



Animal-Assisted Therapy vs Dementia

How can animal therapy influence symptoms of dementia in patients?



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Introduction

Dementia describes the gradual loss of brain function due to physiological and structural changes in the brain.

Most common in elderly over the age of 65, it can result in:

- Loss of daily living skills
- Loss of language skills
- Loss of memory
- Impaired reasoning,
- Behavioural changes such as wandering, aggression, screaming, forgetfulness, confusion and depression (Ministry of Health, 2016)
- Caregiver burnout (Brodaty, Draper & Low, 2003)

Symptoms can be treated with medications however some side effects of these can significantly reduce a patient's quality of life (Kumar, Durai & Jobe, 1998).

Animal assisted therapy (AAT) is a non-pharmacological therapy which uses the quiet interaction between a patient and a trained animal, facilitated by a human therapist.

It is a promising new method for dementia care aiming to provide relaxation and pleasure for the patient while aiding in physical and psychiatric therapy, alongside or in substitute for medication.



Animal Assisted Therapy and Dementia

Current literature suggests AAT with patients struggling with dementia can exhibit the following:

- ↓ **Agitated and aggressive behaviours** (Richeson, 2003; Churchill et al, 1999).
- ↓ **Depressive symptoms** (Moretti et al, 2013)
- ↑ **Perceived quality of life** (Moretti et al, 2010).
- ↑ **Food intake and weight gain** when patients are regularly exposed to specialised aquaria (Edwards & Beck, 2002).
- ↑ **Stability and expression of emotion** (Kawamura et al, 2007).
- ↑ **Motivation spatial orientation, concentration and abstract thought** (Kanamori et al, 2001)
- Delay progression of dementia symptoms** (Majić et al, 2013).

Recommendations for Practice

1. **Provide regular access to certified AAT programmes** within dementia care facilities for patients to interact with animals, aid in symptom treatment and provide them with a greater quality of life.
2. **Consider installing an aquarium** into facility dining rooms to increase patient social interaction, food intake and general wellbeing.
3. **Conduct further research** with strong controls the most effective mode of AAT, due to varied and limited research currently available.

Conclusion

AAT can offer:

- Healing, support, comfort, and the opportunity to enjoy an animal-human bond that can improve patient's quality of life and wellbeing through alleviation of symptoms.
- Promise as a non-pharmaceutical intervention for dementia patients which may reduce symptoms to a manageable level.

AAT should be considered for regular use in dementia care. Further research is required to determine the most effective mode of AAT.

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Summary

Medications and current treatments for dementia can cause problems that result in a decreased quality of life, therefore non-pharmacological treatments are a welcome treatment. Currently studies suggest that healing occurs during therapy with animals and provides patients with the ability to enjoy an animal-human bond devoid of judgement about cognitive state. Animal therapy can offer support and comfort to those struggling with dementia. They can help to reduce symptoms and increase quality of life. Furthermore, they can act as a social catalyst, allowing a topic for discussion between patients, carers and therapists. Results suggest that AAT can reduce symptoms of dementia, potentially to a manageable level and offers hope to those struggling with the effects of medication. It is recommended that patients have regular exposure to certified AAT dogs and therapists. It is also suggested that specialised aquaria be considered for dining rooms of patients. However further controlled research is necessary to determine the best mode of AAT.

PECOT Model

How does animal therapy influence symptoms of dementia?

<u>PECOT Category</u>	<u>Information relating to question</u>	<u>Explanation</u>
<i>Population</i>	Patients struggling with dementia aged 45 + years.	The majority of people affected by dementia are over the age of 65 years therefore they are the most at-risk group, however it can also influence patients as young as 45 (Ministry of Health, 2016).
<i>Exposure</i>	<i>Inclusion Criteria:</i> Participants struggling with dementia. Studies focussing on AAT and dementia. Participants over the age of 45. <i>Exclusion Criteria:</i> Research focussing on AAT on participants who do not struggle with a form of dementia.	The search will include articles that use an experimental design in which AAT is utilised in the intervention group and compared to a control group. Dementia can occur as young as 45 + therefore the at risk group is above this age.
<i>Comparison/Control</i>	Dementia patients who were not exposed to AAT	This provides focus on the differences between those who are exposed to AAT, and those who are not in order to examine whether there is an effect.
<i>Outcome</i>	Changes in or resolution of symptoms of dementia, or alternatively no changes as a result of AAT intervention.	Since this review aims to discover whether animal therapy influences symptoms of dementia in patients, we want to know whether the interventions change, worsen or do not influence symptoms.
<i>Time</i>	Variable	Dependent on the mode of AAT utilised by researchers. Due to limited research this is difficult to control for.

Reference:

Ministry of Health (2016). *Dementia*. Retrieved from <http://www.health.govt.nz/your-health/conditions-and-treatments/mental-health/dementia>