



Development of the Promoting Activity, Independence and Stability in Early Dementia and Mild Cognitive Impairment (PrAISED) Intervention.

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Introduction

Older adults with dementia are at a high risk of falls [1]. Standard interventions have not been shown to be effective in this patient population potentially due to poor consideration of dementia specific risk factors. An intervention is required that addresses the particular needs of older people with dementia in a community setting.

This poster describes the process of developing an intervention using formal models of intervention development. We followed guidelines for the development of an intervention, which recommend a structured approach considering theory, evidence and practical issues [2].

Methods

The aim was to develop a multicomponent intervention that was dementia-specific, theoretically considered, evidence-based, and feasible for people with mild dementia and mild cognitive impairment. Fifteen information sources were used to develop the intervention. Data from literature reviews, clinician workshops, expert opinion meetings, patient-relative interviews, focus groups with people with dementia and clinicians, a cross-sectional survey of risk factors, a pre-post intervention study, and case studies were included (Figure 1). Each evidence source identified key findings that were synthesised using triangulation [3].

The research management group, that included researchers, patient carer and public involvement representatives, and clinicians, reviewed the triangulation matrix to confirm an intervention ready for feasibility testing. Practical consideration of how an intervention could be delivered and implemented were considered from the outset.

Results

A multicomponent intervention called PrAISED was designed. Many information sources were consistent in their recommendations and influence into the final intervention. Core elements of the intervention included individually-tailored, dementia-appropriate, balance, strength and dual-task exercises, functional training, and activities aimed at improving environmental access and risk enablement.

Delivery of the intervention is through a motivational approach to support communication, adherence and longer term continuation of activity. The focus is on promoting safe activity rather than risk or prevention of falls.

Conclusion

We used a systematic process to develop a dementia-specific intervention to promote activity and independence whilst reducing falls risk in older adults with mild dementia [4]. The intervention has been feasibility tested (see poster P-601) and is now undergoing a multi-site randomised controlled trial.

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References

1. Delbaere, K., et al., Mild Cognitive Impairment s A Predictor Of Falls In Community-Dwelling Older People. *The American Journal of Geriatric Psychiatry*, 2012. 20(10): p.845-853.
2. Medical Research Council, *Developing And Evaluating Complex Interventions: New Guidance*. London: Medical Research Council, 2008.
3. Farmer, T., et al., *Developing And Implementing A Triangulation Protocol For Qualitative Health Research*. *Qualitative Health Research*, 2006. 16(3): p. 377-394.
4. Booth V, et al *Development of an Intervention for People with Mild Cognitive Impairment and Dementia*. *Clinical Rehabilitation* 2018;32: 855-864

Figure 1: Information sources diagram

