

# GREAT

LIVING WELL WITH MEMORY DIFFICULTIES



Goal-Oriented Cognitive Rehabilitation in Early-Stage Alzheimer's and Related Dementias: Multi-Centre Single-Blind Randomised Controlled Trial (GREAT) was funded by the National Institute for Health Research (NIHR) Health Technology Assessment (HTA) programme and coordinated by the Centre for Research in Ageing and Cognitive Health at the University of Exeter.

## Cognitive rehabilitation for people with dementia

Information for people with dementia and their families/carers



Difficulties with memory, planning, concentration or other aspects of thinking can make it hard to carry out everyday activities and enjoy life to the full. Cognitive rehabilitation aims to enable people with these kinds of difficulties to manage everyday life and everyday activities better. This can help to reduce stress levels and improve confidence and well-being. It can also help to reduce the demands on family members or other people who may be providing support.

Cognitive rehabilitation can be useful for people with various different health conditions, including people who have Alzheimer's disease or other types of dementia.

Cognitive rehabilitation may take different forms depending on the person's needs, from one-off advice on developing strategies for dealing with a particular problem to a series of intensive sessions with an experienced rehabilitation therapist such as an occupational therapist or clinical psychologist.

One very important feature of cognitive rehabilitation is that it focuses on what is

important to each individual and what would make a positive difference. The starting point always involves identifying meaningful personal goals - things the person wants to be able to do, or improve on, or learn - and refining them to be sure they are potentially achievable. The person, and where relevant his or her family members or supporters, then work together with the therapist to plan how to tackle these goals.

The therapist is able to identify where difficulties arise in carrying out activities or learning new skills. This understanding is used to tailor specific

strategies to help overcome obstacles and enable the person to achieve his or her goals.

# Cognitive rehabilitation for people with early-stage dementia

Information for people with dementia and their families/carers

These are some examples of goals that people with Alzheimer's disease or other types of dementia have worked on during cognitive rehabilitation:

- I will know what day it is today without having to ask my wife
- I will be able to call my grandchildren and great-grandchildren by the right name
- I will be able to cook myself a meal without being distracted and burning the food
- I will learn to make phone calls from my mobile phone so I can contact my husband if I get lost or confused when out shopping
- I will learn to use my iPad to send emails to friends and family so I can keep in touch

Read below some examples showing how people worked together with the therapist to find ways of achieving their goals:

## JOHN: I WILL BE ABLE TO CALL MY GRANDCHILDREN AND GREAT-GRANDCHILDREN BY THE RIGHT NAME

Remembering names, for example names of family members or friends, can be challenging. John saw his grandchildren and great-grandchildren only occasionally but they were very important to him and it upset him when he could not remember their names. His goal was to be able to call them by the right name. The therapist's assessment was that John was capable of remembering the names, but needed some specific strategies to relearn them so that they were firmly embedded in his memory. John and his wife put together a set of portrait photographs, one for each of the grandchildren and great-grandchildren. The therapist helped John to link the face in each photograph with the name using mnemonics (linking the sound of the name with a feature of the person's appearance) and to enrich this link by focusing on details about the person. By processing the faces and names in this way, this helped to embed the link in John's memory. John then needed to be able to recall the name correctly. To help with this, John practised by looking at the photographs





and saying the names, using a method called ‘say it just before you forget’. First the therapist told John the name and John repeated it after a very short interval. The intervals were gradually increased, until John could remember the name 30 minutes later, and then after several hours and finally after several days. After working through this process, John was able to call his grandchildren and great-grandchildren by the correct name when they visited. This helped both John and his family to enjoy the visits more.

**SANDRA: I WILL LEARN TO MAKE PHONE CALLS FROM MY MOBILE PHONE SO I CAN CONTACT MY HUSBAND IF I GET LOST OR CONFUSED WHEN OUT SHOPPING**

Sandra had always shopped for food and household items by herself, but now found that when she went out she sometimes got confused about where she was and felt unsure about how to get home again. She wanted to stay independent and to be able to go out alone, and did not want her husband to have to take over doing the shopping. Sandra and the therapist agreed that she would feel more confident if she knew she could phone her husband while she was out. Sandra already had a mobile phone, but had never learned to use it to make calls. The therapist judged that Sandra would be able to learn to do this, given the right kind of support.

The therapist got to know Sandra’s phone and developed a set of step-by-step instructions for choosing the number and making a call.

Sandra practised these instructions one step at a time. For each step, the therapist suggested practising repeatedly but gradually increasing the intervals between each practice, to ‘stretch’ Sandra’s memory. By practising over and over again, each step became a familiar routine.

Once each step was mastered, Sandra moved on to the next, until she could follow the whole sequence. Sandra and the therapist also made a plan to ensure that Sandra could use the phone effectively when she was out. This included putting a note by the door to remind Sandra to take the phone with her, using a shoulder bag so that she had both hands free to use the phone to make a call, and finding quiet places where she could hear what was being said. After working on this goal, Sandra felt more confident about going out alone and was able to continue doing the shopping as she wanted to.

## How do we know that GREAT Cognitive Rehabilitation works?

There have been several research studies that showed people with early stage dementia benefit from having sessions of GREAT Cognitive Rehabilitation.

Most recently, researchers at the University of Exeter led on a large project called GREAT trial, which involved nearly 500 people with dementia. It showed that Cognitive Rehabilitation was effective in enabling people with early-stage dementia to improve their everyday functioning in relation to individual goals targeted in the therapy sessions.

Currently there is a pilot project available in York- we have been awarded funding by the National Lottery to deliver 18 cognitive rehabilitation interventions to see how it is used in York. If you are interested in participating then please contact Cognitive Rehabilitation Practitioner Justin Mazzotta for further information.

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You can read more on GREAT Cognitive Rehabilitation on our website:

[www.exeter.ac.uk/GREAT](http://www.exeter.ac.uk/GREAT)