

Non-pharmacological interventions in a multicultural context

Introduction

This module deals with non pharmacological approaches to the treatment of dementia and how to employ them in multicultural contexts. After a general introduction to non pharmacological approaches and their growing importance in care settings, the module deals with the main group of approaches: cognitive-oriented interventions, sensory and multi-sensory stimulation interventions, activity therapy, technology and interventions on the environment and, finally, the doll therapy. For each type of approach some tips on how to employ it in a culturally competent way are provided.

Non pharmacological approaches: an overview

Over the last years, the importance of non pharmacological approaches for people with dementia has steadily grown. Even if pharmacological therapies can have the fundamental function of slowing down the effects of the disease, they do not stop its progression, and can cause side effects that compromise the quality of life of people with dementia (eg falls, negative impact of cognitive function etc.). Consequently, non-pharmacological interventions can represent important alternative early-stage treatment strategies and can be useful adjuvant therapies. These interventions are well tolerated, they facilitate self-reliance, and offer support to informal caregivers. It is however to be pointed out that, at the current stage, there is still little clarity regarding many aspects of the use of these treatments, from the dosage and optimal duration of each intervention, their contraindications and possible combinations.

The aim of non-pharmacological interventions is to maintain or improve the person's cognitive function, enable them to perform the usual activities of daily living, and address possible challenging behaviors.

Non-pharmacological interventions can be classified according to the experiential domains and the functions they primarily focus on. Among them we can identify cognitive-oriented interventions, sensory and multi-sensory stimulation; activity therapy, use of technology, intervention on the environment (both physical and relational, such as the caregiver's coping ability).

The different types of non-pharmacological interventions are indicated at different stages of the course of the disease. Interventions targeting cognitive function and activities are most helpful in the early stages of dementia (i.e. mild dementia), while in the more advanced stages, treatments focus primarily on aggression, senseless wandering, and other behavioral disturbances. In the phase of severe dementia, the most appropriate interventions are those aimed at preserving the well-being of the person.

Usually the care staff who work with people with dementia are trained to work with various non-pharmaceutical therapies depending on the person they are caring for and the goal they want to achieve. An approach or a specific intervention can be successful in certain cases but perhaps not in other. Generally speaking, cognitive stimulation, cognitive training and reminiscence therapy improve cognitive abilities. On the other hand, cognitive rehabilitation and occupational therapy improve performance in daily activities. Music therapy and multisensory stimulation are useful to deal with challenging behaviors. Support from the caregiver relieves depressive symptoms and emotional burden.

Although all approaches can be used in principle with people with all cultural backgrounds, there can be some specific aspects to take into account when they are used with person with a different ethnicity or language.

Although there is little evidence available in the literature on this topic, we can hypothesize for each type of approach some potential problems or opportunities when they are used in multicultural contexts.

Cognitive-oriented activities

We know that the involvement of people with dementia in activities and discussions, cognitive rehabilitation exercises, reminiscence sessions and all those moments in which cognitive and relational activation of the person is required, promotes cognitive and social functioning.

The most common form of cognitive stimulation includes group sessions led by a trained coordinator with discussions about the past, events of the day, travel, food, quizzes. More and more researches are underlining how cognitive stimulation programs improve cognitive function in people with mild to moderate dementia. When a person with different ethnicity is involved in this activity, it is necessary to pay attention to the language that is used to be sure that it is not a barrier to participation. In case the person with dementia is not fluent in the language used in the country where she lives, it will be advisable for the caregiver to know the language spoken by the elderly. This could be easier in individual activities. In group activities it could happen that not all participants share the same language. In this case the interaction could be mediated by a mediator or translator but at the cost of filtering spontaneous interaction.

Another type of intervention which can be affected by ethnicity is reminiscence therapy. It typically takes place individually or in groups of two or more individuals with dementia, on a weekly basis. It is based on photographs, music, films, everyday objects and objects related to past events, and it works on the connection between these stimuli and events of the person's life. Some stimuli may not have the same activating effect for everyone, in particular for those who are less or not familiar with it. Given that cultural aspects can have a deep influence on the life history of the person and on the interpretation she gives to the events and the relations in her life, the caregiver should therefore be aware of how cultural aspects can influence the person's biography. On the other hand, for people in a mild phase of the disease, the presentation of unknown objects could stimulate curiosity and therefore still promote an activation.



Fig 1: Nigerian traditional clothing

Occupational therapy

Occupational therapy addresses a wide range of activities, including the basic and complex activities of daily living, education, work and housework, play and leisure, and social participation. People with dementia are encouraged to remain active and independent in family management, food preparation, shopping, community mobility, financial management and communication.

Also in this case, an in-depth knowledge of the person, of his living environment, of his habits, of his culture is fundamental. The therapist shouldn't try to set up a new lifestyle or introduce her own habits, but she must help the person with dementia to find those supports that allow her to give continuity to her own lifestyle.

Especially in home interventions, the occupational therapist seeks to capture the needs, interests, beliefs, habits, roles, abilities and disabilities of the person with dementia, while assessing the physical, social and cultural environment. In this way the therapist tries to understand the everyday reality of the person with dementia, so that a therapeutic plan can be developed with the purpose of maintaining/improving personal autonomy, promote engagement in meaningful activities, social participation and alleviate the burden for caregivers, increase their sense of competence and their ability to manage the behavioral difficulties they face.

Internal environments

Sensory and environmental stimulations are often considered particularly valid for people with dementia. It is for this reason that specialized dementia units should be organized in a way that enhance freedom and safety of movement and creates an environment full of opportunities, although not chaotic. The activities proposed should be oriented to daily life routines, (making morning coffee, setting the table, cooking, washing clothes, listening to music, etc.). People with dementia should be involved in these activities on the basis of their attitudes, skills and life history. If we think of an environment where people from different ethnicities live, we should ensure that each person can find something that

belongs to their history and with whom they are familiar with. Likewise, it is important that the activities proposed are representative and respectful of her past daily routine. This is why it is important that when the person first enters the care home, an in-depth (and respectful) collection of information about her life and history is done. It is important to know if in the daily routine of the person there are moments dedicated to prayers and what types of place and objects these moments required, which music is preferred, etc. Family is essential to collect information and possibly also to materially provide some objects or materials that may not be easy to recover (recordings of music, photos, typical ornaments, etc.). Pictures hanging on the wall such as paintings or posters can also make the space comfortable and inspiring. They can represent past life moments and cherished places or they can be photos of the residents themselves or of their family members. It is of fundamental importance not to overlap the different stimulations because you could run the risk of creating a chaotic environment.



Fig. 2. A Romanian typical landscape. Romania is the country of origin of the first foreign group currently living in Italy.

Having the option to eat in a place similar to one's own home kitchen is certainly more comfortable and stimulating than eating in a restaurant-like and less personalized environment. Furthermore, we must not forget that when a kitchen can enhance sensory stimulation and also facilitate temporal orientation: the smell of the food indicates that it is time to eat, thus helping the person to recover the sense of time; it also stimulates the appetite and prepares the person for the meal.

In this regard, the knowledge of favorite or habitual dishes helps making the person feel to be in a familiar place. Spices and scents spread in the air can bring to the person's mind meaningful moments and be a stimulus for her. Perhaps, if people with different ethnicities live in a care home, one could create small typical spaces dedicated to different cultures or plan some culturally-specific activities alternated within the week.



Fig. 3 Sarmale: a typical Rumanian dish



Fig 4. Biryani: a typical Pakistani dish

Outdoor environment

External environments offer important occasions of cognitive and sensorial stimulations for people with dementia. Our experience shows how people stop more easily to observe what they know, which can be a stimulus for conversation based on memories connected to a certain environment. Accordingly, gardens should contain plants and objects familiar to the people who use them. For people coming from different countries, a possible obstacle could be given by the difficulty of finding plants who could difficultly survive in a different climate. Greenhouses could be, when possible, excellent solutions.

Doll Therapy

Another type of non-pharmaceutical therapy often used with people with dementia is doll therapy. Using a doll can be very effective with a person who has Alzheimer's or other types of dementia to reduce stress and agitation. The caregiver can use doll therapy as a way to stimulate a sense of responsibility and care in the person with dementia. A doll calm or relax, attract attention, provide a tool for social interaction.

The therapeutic doll must be presented very carefully to the person. A doll can be seen as a grandchild, a child, or a child to look after. In some cases, the person with dementia may even view the therapy doll as too important a responsibility and therefore not accept that caring role. As far as we currently understand, doll therapy can be used with those people who are experiencing a stage of dementia whereby the doll is recognized as a child (and the animated soft toy, if used, as a real pet). Otherwise we cannot properly speak of doll therapy.

Experience shows that introducing doll therapy in a controlled atmosphere, allowing the patient to take responsibility rather than giving her the doll to play can give value to their life. Doll therapy can help a person who is not verbalizing to start talking again. Talking, humming or singing with a baby in your arms are actions that can stimulate basic mental processes. The therapy doll can be looked after, dressed, stored and then returned the next day.

An important question is what types of doll is to be used. On the market it is possible to find dolls with characteristics of different ethnic groups (physical characteristics, clothes, accessories, etc) which may be selected according to the case.

If instead of the doll, an animal soft toy is chosen, it is important to know what it could represent for the person with dementia and what experience and feeling that person has towards that type of animal.. In this case cultural influences can be relevant. Is this animal traditionally a pet? Is it a sacred animal? Can he stay indoors or does he usually live outside?



