Target Area: Communication, Language, Speech Disorders

Tappen, Williams, Barry & DiSesa (2002) *Clinical Gerontologist* 24(3/4): 63-75	PEDro score – 5/10
Method/Results	Rehabilitation Program

Design:
➢ **Study type**: RCT.
➢ **Population:** n=55 nursing home residents with Alzheimers Disease (AD), M=71-101 years, mean=87 years. Majority of participants were moderate to severely demented (MMSE mean=11). Information on gender is not provided.
➢ **Groups:**
  1. Conversation-only (n=19).
  2. Walking exercise-only (n=18)
  3. Combined group (n=18).
➢ **Setting:** Long term care facilities.
 	
Primary outcome measure/s: Picture Description Test including measures for: Total number of words used, total units of information and conciseness.
 	
Secondary outcome measure/s: None.
 	
Result: The conversation treatment without exercise was found to be the most effective approach in improving communication performance. While the number of words used declined across all groups, with no significant differences observed, significant improvements in the number of information units provided was found for the conversation treatment group, compared with declines for the other groups. Similarly, for the conciseness of responses, a significant difference was found between the conversation treatment and the other treatments (where no significant differences occurred between walking and combined groups). Mean conciseness improved in the conversation treatment, but declined in both of the other groups.
	Aim: To improve verbal communication in nursing home residents with AD.
	
	Materials: None specified.
	
	Treatment plan:
	➢ **Duration:** 24 hrs over 16 weeks
	➢ **Procedure:** 3 x 30 min sessions/week for 16 weeks.
	➢ **Content:**
	  – *Conversation treatment:* is based on recommendations made for treating newly aphasic individuals, together with facilitative techniques for individuals with AD. Techniques were used in normal conversation rather than drills or practice. Participants were engaged in topics of personal interest and about objects and events within the immediate environment, with open-ended questions follow-up questions to maintain conversation. Conversations were structured as a reminiscence session, and patients were not corrected if errors were made. Instead interveners were encouraged to support or ad to factual errors or change the participant if the individual expressed emotion or concerns. Interveners were instructed not to talk down to the individual.
	  – *Walking exercise:* involved self-paced independent or assisted walking for 30 minutes if possible, with as many rests as needed. Participants were not engaged in conversation during the sessions, but intervenors would responds to participants' attempts to communicate if they arose.
	  – *Combined treatment:* involved both treatments simultaneously. Participants were encouraged to walk for as much of the session as possible and were engaged in conversation for as much of the time as could be tolerated, using the same protocol as in the conversation-only treatment.