Evidence at a glance

Issue 2: The effectiveness of group cognitive stimulation therapy (CST)

Welcome to *Evidence at a Glance.* We are planning to produce this resource on regular basis. Our hope is that sharing research findings will be useful to you in supporting what you already do, and in providing ideas for how to improve our service.

This issue focuses on the evidence for the effectiveness of group cognitive stimulation therapy (CST). According to a Cochrane Review[1] there is "consistent evidence from multiple trials that cognitive stimulation programmes benefit cognition in people with mild to moderate dementia over and above any medication effects" (p.2). Cognitive stimulation therapy is recommended as good practice in international clinical guidelines[2,3,4] .

We cover the overall principles and a New Zealand evaluation of CST in this issue. Future issues of *Evidence at a Glance* will discuss specific activities used in CST sessions.

What is cognitive stimulation therapy?

Cognitive stimulation therapy is a structured treatment developed for people with mild and moderate dementia. It can be delivered in both community and residential care settings.

The intervention is often delivered in a group setting in 14 sessions over seven weeks. Aims of the sessions are to stimulate and engage people with dementia through activities in a social and learning environment. Sessions may include discussing life and current events, activities around food (refer to Issue 1), art, music, physical games, and discussion around cognitive/memory triggers such as house hold objects.[5]

There is evidence about the effectiveness of group CST with people with dementia, care partners and staff. The benefits include a positive impact on mood, improved memory, concentration and improved quality of life[6,7]. A study of providers' views found CST fitted

[1] Woods, B., Aguirre, E., Spector, A.E., & Orrell, M. (2012). Cognitive stimulation to improve cognitive functioning in people with dementia. *Cochrane Database of Systematic Reviews, 2*. Art. No.: CD005562. doi: 10.1002/14651858.CD005562.pub2

[2] Clinical practice guidelines are developed by systematically reviewing available research evidence in order to ascertain the benefits and risks of care options and provide recommendations.

[3] National Institute for Health and Care Excellence (2018) *Dementia: Assessment, management and support for people living with dementia and their carers. NICE guideline.* United Kingdom: Author. Retrieved from http:nice.org.uk/guidance/ng97

[4] Livingston, G., Sommerlad, A., Orgeta, V., Costafreda, S., Huntley, J., Ames….Mukadam, N. (2017). Dementia prevention, intervention and care. *Lancet, 390*(10113), 2673-2734. doi: 0.1016/S0140-6736(17)31363-6

[5] Kanareck, D., Narunsky, N., & Draper, B. (2015) *1 2 3 Australian CST guidebook*. New South Wales, Australia: Prince of Wales Aged Care Psychiatry Services. Retrieved from http://www.dementiaresearch.org.au/images/1_2_3_Australian_CST_Guidebook_FINAL.pdf

[6] Spector, A., Gardner, C., & Orrell, M. (2011). The impact of Cognitive Stimulation Therapy groups on people with dementia: Views from participants, their carers and group facilitators. *Ageing & Mental Health, 15* (8): 945-949.doi:10.1080/13607863.2011.586622.

well with person-centred care and that the benefits observed for people with dementia was a motivating factor in providing the intervention[8]. Training was an important success factor; concerns included the need for resources to provide maintenance CST after the initial programme.

Cognitive stimulation therapy in New Zealand

A study by Cheung and Peri (2014)[9] evaluated the implementation and effectiveness of three pilot CST groups in Auckland over six months. Two groups were in the community and one in an aged care facility. There were 7 members in each of the community groups.

The researchers used mixed methods for the research collecting data on demographics, diagnosis and outcomes which included quality of life, cognitive function measures and family outcomes. There were also semi-structured interviews with people receiving CST, their families and practitioners.

The group CST sessions were for one hour, twice a week, for seven weeks. The 14 sessions included topics such as music, food, creativity and word and number games facilitated by a trained CST practitioner. The report describes the structure of the CST sessions.

The researchers found:

- Positive effects on the mood of participants. Among the participants in the aged residential care facility the mean Geriatric Depression Scale changed from a baseline of 12 to 6.7 post CST.
- There was an average memory increase of 0.3 points on the Mini Mental State Examination (MMSE) score which, while not statistically significant, was comparable to the results in the Cochrane review by Wood et al. (2012) [10].
- Families and caregivers reported positive changes in the participants' quality of life.
- Social engagement was seen as important. Being in the company of others with memory problems was supportive and a situation where they felt relaxed and comfortable.

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[7] Toh, H. M., Ghazali, S. E., & Subramaniam, P. (2016). The acceptability and usefulness of Cognitive Stimulation Therapy for older adults with dementia: A narrative review. *International Journal of Alzheimer's Disease, 2016*, 5131570. Retrieved from http://doi.org/10.1155/2016/5131570

[8] Dickinson, C., Gibson, G., Gotts, Z., Stobbart, L., & Robinson, L. (2017). Cognitive stimulation therapy in dementia care: Exploring the views and experiences of service providers on the barriers and facilitators to implementation in practice using Normalization Process Theory. *International Psychogeriatrics, 29*(11), 1869-1878. doi:10.1017/S1041610217001272

[9] Cheung, G., & Peri, K. (2014) *Cognitive stimulation therapy: A New Zealand pilot*. Auckland, New Zealand: Te Pou o Te Whakaaro Nui. Retrieved from https://www.tepou.co.nz/uploads/files/resource-assets/cognitive-stimulation-therapy-a-new-zealand-pilot.pdf

[10] Woods, B., Aguirre, E., Spector, A.E., & Orrell, M. (2012). Cognitive stimulation to improve cognitive functioning in people with dementia. *Cochrane Database of Systematic Reviews, 2*. Art. No.: CD005562. doi: 10.1002/14651858.CD005562.pub2

- Families and practitioners noted benefits occurring within 2-3 sessions. They noticed that participants developed new confidence, capabilities and improved communication skills.

The researchers recommended:

- The development of a CST training and accreditation programme in NZ.
- The inclusion of CST as a treatment option in district health board dementia pathways.
- The establishment of maintenance CST programmes (28 weeks).

Key points

- Cognitive stimulation therapy is a structured group treatment developed for people with mild and moderate dementia.
- The use of CST is recommended in national and international guidelines. It can be delivered in both community and residential care settings.
- An evaluation of a pilot implementation in New Zealand found positive result for participants in the community and residential homes

Questions for discussion

1. *Why is group CST recommended as a non- pharmacological therapy for people with dementia?*
2. *Do we provide group CST sessions?*
    a. *If we do - what is done well and what would we like to improve/develop?*
    b. *If we don't - is CST available through other organisations in our area?*
        i. *If not what do we need to provide this service to our members?*