

Cognitive rehabilitation REHABILITATION, REABLEMENT, & RESTORATIVE CARE

This evidence theme is a summary of one of the key topics identified by a scoping review of rehabilitation, reablement, and restorative care research.

Key points

- Cognitive rehabilitation targets a person's ability to function in everyday activities.
- Cognitive rehabilitation is usually goal-oriented and individualised.
- Cognitive rehabilitation improves the capacity of older persons living with dementia to perform activities of daily living.
- There is limited evidence that cognitive rehabilitation improves the general health and quality of life of older persons living with dementia.
- There is no evidence that cognitive rehabilitation improves cognitive function, disease state, or the responsive behaviours of people living with dementia.

What is cognitive rehabilitation?

Cognitive rehabilitation focuses on 'identifying and addressing individual needs and goals, which may require strategies for taking in new information or compensatory methods such as using memory aids.' [1] The focus of cognitive rehabilitation is to improve function in everyday activities in real-life contexts. [2] CR may benefit people with or without dementia, however most studies focus on CR as an intervention for people living with dementia. Cognitive rehabilitation is different to cognitive training which is the 'guided practice on tasks that target specific cognitive abilities and functions, such as memory, attention, or problem-solving.' [1] Cognitive training and stimulation interventions for people living with dementia are discussed in a separate evidence theme on the ARIIA website.

Cognitive rehabilitation



What is known about cognitive rehabilitation for older people living with dementia in aged care?

We found four reviews [1-4] focusing on cognitive rehabilitation for older people living with dementia in aged care. These reviews identified that:

- Weekly group cognitive rehabilitation for three weeks combined with drug therapy improved temporal-spatial orientation and attention for older people with mild dementia. [3]
- Group exercise for cognitive to support cognitive functions were found to be effective. [4]
- Goal-directed and personalised cognitive rehabilitation conducted one hour per week for eight weeks improved capacity for activities of daily living and satisfaction among older people with mild Alzheimer's disease. It also lowered depression levels of older people and their family carers. [1, 3]
- Therapeutic exercise conducted on three or more days per week may improve activities of daily living and cognitive function among older people living in longterm care facilities. [1]
- Comprehensive cognitive rehabilitation using patientspecific care plans in a memory clinic conducted twice a year, was no different to usual care in slowing the rate of functional decline. [3]
- A physiotherapist-led cognitive rehabilitation intervention focused on joint, muscle, and functional mobility re-education showed no benefits over a general one-on-one mobility exercise session for people living with dementia. [3]
- Cognitive rehabilitation as a component of multifaceted programmes, usually in the form of simulation sessions of activities of daily living, improved or at least maintained activities of daily living performance in older people when compared with usual care. [2]
- Cognitive rehabilitation therapy could have an association with positive effects on global cognition and verbal fluency, however, this was based on only one study with small sample size and a high risk of bias. [1]

What can an individual do?

Ways for a person to use cognitive rehabilitation for an older person living with dementia in aged care include:

- Involving the older person and/or their family and friends in discussions to identify their specific needs and goals.
- Considering different forms of task-related activities tailored to the interests and goals of the older person.

What can the organisation do?

Organisations can support the use of cognitive rehabilitation for older people living with dementia in aged care by:

- Providing opportunities for staff to undergo training on cognitive rehabilitation.
- Evaluating the impact of the cognitive rehabilitation strategies.

References

- Bahar-Fuchs A, Martyr A, Goh AM, Sabates J, Clare L. Cognitive training for people with mild to moderate dementia. Cochrane Database Syst Rev. 2019;3:CD013069.
- Garrido-Pedrosa J, Sala I, Obradors N. Effectiveness of cognition-focused interventions in activities of daily living performance in people with dementia: A systematic review. Br J Occup Ther. 2017;80(7):397-408.
- 3. Zabalegui A, Hamers JP, Karlsson S, Leino-Kilpi H, Renom-Guiteras A, Saks K, et al. Best practices interventions to improve quality of care of people with dementia living at home. Patient Educ Couns. 2014;95(2):175-84.
- 4. Okamae A, Ogawa T, Makizako H, Matsumoto D, Ishigaki T, Kamiya M, et al. Efficacy of therapeutic exercise on activities of daily living and cognitive function among older residents in long-term care facilities: A systematic review and meta-analysis of randomized controlled trials. Arch Phys Med Rehabil. 2023;104(5):812-823.

Cite as: ARIIA Knowledge & Implementation Hub. Cognitive rehabilitation: Rehabilitation, reablement, & restorative rare. Evidence Theme. Adelaide, SA: ARIIA; 2022 [updated 2023 Aug].

www.ariia.org.au

For more information email ariia@ariia.org.au or call 08 7421 9134

ARIIA - Level 2, Tonsley Hub, South Rd, Tonsley SA 5042

ARIIA was established as an independent, not-for-profit organisation, set up to lead the advancement of the aged care workforce capability by promoting and facilitating innovation and research to improve the quality of aged care for all Australians.





