Effective Nonpharmacological Interventions Needed Now!

Now is the perfect time to emphasize the need for well-tested nonpharmacological interventions for individuals living with dementia. There are increasing numbers of individuals 85 and older who are at the highest risk for developing dementia (Prince et al., 2015). Consequently, there are increasing numbers of individuals with dementia who need care and treatment. Ample evidence shows that there are dangers associated with pharmacological treatment of individuals with dementia, particularly for symptom amelioration, and further evidence that certain medications can cause significant harm.

In this regard, the Centers for Medicare and Medicaid Services (2014) have established regulations to reduce the use of psychotropic medication and promote the first-line use of nonpharmacological interventions. So, what are nonpharmacological interventions? It is rather strange that they are defined by what they are not—these interventions are not pharmacological, which does not connote much about what they are. Some complain that this definition keeps the interventions trapped in the medical model, which may not be appropriate for conditions that are long lasting, incurable with medication, and often involve living well for many years beyond diagnosis. However, the search for an appropriate name seems elusive. Some organizations advocate calling them “person-centered interventions,” “alternative or complementary therapies,” or “psychosocial interventions,” but none are inclusive or descriptive enough so the search goes on. Others would argue that this label is well accepted now and should not be changed.

Although the labeling of the interventions seems rather unimportant to some, the issue of evaluating the effectiveness of nonpharmacological interventions is critical, both to find the most effective interventions for the most appropriate individuals in the appropriate stage of illness to maintain optimal quality of life, but also to make the best use of limited resources. Two factors limit these activities: (a) funding of the research to identify and test interventions, and (b) the effective dissemination of the interventions to individuals living with dementia and their families and health practitioners.

The major focus of dementia research has been on finding a
are usually less expensive than medications, and thus increasing the use of these interventions may not only increase the quality of life of individuals living with dementia but may save the health system monetary resources.

An important factor limiting the use of nonpharmacological interventions is the knowledge of individuals providing the care. In a study of physicians who worked in nursing homes, Cohen-Mansfield and Jensen (2008) found that physicians surveyed were in favor of using nonpharmacological interventions but had varying levels of knowledge about them. What you don’t know, you don’t use. The same is true of nurses. Wide dissemination of effective interventions is needed. However, knowledge is not enough to change practice; therefore, it is essential to know the best ways to apply the knowledge and embed it in practice.

Other studies have also focused on improving knowledge and embedding evidence in practice. For example, Lu et al. (2016) evaluated ways to increase engagement in activities that are not of interest to them, or offered no meaning to them, or expected early on: individuals with dementia may begin to withdraw from activities because of possible embarrassment about how well they might perform, or simply being offered activities that are not of interest to them, or offered no meaningful stimulation at all. Stigmatized expectations, social withdrawal, and limited opportunities to engage in meaningful activities can lead to depression and functional and social opportunity loss.

The importance of the need for a larger and more robust pool of nonpharmacological interventions to draw for care support...
was highlighted by the results of a recent study about how research funding (from the U.S. National Alzheimer’s Project Act [NAPA], a federal plan to overcome the disease) should be spent (Porock et al., 2015). Researchers surveyed individuals living with dementia and caregivers and found that the majority of respondents ranked caregiving support and resources for long-term care ahead of research for a cure, a finding in direct contrast to current NAPA spending on care and services.

Nurses are especially well-placed to develop, test, and deliver nonpharmacological interventions, particularly in community and long-term care environments. The studies presented within the current special issue have clinical implications and provide beginning evidence for the use of each intervention. As a group, the studies illustrate the high-quality, nurse-led work being undertaken in this area, and the commitment of nurse scientists to improving the daily lives of individuals living with dementia using nonpharmacological means.

REFERENCES


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