

Dance-based interventions DEMENTIA CARE

This evidence theme on dance-based interventions is a summary of one of the key topics identified by a scoping review of dementia research.

Key points

- Dance-based interventions are one of several artsbased approaches available for people living with dementia.
- Evidence from two systematic reviews found that dance activities can decrease responsive behaviours such as agitation for people living with dementia.
- Other benefits of dance for people with dementia include improved motor learning, mobility, and fitness.
- Dancing need not take the form of a formal therapy. As an expressive outlet, dancing socially can evoke happiness and reminiscence and increase interaction between people living in residential aged care.

What are dance-based interventions?

Dance-based interventions are one of several arts-based approaches available for people living with dementia. [1] Less formally, people living with dementia might experience dance as a meaningful activity that encourages social participation while enjoying music, movement and the opportunity to reminisce. [2]

Dance types known to be used in care homes include line dancing, circle dancing, or ballet.



Are dance-based interventions effective?

Two reviews have examined the use of dance-based interventions for people living with dementia. Both were mainly interested in the effect of dance on responsive behaviours, social interaction, and emotional responses such as enjoyment.

One review only considered studies where dance sessions were led by an accredited dance therapy practitioner. It could find no studies of this kind. The other, more inclusive review, found that dance:

- Decreased responsive behaviours such as agitation
- Evoked happiness and reminiscence
- Provided mental stimulation
- Improved motor learning, mobility, and fitness
- Increased the level of socialising and communication after the dance session. [2]

Despite these benefits, some studies observed staff reluctance to dance with people in their care. Researchers thought this was due to embarrassment or worry about over-attachment.

Evidence limitations

Reviewers noted several concerns about how studies were carried out. These may reduce our overall confidence in the findings. For example:

- Most studies only had a small number of participants.
- People living with dementia and their carers were not asked their views on dance and its benefits.
- Researchers did not group dancers by their type of dementia or its severity.
- Dance sessions across studies varied in their frequency and duration, making a comparison across studies difficult.

What can an individual do?

Dance may improve social interaction and bring enjoyment to people living with dementia—two important goals for people in long-term care. Family carers and care workers might, therefore:

- Find opportunities to invite people living with dementia to move to music that has some personal meaning to them. This could take place in any setting with people sitting or standing, depending on their capabilities.
- Watch the videos Dance and dementia and Dance therapy for dementia available online. See ARIIA Knowledge Hub Resources.

What can the organisation do?

- The costs of introducing a trained dance therapist to a care home need to be considered against the costs of having trained in-house staff lead dance activities.
- Dance activities need to consider the abilities of each participant as well as the motivation of each carer to be involved.

References

- 1. Karkou V, Meekums B. Dance movement therapy for dementia. Cochrane Database Syst Rev. 2017;2(2):Cd011022.
- 2. Guzman-Garcia A, Hughes JC, James IA, Rochester L. Dancing as a psychosocial intervention in care homes: A systematic review of the literature. Int J Geriatr Psychiatry. 2013;28(9):914-24.

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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.



