



Cognitive stimulation therapy improved cognition and quality of life in dementia


Spector A, Thorgrimsen L, Woods B, *et al.* Efficacy of an evidence-based cognitive stimulation therapy programme for people with dementia: randomised controlled trial *Br J Psychiatry* 2003;183:248–54.


Q In people with dementia, does cognitive stimulation therapy (CST) improve cognition and quality of life?


METHODS


 **Design:** randomised controlled trial.


 **Allocation:** concealed.


 **Blinding:** blinded (outcome assessor).


 **Follow up period:** 7 weeks.

 **Setting:** 5 day centres and 18 residential homes (with ≥ 15 people in each) in the UK.

 **Patients:** 201 people (mean age 85 y, 79% women) who met *DSM-IV* criteria for dementia, scored 10–24 on the Mini-Mental State Examination (MMSE), were able to communicate (according to the Clifton Assessment Procedures for the Elderly—Behaviour Rating Scale), had sufficient vision and hearing to participate and use material in a group, and did not have major physical illness or disability (including learning disability).

 **Interventions:** CST ($n = 115$): fourteen 45 minute sessions twice a week for 7 weeks. The programme used the concepts of reality orientation and cognitive stimulation and included the topics of money, word games, the present day, and famous faces. "Usual activities" ($n = 86$): in most settings, this consisted of doing nothing.

 **Outcomes:** cognition (MMSE), quality of life (Quality of Life—Alzheimer's Disease Scale), communication (Holden Communication Scale), behaviour (Clifton Assessment Procedures for the Elderly—Behaviour Rating Scale), global functioning (Clinical Dementia Rating Scale), depression (Cornell Scale for Depression in Dementia), and anxiety (Rating Anxiety in Dementia).

 **Patient follow up:** 83%.

MAIN RESULTS

Analysis was by intention to treat. More patients in the CST group than in the usual care group had ≥ 4 points improvement on the Alzheimer's Disease Assessment Scale—Cognition {relative benefit increase 131%, 95% CI 27 to 330; number needed to treat 6, CI 4 to 19)*. Cognition and quality of life were improved in the CST group but deteriorated in the usual activities group (table). The groups did not differ for any other outcome (table).

CONCLUSION

In people with dementia, cognitive stimulation therapy improved cognition and quality of life.

*RBI, NNT, and CI calculated from data in article.

A modified version of this abstract appears in *Evidence-Based Medicine*.

See commentary on next page.

Cognitive stimulation v usual activities in dementia at 7 weeks*

| Outcomes | Mean change score | | |
|----------|-----------------------|------------|----------------------------|
| | Cognitive stimulation | Activities | Mean score difference (CI) |
| MMSE | 0.9 | -0.4 | 1.14 (0.57 to 2.27) |
| ADAS-Cog | 1.9 | -0.3 | 2.37 (0.64 to 4.09) |
| QoL-AD | 1.3 | -0.8 | 1.64 (0.09 to 3.18) |
| Holden | 0.2 | -3.2 | 2.3 (-0.45 to 4.15)† |
| CAPE-BRS | -0.2 | -0.7 | 0.40 (-0.9 to 1.69)† |
| RAID | -0.5 | -0.7 | -1.30 (-3.48 to 0.87)† |
| Cornell | 0 | -0.5 | 0.12 -1.56 to 1.31)† |

*ADAS-Cog = Alzheimer's Disease Assessment Scale—Cognition; CAPE-BRS = Clifton Assessment Procedures for the Elderly—Behaviour Rating Scale; Cornell = Cornell Scale for Depression in Dementia; Holden = Holden Communication Scale; QoL-AD = Quality of Life—Alzheimer's Disease; RAID = Rating Anxiety in Dementia. Other abbreviations defined in glossary.
†Not significant.

For correspondence: Dr M Orrell, Department of Psychiatry and Behavioural Sciences, University College London, London, UK. m.orrell@ucl.ac.uk
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