

Effectiveness of reminiscence therapy in improving older people's cognition, depressive symptoms, and quality of life: systematic review protocol

Eficácia da reminiscência na cognição, sintomas depressivos e qualidade de vida em idosos: protocolo de revisão sistemática

Eficacia de la reminiscencia en la cognición, síntomas depresivos y calidad de vida en ancianos: protocolo de revisión sistemática

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Abstract

Context: Non-pharmacological interventions are valuable therapeutic strategies aimed at people with cognitive impairment. Reminiscence Therapy (RT) is one of the strategies highlighted in the literature.

Objectives: To identify the best evidence available on the effectiveness of RT in improving the cognition, depressive symptoms, and quality of life of older people in institutional settings.

Method of Review: The methodology proposed by the Joanna Briggs Institute will be used. A specific search strategy will be developed for each database/repository to identify relevant studies. Titles and abstracts will be analyzed, and articles that do not meet the protocol criteria will be excluded. The methodological quality of the remaining articles will be assessed. Data will be extracted from the included articles.

Presentation and interpretation of results: The critical analysis of existing data on the effectiveness of RT in these domains and settings will contribute to the dissemination of the best evidence available on the topic.

Conclusion: The best evidence should be disseminated to guide healthcare professionals in the implementation and development of RT programs focused on older adults with cognitive impairment in several institutional contexts.

Keywords: aged; cognitive dysfunction; reminiscence; cognition; depression; quality of life

Resumo

Contexto: As intervenções não-farmacológicas apresentam-se como valiosas estratégias terapêuticas dirigidas às pessoas com compromisso cognitivo, destacando-se na literatura a terapia de reminiscência (TR).

Objetivos: Identificar a melhor evidência disponível sobre a eficácia da TR na cognição, sintomas depressivos e qualidade de vida em pessoas idosas em contexto institucional.

Método de revisão: Será utilizada a metodologia proposta pelo *Joanna Briggs Institute*. Desenvolver-se-á uma estratégia de pesquisa adequada a cada base/repositório para identificar os estudos relevantes. Proceder-se-á à análise de títulos e resumos, excluindo os artigos que não apresentem os critérios definidos no protocolo. Avaliar-se-á a qualidade metodológica dos restantes artigos. Os artigos incluídos serão alvo de extração de dados.

Apresentação e interpretação dos resultados: A análise crítica dos dados existentes sobre a eficácia da TR nos domínios e contexto enquadrados contribuirá para a disseminação da melhor evidência disponível sobre o tema.

Conclusão: A disseminação da melhor evidência disponível neste âmbito referido torna-se essencial para orientar a implementação e desenvolvimento de programas de TR, por profissionais de saúde, focados em adultos idosos com compromisso cognitivo, nos diversos contextos institucionais.

Palavras-chave: idoso; disfunção cognitiva; reminiscência; cognição; depressão; qualidade de vida

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Resumen

Contexto: Las intervenciones no farmacológicas se presentan como valiosas estrategias terapéuticas dirigidas a las personas con deterioro cognitivo, dentro de las cuales la terapia de reminiscencia (TR) destaca en la literatura.

Objetivos: Identificar la mejor prueba disponible sobre la eficacia de la TR en la cognición, los síntomas depresivos y la calidad de vida en las personas mayores en el contexto institucional.

Método de revisión: Se utilizará la metodología propuesta por el *Joanna Briggs Institute*. Se desarrollará una estrategia de investigación adecuada para cada base/repositorio para identificar los estudios relevantes. Se procederá al análisis de títulos/resúmenes, excluyendo los artículos que no presenten los criterios definidos en el protocolo. Se evaluará la calidad metodológica de los demás artículos. Los artículos incluidos serán objeto de extracción de datos.

Presentación e interpretación de los resultados: El análisis crítico de los datos existentes sobre la eficacia de la TR en los ámbitos y el contexto del marco contribuirá a la difusión de la mejor prueba disponible sobre el tema.

Conclusión: La difusión de la mejor prueba disponible en este ámbito es esencial para que los profesionales de la salud orienten la implementación y el desarrollo de programas de TR enfocados a adultos mayores con deterioro cognitivo en los diversos contextos institucionales.

Palabras clave: ancianos; disfunción cognitiva; reminiscencia; cognición; depresión, calidad de vida

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Introduction

Significant demographic changes have occurred in recent decades, characterized by a gradual by a gradual population aging which, in turn, seems to lead to a general pattern of consequences related to the presence of impairment in several functional areas, namely at the sensory, cognitive, and autonomy levels (Barbosa, Cruz, Figueiredo, Marques, & Sousa, 2011). This process is inevitably associated with the increased prevalence of chronic degenerative diseases, particularly neurocognitive disorders (NCD). The category of NCD encompasses disorders in which the primary clinical deficit is in cognitive function (documented by standardized neurological tests or quantitative clinical evaluation) and which are acquired, thus representing a decline from a previous level of functioning (American Psychiatric Association, 2013).

The current DSM-5 classification distinguishes between major NCD, which encompassed the term dementia, and mild NCD, in which the level of cognitive and functional impairment is less severe.

Data from the last Spring Report of the Portuguese Observatory of Health Systems (Observatório Português dos Sistemas de Saúde, 2016) emphasize that older people are a vulnerable group with a high prevalence of mental health problems. In Portugal, according to this report, it is estimated that at least 60,000 people have a NCD and that more than 100,000 older people have depressive disorders. These disorders are often underdiagnosed and, consequently, inadequately treated.

Depression and cognitive impairment are very often interrelated, as confirmed in the study by Lima, Silva, and Ramos (2009), in which the prevalence of depression was significantly higher in older people with altered cognitive function. On the other hand, Hesser et al. (2014) emphasize that depressive symptoms are strongly associated with the deterioration of cognitive functions in older people with dementia.

Older people with NCD gradually lose their cognitive and motor skills, which, in more advanced stages of the disease, increases the family burden and often culminates with the institutionalization of the older person. Ac-

cording to Kuske et al. (2009), about 60% of institutionalized people in industrialized countries have a dementia diagnosis, which represents new challenges for these institutions and their professionals.

Therefore, due to the current demographic changes and the development of aging-related vulnerabilities, it is increasingly important to analyze the scenarios that may positively influence quality of life in old age and that are associated with the principles of person-centered care and promotion of human dignity. One of these examples is the use of therapeutic strategies that contribute to improving cognition and mood and, consequently, the quality of life.

Quality of life has been defined as "individuals' perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns" (The WHOQOL Group, 1995, p. 1405).

Research has shown the positive impact of the combined use of pharmacological and non-pharmacological therapies in people with NCD, which requires health professionals to receive training on the implementation of psychosocial therapies based on best practices and scientific evidence (World Health Organization, 2013).

Non-pharmacological interventions are important therapeutic strategies aimed at people with cognitive impairment and have gained importance in recent years, now playing a key role in multidimensional models that integrate the cognitive, functional, behavioral, and affective dimensions of NCD (Cotelli, Manenti, & Zanetti, 2012).

Reminiscence Therapy (RT) is one of the non-pharmacological interventions that have been identified as potentially beneficial for older people with cognitive impairment. Taking into account that older people tend to narrate their past, RT is designed to stimulate the person's ability to recall meaningful life events and past experiences for therapeutic purposes (Cotelli et al., 2012; Huang et al., 2015; Woods, Spector, Jones, Orrel, & Davies, 2005).

One important aspect of RT is that it is used in a context that allows individuals to use their long-term memory, which usually remains in-

tact. This fact may contribute to reduce the sense of failure that is often felt by people with NCD (Thorgrimsen, Schweitzer, & Orrel, 2002), thus valuing the human dimension of older people and their life trajectory by using their preserved cognitive resources. With regard to the dynamics of the RT sessions, they may be interpersonal, group or individual sessions. Bohlmeijer, Roemer, Cuijpers, and Smit (2007) consider that all of these approaches have positive therapeutic effects, although it should be noted that group interventions promote social interaction.

A preliminary search in the Cochrane Database of Systematic Reviews identified a review on the use of RT in dementia aimed at assessing the effects of RT in older people with dementia and their caregivers, namely concerning well-being, mood, and quality of life, communication and interaction, cognition, and impact on caregivers (Woods et al., 2005). The latest search conducted within the scope of this review took place in May 2004. The authors emphasize that, despite the inconclusive evidence on the effectiveness of RT in people with dementia, there are several promising indicators since this review indicated some potentially beneficial effects, including improved cognition, mood, and behavior.

More recently, a meta-analysis of randomized controlled trials on the effects of RT in improving cognitive functions and reducing depressive symptoms in older people with dementia (Huang et al., 2015) found that RT improves cognitive function and, more significantly, reduces depressive symptoms. This meta-analysis also found that RT is more effective in improving depressive symptoms in institutionalized older people with dementia than in community-dwelling older people.

However, this review did not assess the effectiveness of RT in improving quality of life and had some limitations that may have compromised the results, such as lack of clarity regarding inclusion criteria (for example, participants), repetition of databases (MEDLINE and PubMed), and unclear search strategies.

Taking into account the limitations of the systematic review conducted by Huang et al. (2015) and the outdated search results (the latest search was conducted in May 2004) of

the review conducted by Woods et al. (2005), it was important to identify and synthesize the best evidence available on the effectiveness of RT in improving the cognitive function, depressive symptoms, and quality of life of older people with cognitive impairment in institutional settings.

Therefore, this systematic review was conducted based on the following guiding question: "What is the effectiveness of group RT in improving the cognition, mood, and quality of life of older people with cognitive impairment in institutional settings?"

Systematic review method

This systematic literature review will follow the model recommended by the Joanna Briggs Institute (JBI; 2014) that identifies inclusion and exclusion criteria for Population, Intervention, Comparison, and Outcomes (PICO).

As regards the type of participants, this review will include studies with men and women aged 65 years or more, with cognitive impairment either confirmed through clinical diagnosis or documented by standardized neurological testing or quantitative clinical evaluation.

With regard to the intervention, this review will include studies on group RT programs aimed at older people with cognitive impairment in institutional settings. The institutions under analysis will include adult day care centers, community associations, and multiple residential facilities for older people. All types of comparator will be included, namely specific psychosocial interventions aimed at people with cognitive impairment or usual care.

This review will focus on the following outcomes: cognition, assessed using a cognitive assessment instrument, such as the Montreal Cognitive Assessment and the Mini-Mental State Examination; depressive symptoms, assessed using an assessment instrument such as the Geriatric Depression Scale; and quality of life, measured by an appropriate instrument, such as the World Health Organization Quality of Life-Older Adults Module Group (WHOQOL-OLD).

Only experimental studies will be considered

(randomized controlled trials and quasi-experimental studies, with or without control group).

As regards the search strategy and identification of studies, the search will be conducted in the following online databases: CINAHL, PubMed, and Cochrane Central Register of Controlled Trials. In addition, unpublished studies will be searched for in the Repositório Científico de Acesso Aberto de Portugal (RCAAP), Banco de Teses da Capes, and OpenGrey.

The search will be conducted using the following keywords: dementia, alzheimer, cognitive impairment, neurocognitive disorder, cognitive decline, Reminiscence, Cognit*, quality of life, depressi*, mood. It will focus on the period between April 2004 and April 2017 and include studies written in Portuguese, Spanish, and English.

Assessment of the methodological quality of the studies

Two independent reviewers will assess the methodological quality of the studies using the JBI standardized critical appraisal instruments for randomized controlled trials and quasi-experimental studies (JBI, 2016). Any disagreements that arise between the reviewers will be resolved through discussion, or with a third reviewer. The reviewers will include all studies that meet the inclusion criteria and discuss the methodological limitations of each study.

Data extraction

Two independent reviewers will extract the data using the JBI standardized data extraction tools for quantitative studies (JBI, 2014). The data extracted will include specific details about the interventions, populations, study designs, and outcomes of significance to the research question and specific objectives. In case of any question or doubt during the process, the authors of the primary studies will be contacted. Any disagreements that arise between the reviewers will be resolved through discussion, or with a third reviewer.

Data synthesis

Quantitative studies will, where possible, be pooled in meta-analyses using the JBI Me-

ta-Analysis of Statistics Assessment and Review Instrument (JBI-MASARI; Tufanaru, Munn, Aromataris, Campbell, & Hopp, 2017). The meta-analysis allows for the synthesis of the included studies through the textual and graphical representation of the results, as well as the calculation of the effect size and the weighted mean difference for each study. If a meta-analysis is not possible, the data will be presented in the narrative format using tables. In this process, two reviewers will reach a consensus. Any disagreements will be resolved with a third reviewer.

Presentation and interpretation of the results

This systematic review will allow finding data on the effectiveness of RT in improving the cognition, depressive symptoms, and quality of life of older people with cognitive impairment in institutional settings. The critical analysis of the existing data will contribute to the dissemination of the best evidence available on this topic.

Conclusion

Given the increasing incidence and consequent impact on older people's well-being and safety, cognitive impairment is considered to be a risk condition. Therefore, it demands the full attention of health professionals and other people involved, as well as the creation of the necessary conditions for preserving the individual's cognitive status, reducing the incidence of depressive symptoms, and improving quality of life.

To sum up, the synthesis of the existing evidence on the effectiveness of RT in improving these domains, as well as its critical appraisal, will produce new knowledge that will guide interventions aimed at older people with cognitive impairment in institutional settings.

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