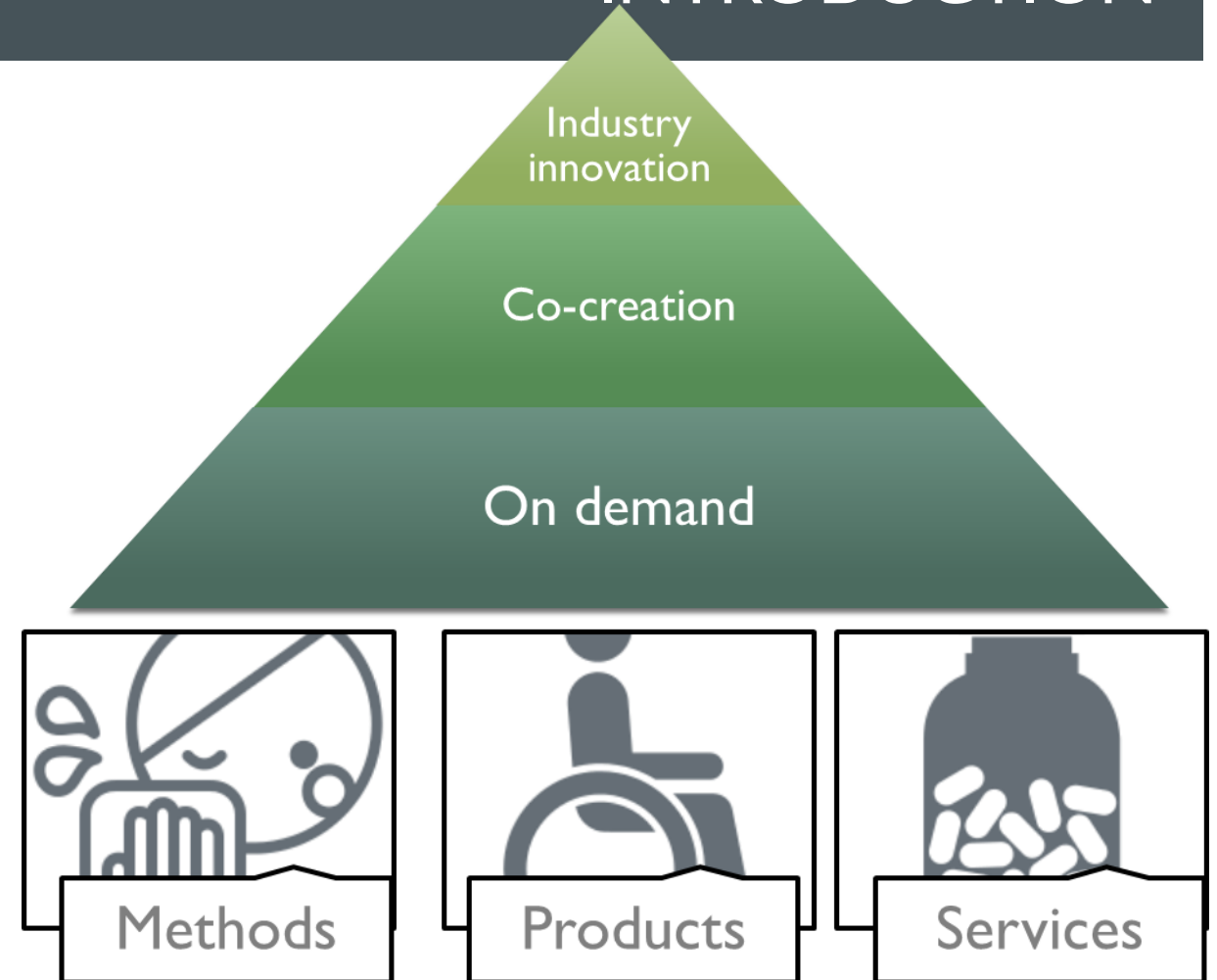
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# EFFECT OF AN AIRBREEZE MATTRESS AND CUSHION COVER ON SLEEP COMFORT AND QUALITY IN ELDERLY IN NURSING HOMES

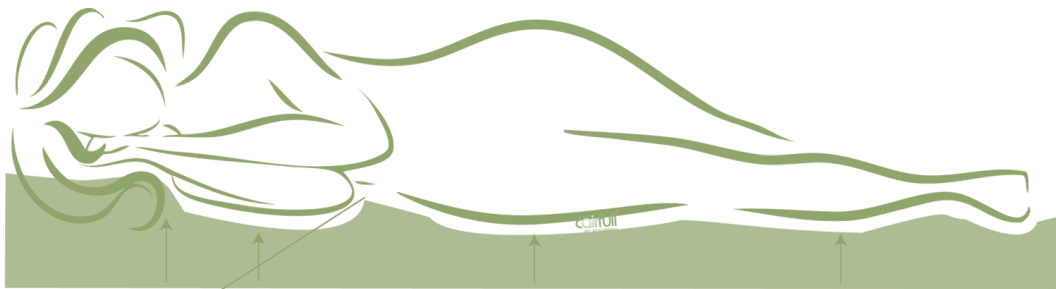
## RESULTS OF A RCT

# INTRODUCTION

- Mattresses in nursing homes: tempur covered with impenetrable layer
- Pressure versus ventilation
- Structure of Bekaert Textiles
- Development in co-creation of product: mattress and cushion cover by Bekaert Textiles – Curando
- Pilote study, RCT, 3 months
- Inclusive process of washing Malysse



To investigate the effect of an Airbreeze mattress and cushion cover on quality of sleep in residents in nursing homes.



cairfull  
air circulation

The 3D structure of Cairfull creates a layer of air between body & foam :

- 😊 distributed pressure points
- 😊 optimised airflow





# METHODS

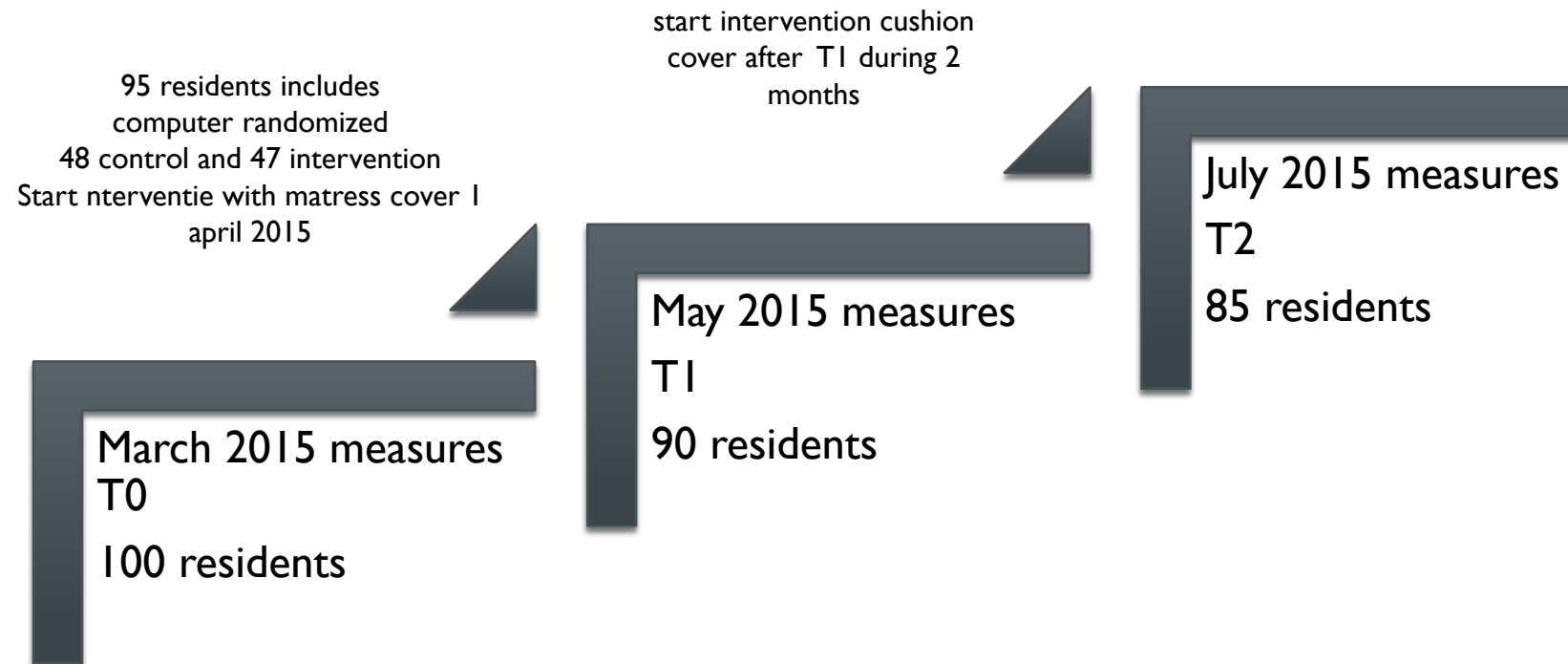
- Randomized longitudinal intervention study during 3 months in 3 nursing homes
- Inclusion: residents with cognition Katz 1-1 and informed consent
- Comfort
- Pittsburgh Sleep Quality Index (PSQI)

## PSQI\*

- 18 questions/7 subscales
  - Duration of sleep
  - Sleep disturbance
  - Sleep latency
  - Day dysfunctioning due to sleepiness
  - Sleep efficiency
  - Overall sleep quality
  - Needs med for sleep
- **Total** = sum of all subscales = sleep quality PSQI
- Higher score = worse sleep quality

\* Developed by Buysse,D.J., Reynolds,C.F., Monk,T.H., Berman,S.R., and Kupfer,D.J. of the University of Pittsburgh using National Institute of Mental Health Funding. Buysse DJ, Reynolds CF, Monk TH, Berman SR, Kupfer DJ: Psychiatry Research, 28:193-213, 1989.

# INCLUSION OF THE RESIDENTS

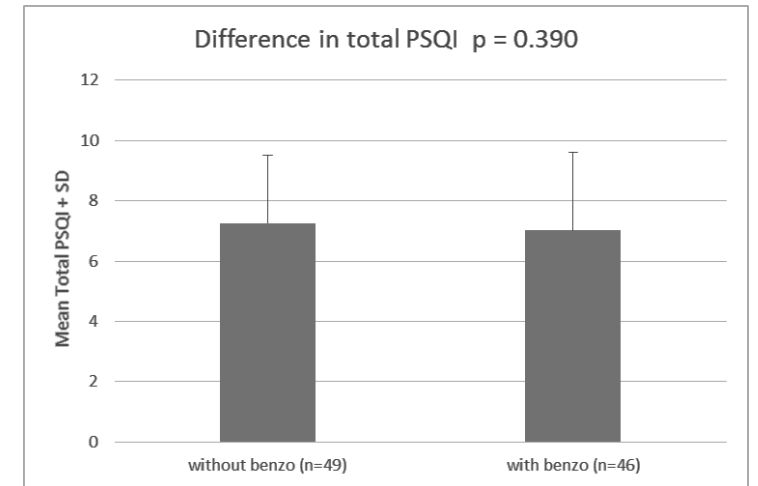
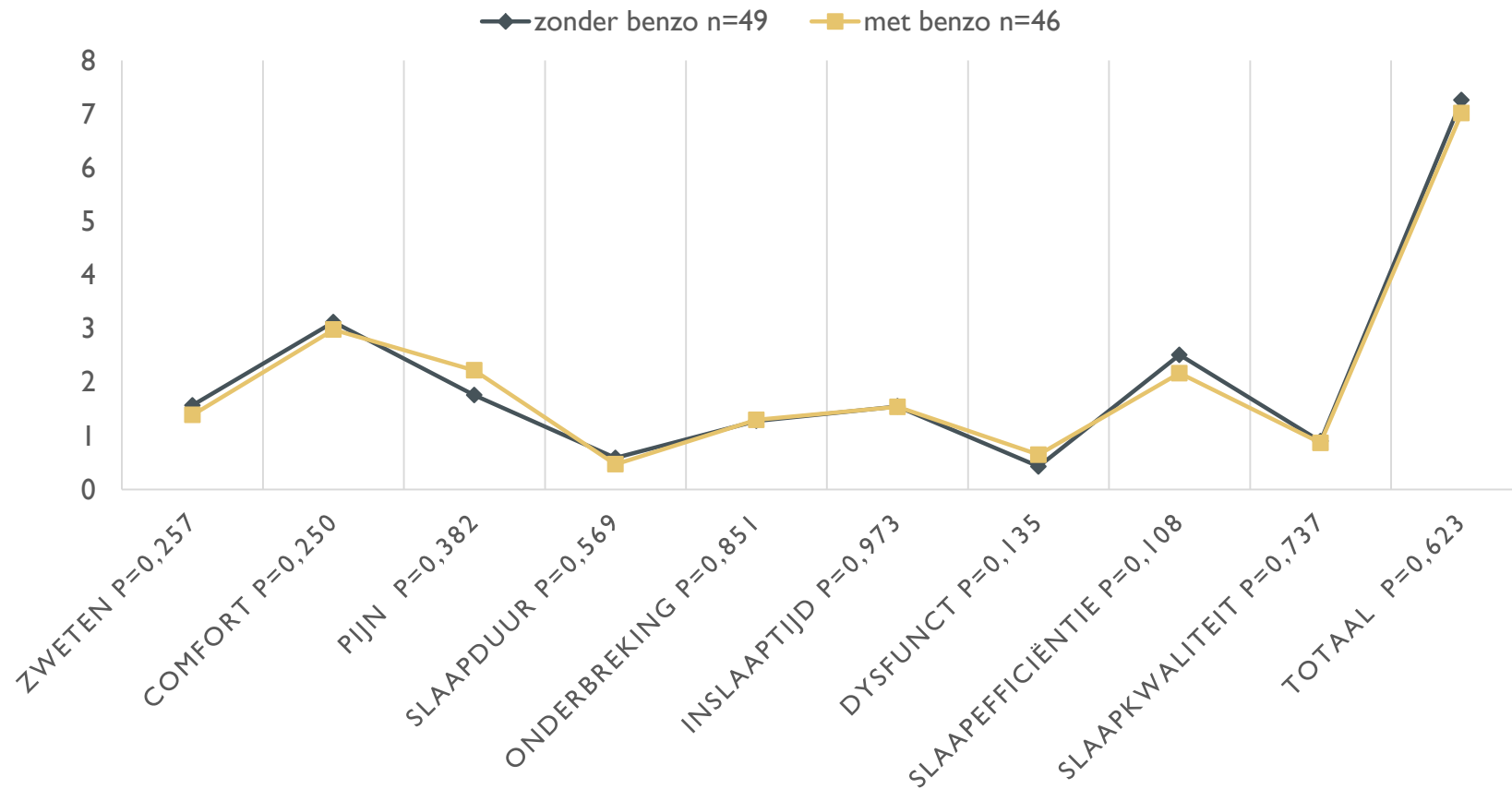


# DESCRIPTIVE RESULTS: CONTROL - INTERVENTION

n=95 (100%)		Control n=48	Intervention n=47	Significance
nursing home	NH1	n=33	n=33	
	NH2	n=10	n=10	
	NH3	n=5	n=4	
gender				p=0,880
	male	17%	15%	
	female	34%	35%	
mean age (SD)		86.1y (5.9)	83.7y (8.5)	p=0.115
mean weight (SD)		73.3kg (15)	69.8kg (12)	p=0.232
use of benzodiazepines		22%	26%	p=0.474

n=95	Control	Intervention	Significance
Sweating (0 - 4)	1.5 (SD 0.74)	1.47 (SD 0.80)	p=0.760
Comfort (0 - 4)	3.08 (SD 0.54)	3.02 (SD 0.68)	p=0.021
Pain (0 - 10)	2.17 (SD 2.36)	1.79 (SD 2.76)	p=0.473
PSQI mean (SD)			
sleep duration	0.44 (SD 0.87)	0.63 (SD 1.05)	p=0,725
disturbance	1.33 (SD 0.52)	1.25 (SD 0.44)	p=0.319
insleep time	1.47 (SD 1.03)	1.61 (SD 1.11)	p=0.546
dysfunctioning	0.54 (SD 0.74)	0.53 (SD 0.72)	p=0.940
sleep efficiency	2.20 (SD 1.07)	2.48 (SD 0.95)	p=0.401
sleep quality	0.93 (SD 0.38)	0.82 (SD 0.43)	p=0.485
use of sleep medication	1.31 (SD 1.50)	1.59 (SD 1.51)	p=0.474
<b>Total PSQI</b>	<b>8.25 (SD 2.78)</b>	<b>8.96 (SD 2.73)</b>	<b>p=0.214</b>
good sleep quality	n=8	n=4	p=0.375
bad sleep quality	n=40	n=43	

# DESCRIPTIVE RESULTS: DIFFERENCE IN SLEEP QUALITY BETWEEN BENZODIAZEPINE USERS AND NON-USERS



Baseline differences in total PSQI between users and non-users of benzo's

## BARRIERS TO DISCONTINUATION OF CHRONIC BENZODIAZEPINE USE IN NURSING HOME RESIDENTS: PERCEPTIONS OF GENERAL PRACTITIONERS AND NURSES (BOURGEOIS ET AL., 2014)

- In 33% of the cases the general practitioner was motivated for discontinuation of benzodiazepine
- Nurses only in 13% of the cases.
- Barriers:
  - Anxiety for resistance of the resident
  - Preference for pharmacological intervention
  - Anxiety for rebound of symptoms
  - Anxiety for a higher workload
  - Opinion that discontinuation is not necessary or difficult because of the alter age of the resident
  - Alternatives = more time
  - Discontinuation of benzo is difficult because of organizational factors

# SLEEP QUALITY:

## DO YOU HAVE OTHERS REASONS FOR HAVING BAD SLEEP DURING NIGHT? N=67

### Personal factors

- Worry
- Death of relatives
- Health/getting older
- Family
- Loneliness
- Missing home
- Loss of autonomy
- Not feeling home in NH
- Weary

### Environmental factors

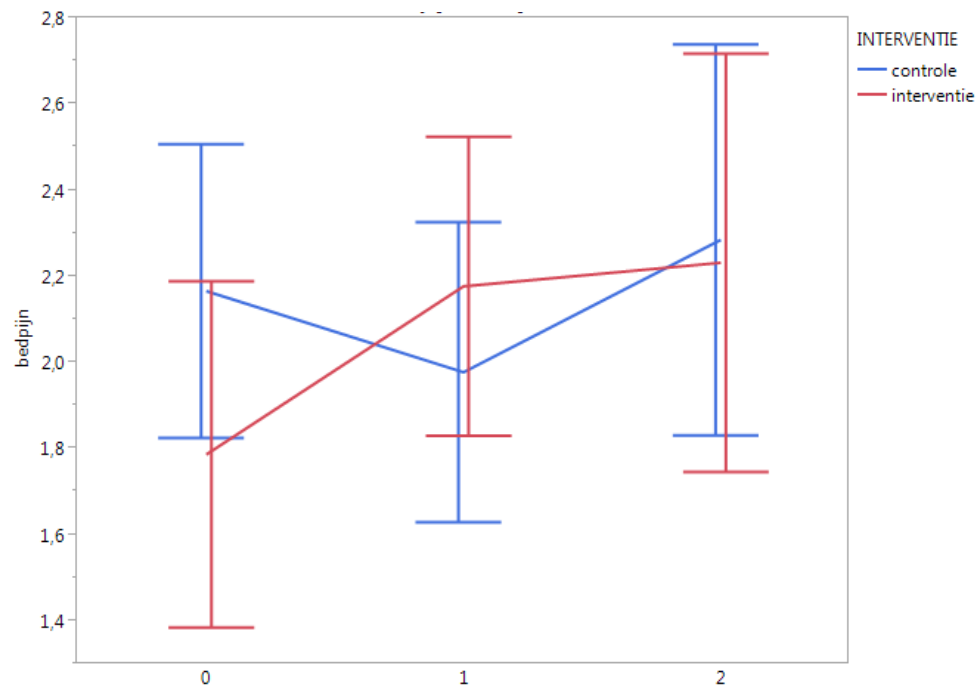
- Noise other residents
- Pain
- Practical things
- Caregivers entering the room
- Light
- Bed
- Warm
- Football

***Now that I reached this blessed age, I'm stuck***



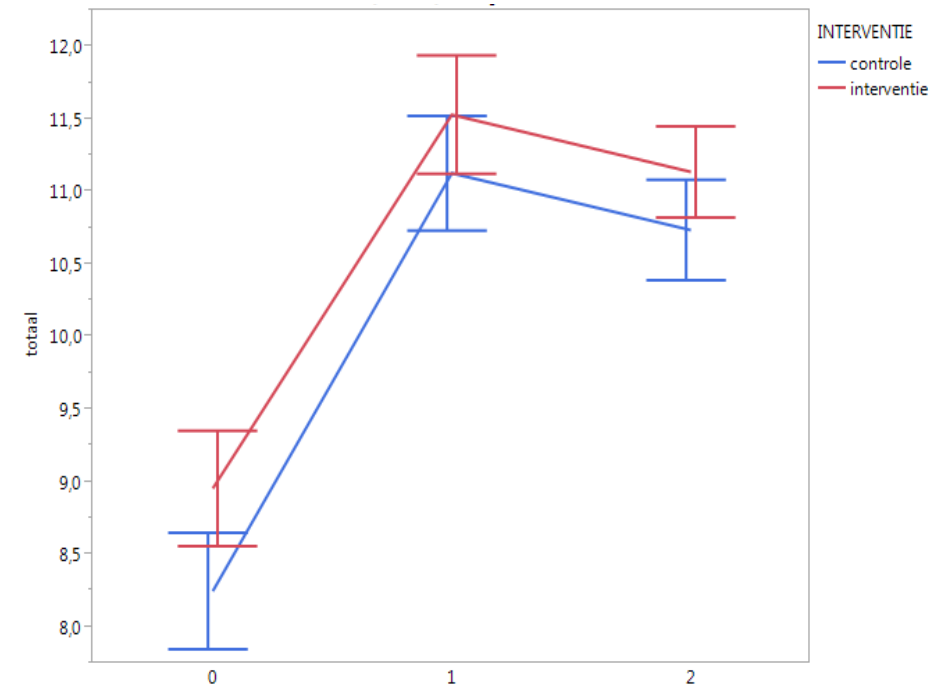
# RESULTS: EFFECT ON PAIN AND SLEEP QUALITY

Pain  $p=0,596$



Mean PAIN over time between control and intervention group  $p = 0.596$   
Each error bar is constructed using 1 standard error from the mean.

Total sleep quality  $p=0,716$

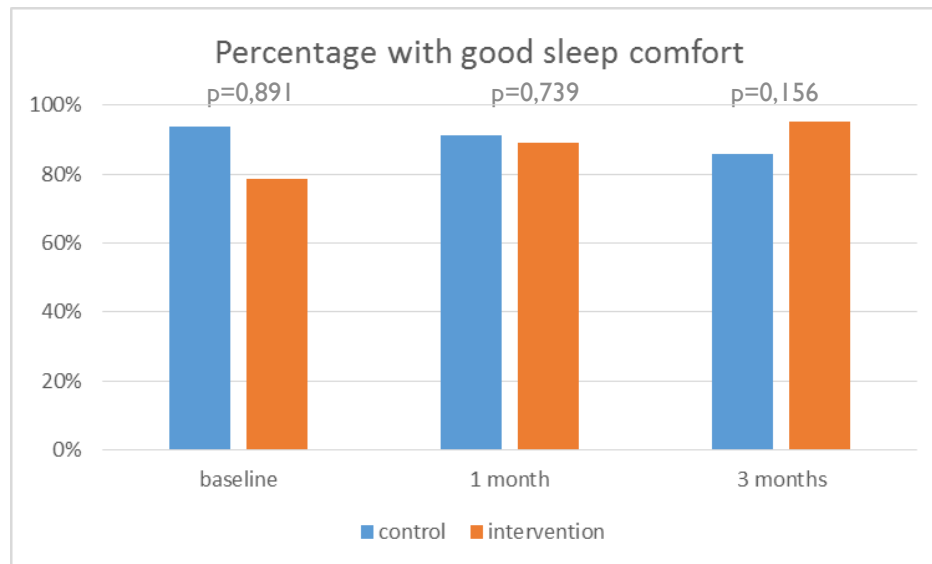


Mean TOTAL SLEEP QUALITY over time between control and intervention group  $p = 0.716$   
Each error bar is constructed using 1 standard error from the mean.

# RESULTS: EFFECT ON SLEEP COMFORT AND SLEEP DURATION

## Good sleep comfort

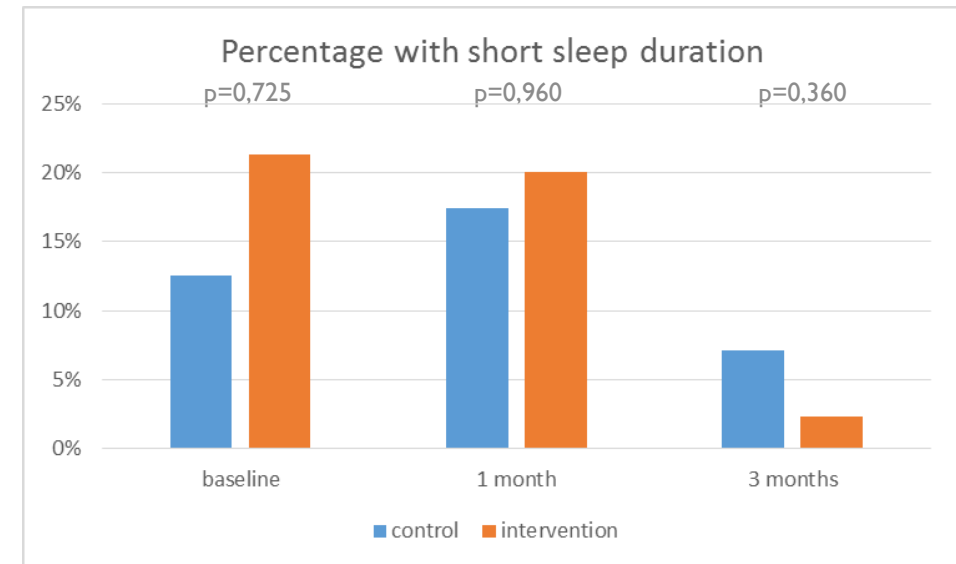
$p=0,018$



GOOD SLEEP COMFORT over time between control and intervention group  $p = 0.018$

## Short sleep duration

$p=0,004$

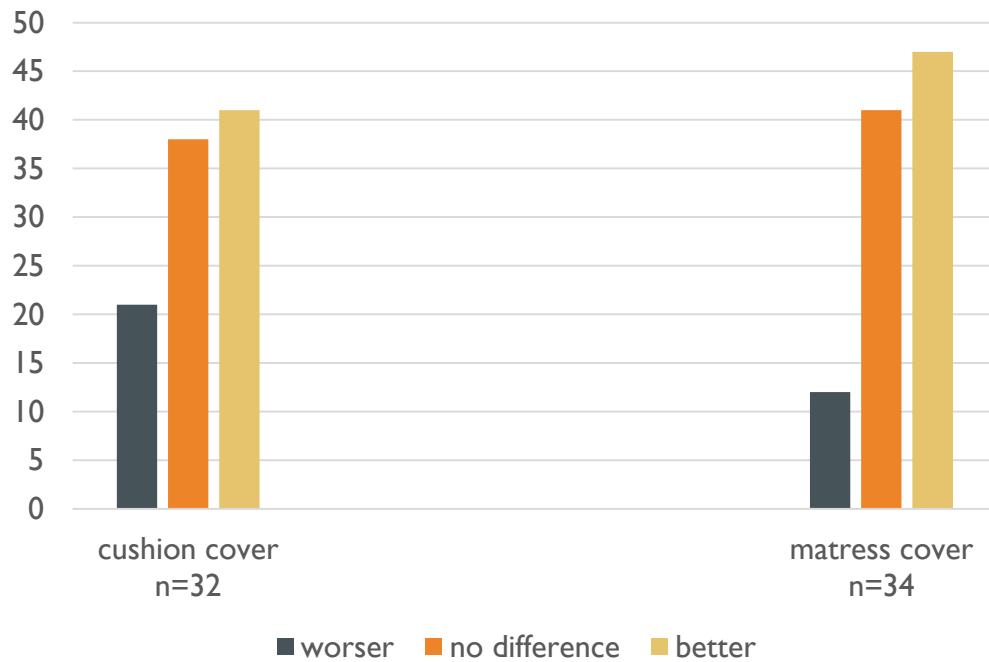


SHORT SLEEP DURATION over time between control and intervention group  $p = 0.004$



# RESULTS: EXPERIENCE AIRBREEZE

## Experience airbreeze



Matress cover 7,9/10

Cushion cover 7,7/10

# RESULTS: EXPERIENCE AIRBREEZE

- **32%** of the residents **slept better** Airbreeze (n=28).
- **72%** of the residents **who used Airbreeze cushion** cover wants to continu the use of Airbreeze for free. (n=43).
- **79%** of the residents **who used Airbreeze mattress cover** wants to continu the use of Airbreeze for free. (n=43).
- **55%** of the residents **who never used Airbreeze cushion cover** wants to use it for free (n=42).
- **48%** of the residents **who never used Airbreeze mattress** cover wants to use it for free. (n=42)

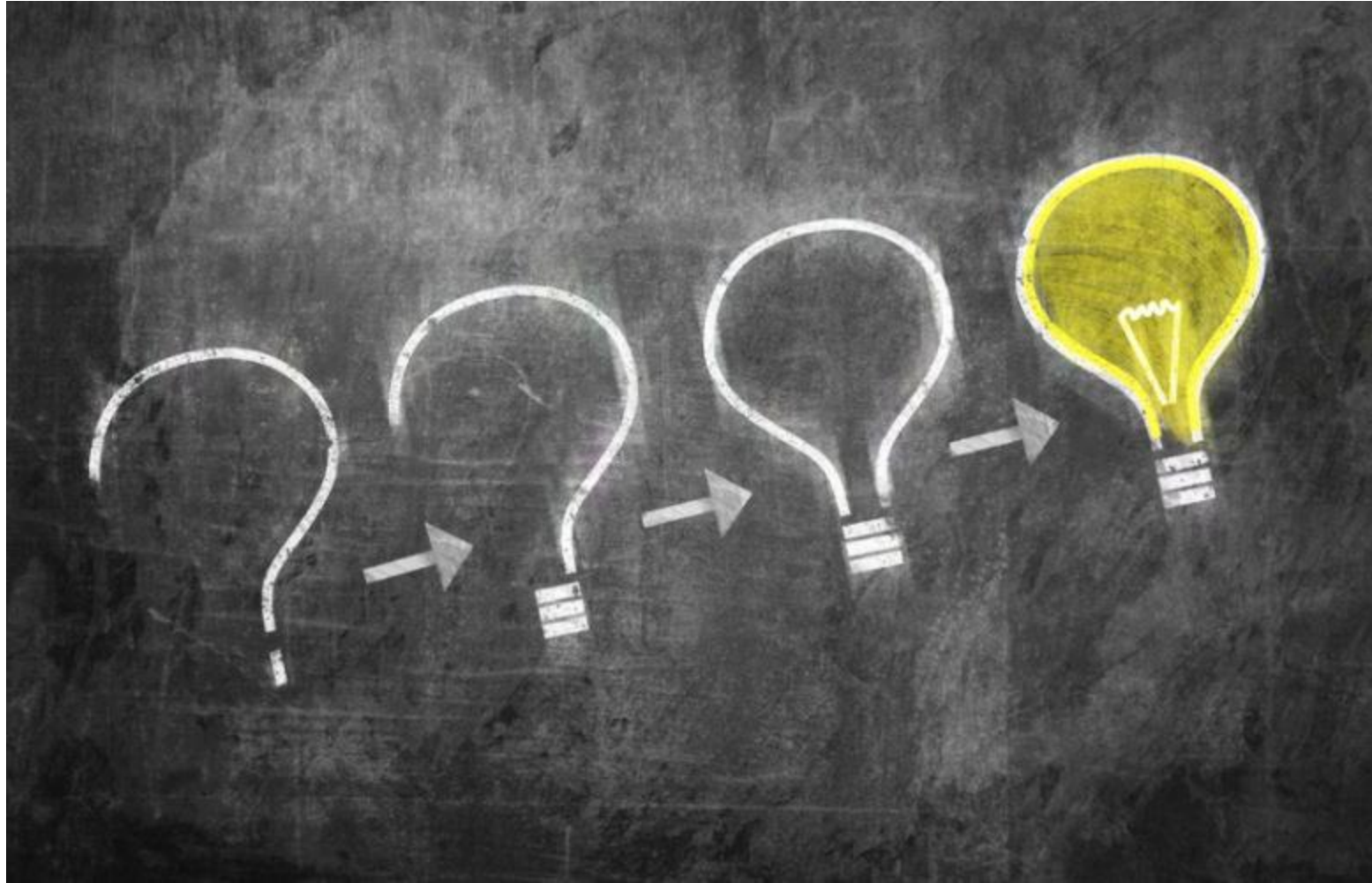
## CONCLUSION

*As shown already in a study of Bourgeois et al., (2013) benzodiazepines have no beneficial long-term effect. Alternative approaches are necessary. Despite the small number of participants, a small effect on comfort and sleep duration is shown. Airbreeze mattress and cushion cover may contribute to increase sleep quality of residents in nursing homes as part of a multiple-strategy and taking resident's preferences into account.*

# IMPLEMENTATION

- Offered to all residents depending of their personal preference
- Offered in Cura shop
- Results spread to nurses and nurse-assistants
- Results spread to residents en relatives





# INTERVENTIONS RELATED TO NURSING PROBLEMS

Analysis of medication files

Sleep medication

Pain medication

Antidepressants

Antipsychotics

Laxatives

Supplements

Exploration

Knowledge and attitude

Intervention/action

Airbreeze

Person centered care – reminiscence

Nutrition

Interdisciplinary team: approach => intervention/action/more evidence?



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# EFFECT OF INDIVIDUAL REMINISCENCE FOR OLDER ADULTS WITH MILD TO MODERATE DEMENTIA IN NURSING HOMES

RESULTS OF A THREE-ARM RANDOMISED CONTROLLED TRIAL  
VAN BOGAERT ET AL., 2016



# INTRODUCTION



Universiteit  
Antwerpen

- To stimulate reminiscence of older adults with dementia performed individually or through group sessions is a well known practice in nursing homes resulting in effects on behaviour and well-being as an alternative for medication.
- Robust scientific proof of the effectiveness of individual reminiscence therapy performed in nursing homes is sparse.
- Previous studies showed that residents who received individual reminiscence therapy had significantly less depressive symptoms.
- Lack of placebo group.

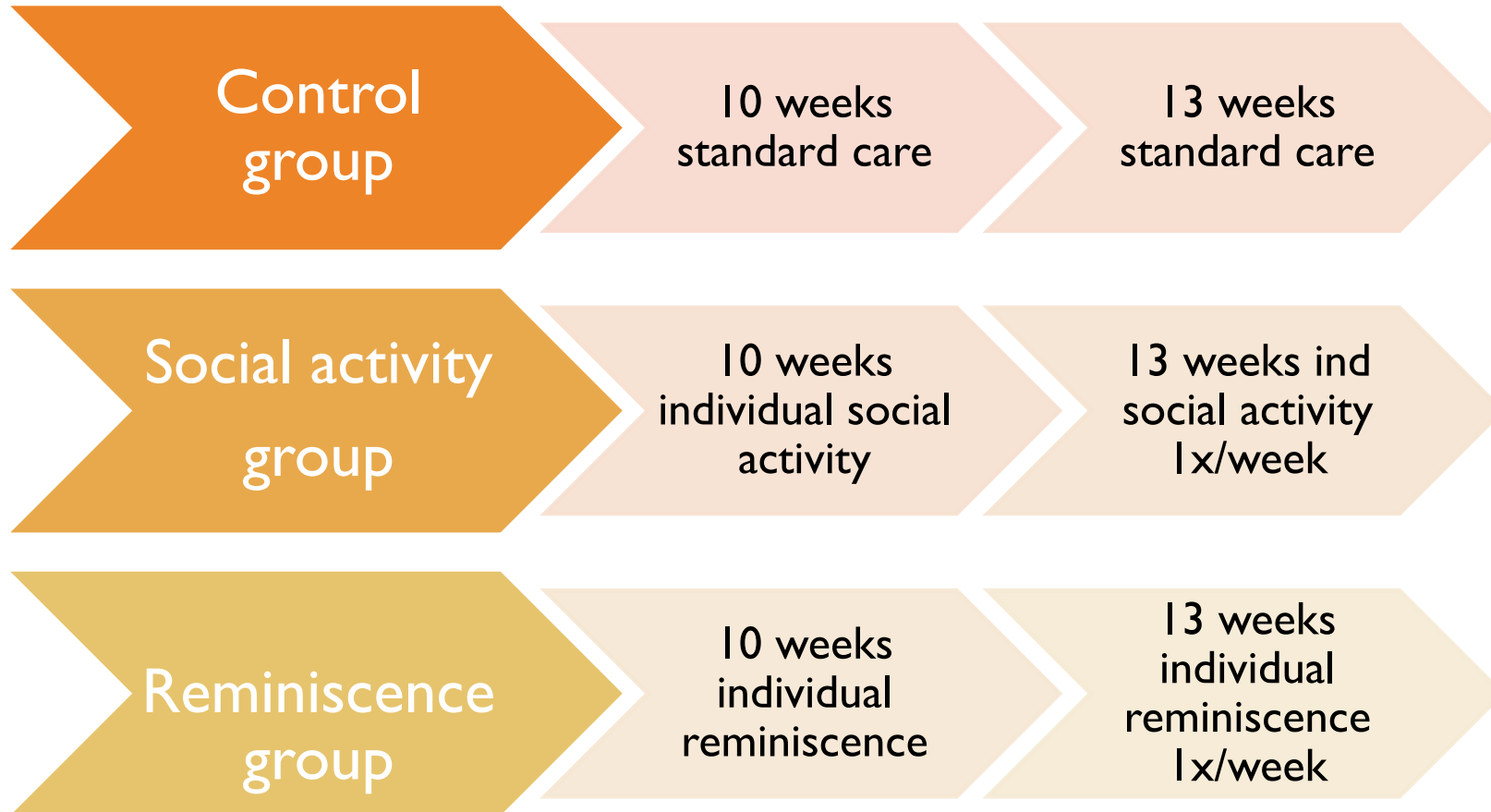
(Van Bogaert et al., 2016)



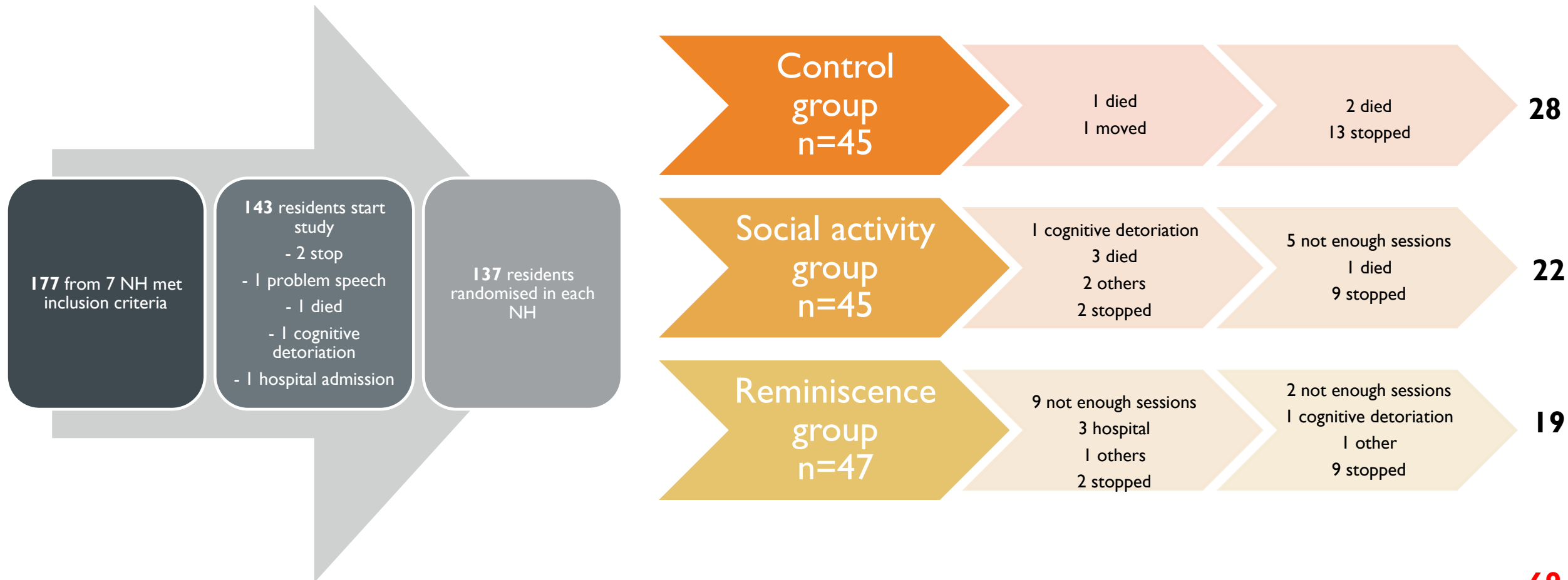
- To investigate the effect of a standardized individualized intervention based on the SolCos transformational reminiscence model on depressive symptoms, cognition and behaviour for older people with mild to moderate dementia.



# METHODS



# METHOD





katringillis

[Volgen](#)

Meld je aan om dit leuk te vinden 47 w.

**katringillis** Collega Hilde Lahaye dompelt vol enthousiasme medewerkers van [#curando](#) onder in de wereld van reminiscentie

Aanmelden om dit leuk te vinden of hier op te reageren.

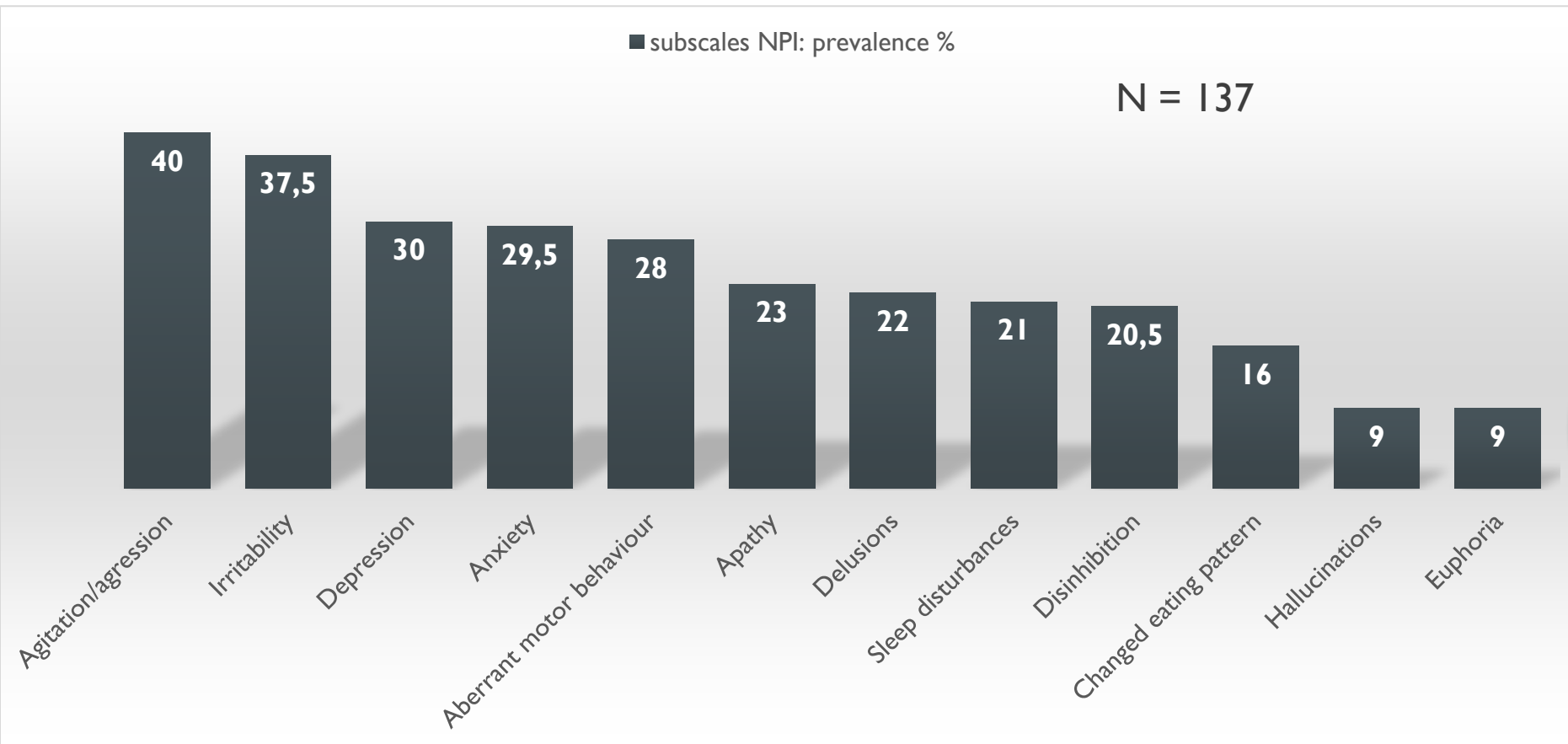


## DESCRIPTION OF THE RESIDENTS

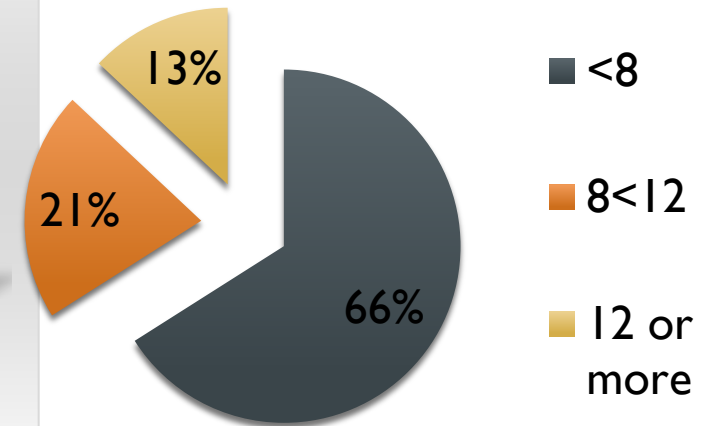
	Total	Reminiscence n=32	Social activity n=37	Control n=43	p-value
Female	74%	78%	65%	79%	0.291 Chi <sup>2</sup>
Age (mean)	85,5 (60-98)	85 (72-98)	86,7 (71-98)	84,7 (60-94)	0.378 Ano
Visitors at least 1/Week	81%	88%	73%	81%	0.310 Chi <sup>2</sup>
Activity at least 1/Week	73%	56%	78%	81%	0.036 Chi <sup>2</sup>
Single	87%	91%	87%	86%	0.895 Fish
Together with partner	4%	3%	5%	2%	
Together with non-partner	9%	6%	8%	12%	

medication	%
pain	39%
benzodiazepine	41%
antipschotics	36%
antidepressives	42%
Anti-Alzheimer	27%

# BEHAVIOUR, PSYCHOLOGICAL & DEPRESSIVE SYMPTOMS IN RESIDENTS WITH MILD TO MODERATE DEMENTIA (NPI)



**CSDD**  
>8 = depressive sympt



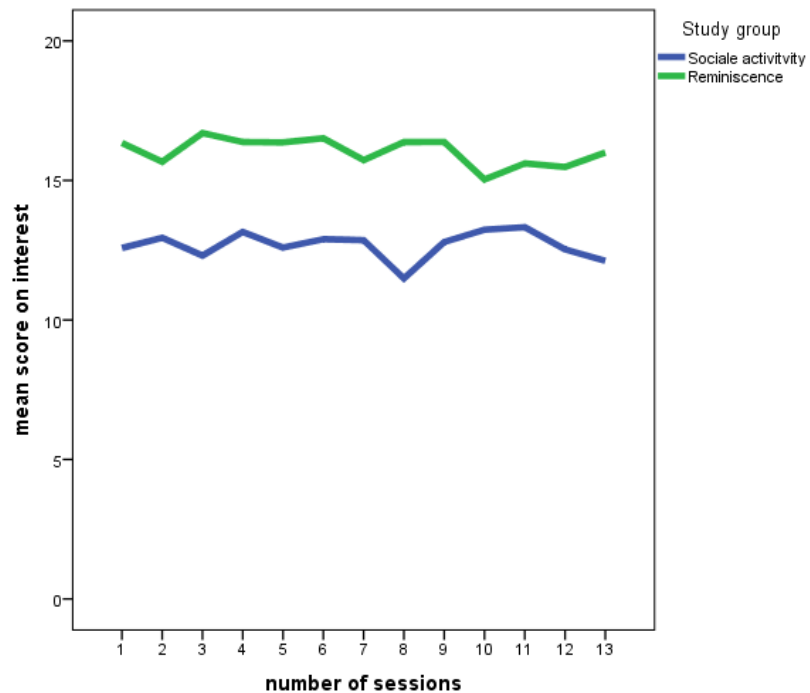
# INTERVENTION

- **Duration:**
  - Mean time for 1 session reminiscence = 33 minutes
  - Mean time for 1 session social activity = 36 minutes
- **Themes** most frequently used:
  - Reminiscence: ADL, living places and free time
  - Social activity: walking, reading and board games
- Reminiscence: residents were **attentive** and **active**. They get **spontaneous** memories. The majority of the caregivers experienced that residents were **not able to handle autonomously the memorybox**.

# INTEREST & ATTENTION

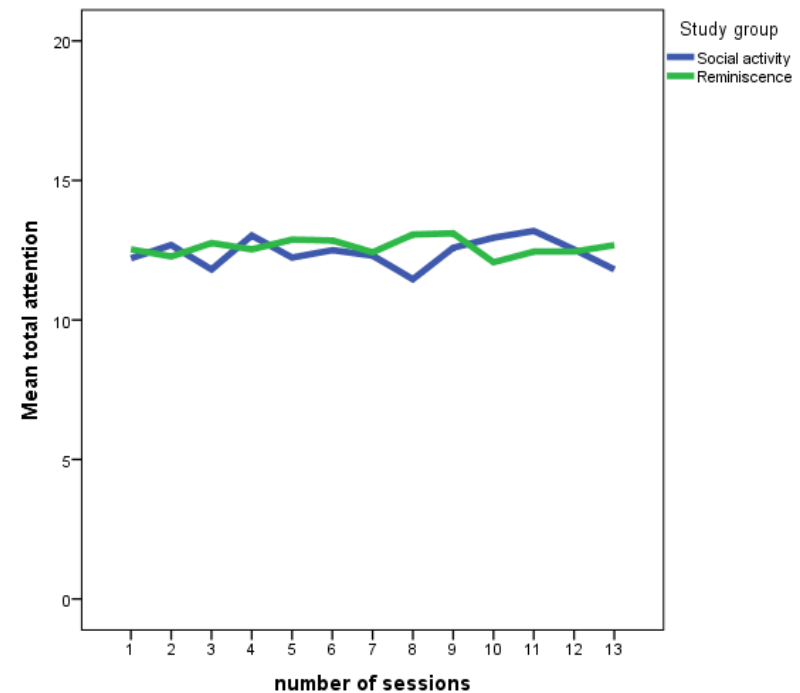
## Interest during session (16/12,7)

$p < 0.001$



## Attention during session (12,6/12,3)

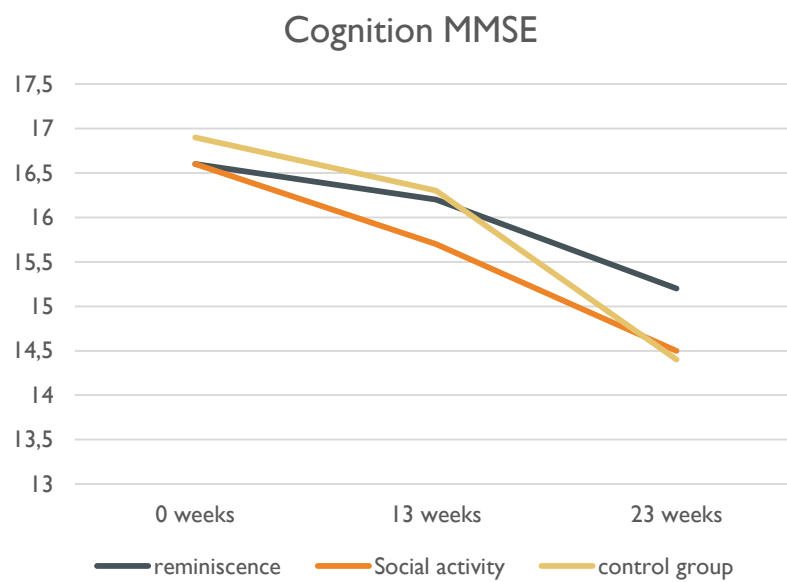
$p = 0.462$



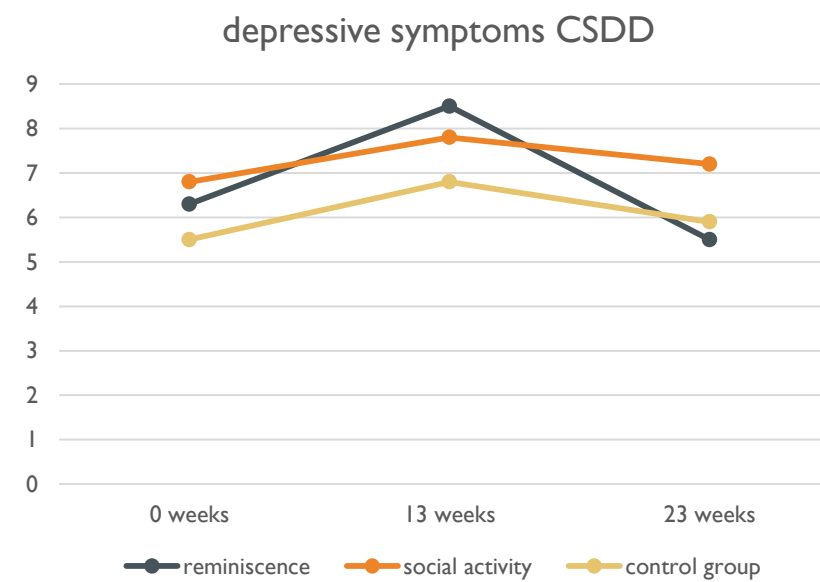


# EFFECT OF TIME

Cognition  $p < 0.001$

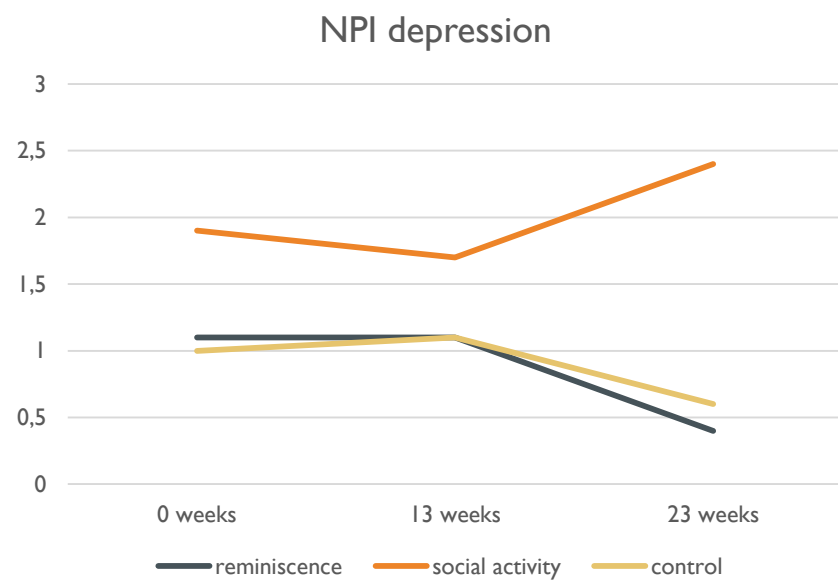


Depression  $p = 0.007$



# EFFECT OF GROUP

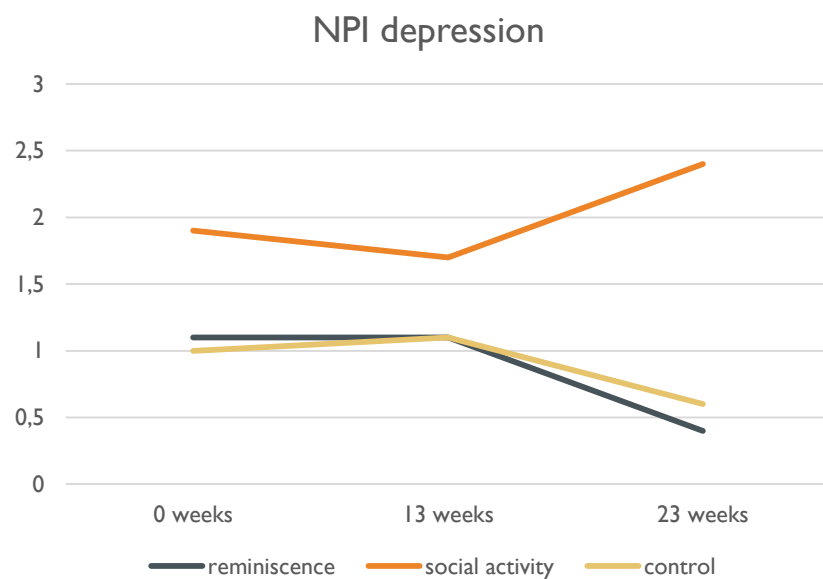
Depression NPI  $p=0.024$



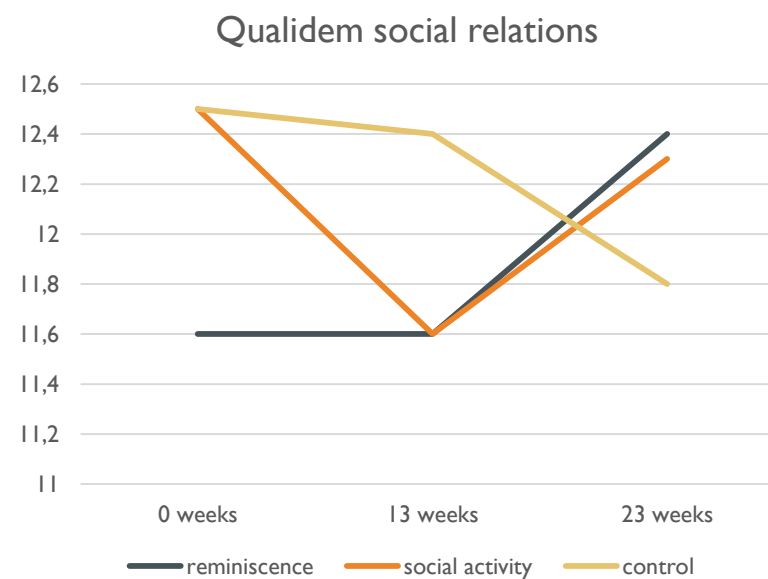
## EFFECT OF GROUP

## INTERACTION TIME X GROUP

### Depression NPI $p=0.024$



### Social relations $p=0.069$



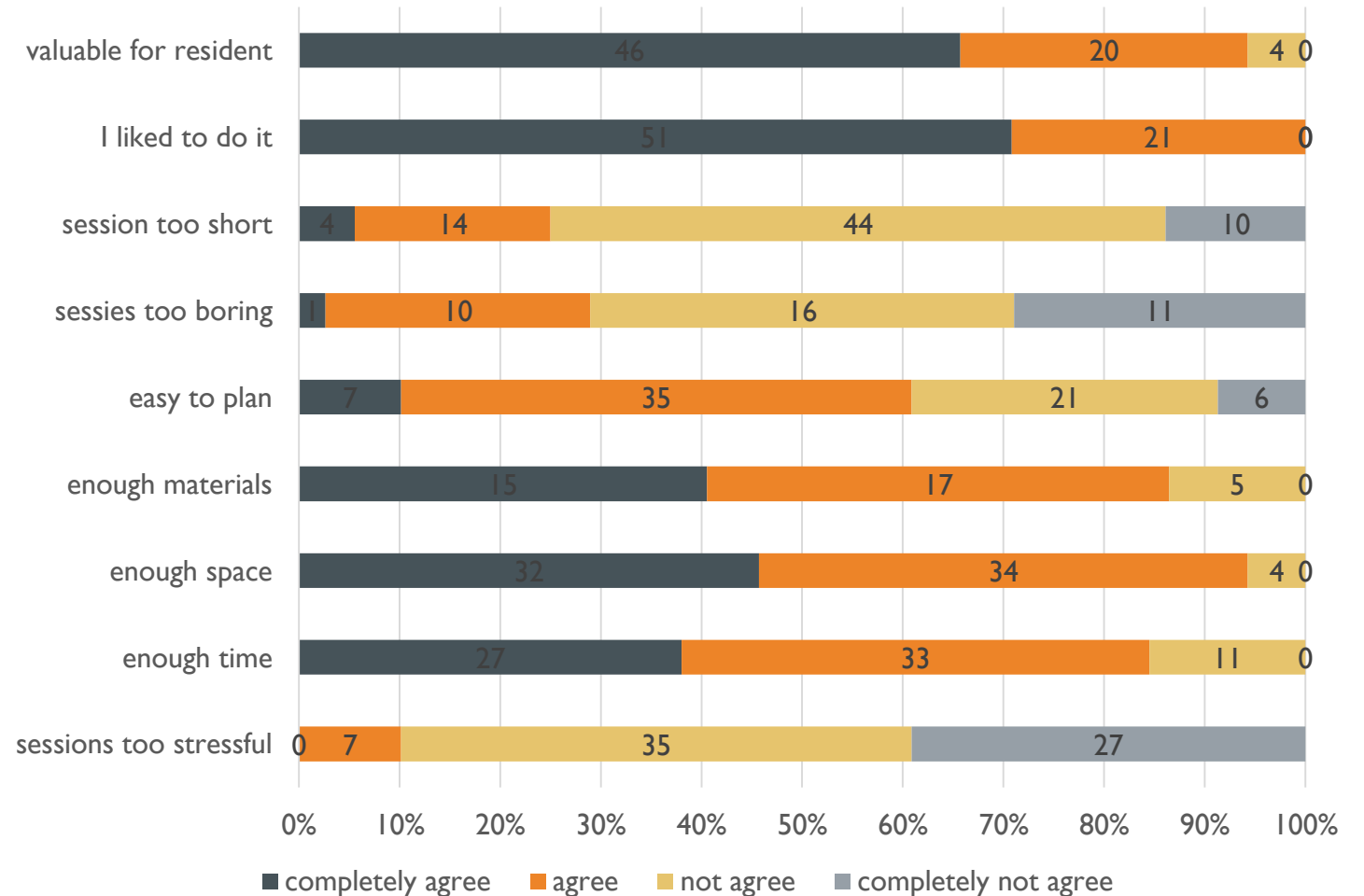
# EXPERIENCES OF CAREGIVERS N=76

In general a positive experience 8/10

Nice to do, not stressful and not boring

Valuable for residents

Circumstances in favor  
(time, place and materials)



# EXPERIENCES OF CAREGIVERS

- It requires perseverance
- Training
- Mutuality
  - Affects residents
  - Affects caregivers
- Family
- Resistance
- Qualytime as a wish



# CONCLUSIONS

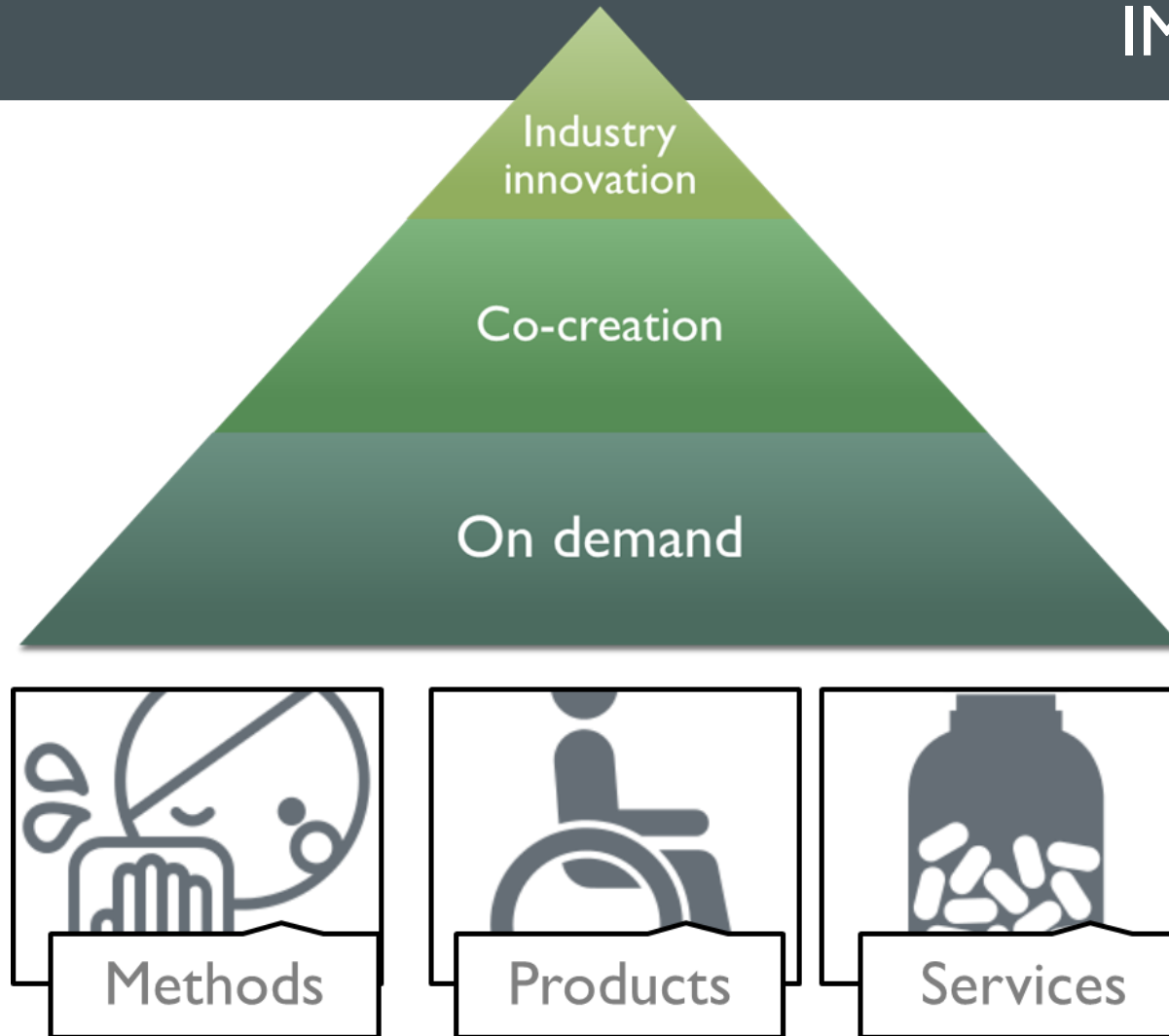
## Quantitative

- No effect on depressive symptoms and cognition was found
- Residents showed significant more interest during reminiscence therapy than during social activity
- Unexpected trend over time at T1
- Trend for better social relationships when applying reminiscence therapy

## Qualitative

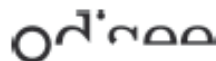
- Support of the resident is necessary
- Valuable for resident and therapist: mutuality
- Need for training of caregivers and family
- Reminiscence as part of person-centered care is an attitude

# IMPLEMENTATION





Vrijdag  
**25**  
november  
2016  
13u tot 17u



Studienamiddag

# Persoonsgerichte zorg als sleutel voor kwaliteit van leven bij personen met dementie

**Plaats: VIVES Campus Brugge**

Met de vergrijping neemt het aantal personen met dementie in Vlaanderen toe. Moeg of laathet iemand met dementie zorg van anderen nodig en wordt hij niet of een afhankelijk, maar ook kwetsbaar. Als familie, vriend of zorgverlener van een persoon met dementie streven we gezamenlijk naar één doel, namelijk de persoon met dementie als nog een kwalitatief leven te laten ervaren. Maar dit blijkt in de praktijk niet altijd zo eenvoudige zijn.

Tijdens deze studienamiddag nodigt de Belgische Vereniging voor Neurorevalidatie leden uit, die mee het verschil wil maken in kwaliteit van zorg bij personen met dementie, uit om mee te stappen in een verhouding. In het voorjaar van 2016 sloegen vzw Curando, Ods ee en de Universiteit van Antwerpen namelijk de handen in elkaar om persoonsgerichte zorg doelgericht toe te passen bij personen met dementie. Het werd niet alleen een verhouding van onzekerheid en hoop, van welken drop en prikkel, van vallen en opstaan, maar bovendien een verhouding waarin mensen elkaar ontmoeten.

## Programma:

- 13.00u – 13.30u **Onthaal**  
Moderator: Dhr. Marc Boon
- 13.30u – 13.40u **Verwelkoming**  
Dhr. Guy Aerts, voorzitter BVNV
- 13.40u – 14.15u **Een blik op dementie anno 2016**  
Dhr. Michiel Nemegeer, Vives
- 14.15u – 15.00u **Persoonsgerichte zorg voor ouderen met dementie wetenschappelijk bekaten**  
De zorg voor personen met dementie in Vlaanderen vanuit Europees perspectief  
Prof. Dr. Pieter Van Bogaert, Universiteit Antwerpen
- 15.00u – 15.20u **Pauze**
- 15.20u – 16.00u **Ervaringen uit de zorg over persoonsgerichte zorg bij personen met dementie**  
Mevr. Miel Snauwaert, Mevr. Sietske Beuten en Mevr. Eline Vanlaatum, vzw Curando, Westervier Brugge
- 16.00u – 16.45u **Zorg voor familie van personen met dementie als deelaspect van persoonsgerichte zorg.**  
Mevr. Hilde Delamelleure, Expertisecentrum dementie Foton, Brugge
- 16.45u – 17.00u **Stolbeschouwing**

## Deelnemeprijs:

Leden BVNV 2016: **gratis** - Niet-leden: **10€**  
Studenten/ docenten Vives: **gratis**

**Inschrijven:** [www.BVNV.be](http://www.BVNV.be)

## IMPLEMENTATION

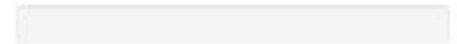




## Privé: Persoonsgerichte zorg bij ouderen met dementie



### CURSUSVOORTGANG



### CURSUSMENU

- ▶ Wat is dementie?
- ▶ Wat is persoonsgerichte zorg?
- ▶ Naar de praktijk
- ▶ Wat herinner jij je nog van deze module?
- ▶ Zin in meer?

# IMPLEMENTATION: MENU PERSON-CENTERED CARE

## Caregiver

- ☐ Reference person: family
- ☐ Reference person: colleagues
- ☐ Therapist
- ☐ Ambassador of PCC
- ☐ Inspirator
- ☐ Facilitator

## Resident

- ☐ Cognitive stimulation
  - ☐ Life story
  - ☐ Reminiscence
  - ☐ Social Activity
- ☐ ADL
- ☐ Music therapy
- ☐ Massage – touch
- ☐ Physical activity
  - ☐ Walking
  - ☐ Cooking
  - ☐ Cycling
  - ☐ ....

## Family

- ☐ Training cognitive stimulation
- ☐ Partner-therapist
- ☐ ....

*Information about theme:*



*Complementary questions:*

*I am.....*

*Senses:*

*see*

*smell*

*hear*

*feel*

*taste*

*Other objects about this theme:*

# CARE FOR THE OLDER PERSON: HOW CAN WE DO THE RIGHT THINGS RIGHT?

- Care for older people is in transition
- Globally a lot of research & innovations
- Difficult to measure individual, person centered approaches
- Difficult the measure long-term effect
- Role of nurses in elderly care: innovation





[katrin.gillis@odisee.be](mailto:katrin.gillis@odisee.be)