



Target Area: Mood > Depression, Activities of daily living, Motor/ Movement skills (not cognitively based)

Vreugdenhil, Cannell, Davies, & Razay. (2012) <i>Scand. J Caring Sci</i> 26: 12-19.	PEDro score - 8/10
Method/Results	Rehabilitation Program
<p>Design</p> <ul style="list-style-type: none"> ➤ Study Design: RCT ➤ Population: n=40 (24 women; mean age 74.1 years) community-dwelling patients diagnosed with Alzheimer’s disease. ➤ Groups: <ol style="list-style-type: none"> 1. Treatment group (n=20; exercise plus usual treatment) 2. Control group (n=20; usual treatment) ➤ Setting: Community <p>Primary outcome measures:</p> <ul style="list-style-type: none"> ➤ Alzheimer’s Disease Assessment Scale – Cognitive Subscale ➤ Mini-Mental State Examination ➤ Functional Reach test ➤ Timed Up and Go test ➤ Sit-to-Stand test ➤ The Barthel Index of Activities of Daily Living <p>Secondary outcome measures:</p> <ul style="list-style-type: none"> ➤ The Geriatric Depression Scale – Short Form ➤ The Clinician’s Interview-Based Impression of Change plus Caregiver Input ➤ The Zarit Burden Interview ➤ Body Mass Index ➤ Waist-to-hip ratio <p>Results: At 4 months’ follow-up, participants in the exercise group, compared to Controls, showed significant improvement on nearly all functional domains, including: improved cognition and independence in daily living, as well as mobility, balance, lower body strength, and reduced waist-to-hip ratio.</p>	<p>Aim: To evaluate the effectiveness of a community-based at-home exercise program on functional ability in people with Alzheimer’s disease.</p> <p>Materials: Purpose-designed manual containing descriptions and illustrations of exercises; telephone for participant follow-up calls; stopwatch for physical function assessment; instruments for measures of BMI and waist-to-hip-ratio.</p> <p>Treatment Plan:</p> <ul style="list-style-type: none"> ➤ Duration: 4 months ➤ Procedure: Participants randomly allocated to either the treatment or control group, with primary and secondary outcomes assessed at baseline and 4 months’ follow-up by an assessor blinded to participants’ group status. During the trial, all participants received a telephone call at 2 weeks and at 2 months to check on their wellbeing, and exercise progress (treatment group). ➤ Content: The manual-based exercise intervention consisted of ten simple exercises focusing on strength and balance, which each comprised three levels of difficulty. These exercises were performed daily at home, along with 30 minutes of brisk walking. The program was designed for the patient to do under the supervision of their carer. Control participants were offered training in the exercise program at the conclusion of the trial.