Promoting Activity, Independence and Stability in Early Dementia (PrAISED): Feasibility study

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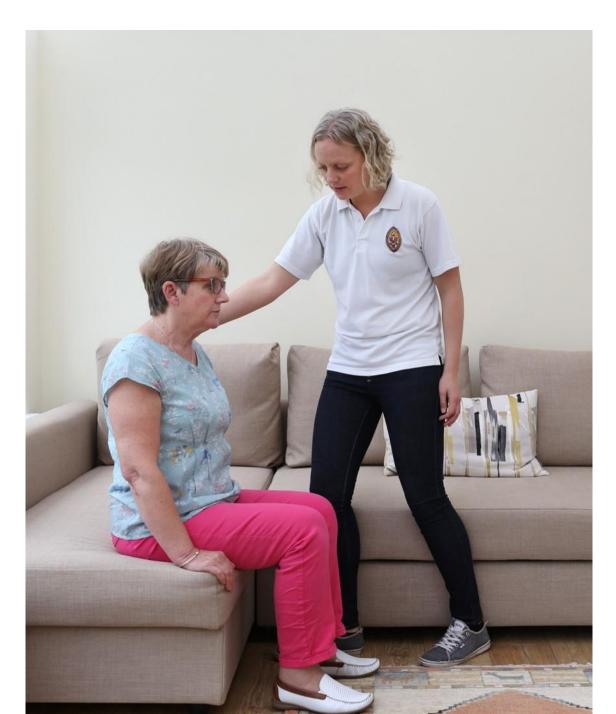[1]Health Sciences, [2]Rehabilitation and Ageing, University of Nottingham; [3]Nottingham University Hospitals NHS Trust.

Introduction

People with mild dementia and Mild Cognitive Impairment are at high risk functional deterioration. We developed an exercise-based therapy intervention aiming to promote safe activity and reduce risk of falling.

Method

We conducted a randomised feasibility trial, to test intervention delivery in practice and to prepare for a definitive trial. Sixty participants were recruited from Memory Clinics across two sites. Three randomisation arms compared intervention with high level supervision (50 professional visits), moderate supervision (nine visits), and control. We collected health status data at baseline and follow-up by interview with participants and family carers, and ascertained falls by diary.

Photographs funded by the Alzheimer's Society, UK (grant number 206) on behalf of the Healthcare Management Trust. Consent for display granted.

Intervention Core Principles

1. Physical activity for 150 minutes per week
2. Activities are functional and active
3. Intervention promotes independence
4. Encourage positive risk-taking
5. Enable community or environmental access
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Results

- Recruited to schedule
- Median age 76y (range 65-91)
- Median sMMSE 26/30 (range 15-30)
- 49 (82%) followed-up (1 died later)
- 9 withdrew (1 died), 2 lost
- 3 moved to care homes
- 81% scheduled therapy sessions delivered
- 88% falls and activity calendars returned
- 19 reported adverse events, none related to intervention
- 80% researcher unintentionally unblinded.

Health status outcomes

Measure	Group	N	Baseline Mean	Follow-up Mean	Difference	Interpretation
DAD Score Disability in activities of daily living	Control	14	76	58	-18	Deterioration
	Moderate	15	83	66	-17	Deterioration
	High	15	76	68	-8	Deterioration
Berg Balance Scale Assessed balance	Control	11	49	43	-6.8	Deterioration
	Moderate	13	52	52	-0.5	Deterioration
	High	13	50	50	0.1	Improvement
Timed Up and Go Test of mobility	Control	14	18.7s	25.3	6.6	Deterioration
	Moderate	13	12.2s	13.2	1.1	Deterioration
	High	15	16.5s	15.2	-1.3	Improvement
DEMQoL Quality of life	Control	13	85	86	0.8	Improvement
	Moderate	14	88	91	2.9	Improvement
	High	17	86	86	0.2	Improvement
DEMQoL Proxy Quality of life	Control	15	91	92	0.9	Improvement
	Moderate	15	98	101	2.5	Improvement
	High	16	91	94	2.2	Improvement

Discussion

We successfully recruited participants, delivered the intervention and collected data. The intervention resulted in improved balance, activities of daily living and physical activity, in underpowered comparisons, with greater benefits associated with higher levels of supervision. A full-scale multi-centred randomised controlled trial commenced in September 2018.

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