

Baseball Reminiscence Therapy for Cognitively Impaired Veterans

Nina Tumosa, PhD

A support group, focused on sports memories, provided a nonpharmacologic intervention to help maintain cognitive function and improve quality of life for patients with dementia and depression.

The number of older veterans with dementia and depression has posed a growing health care concern. Before its 2012 closure, the Geriatric Research Education and Clinical Center (GRECC) at the VA St. Louis Health Care System (VASLHCS) in Missouri addressed this concern by creating a baseball reminiscence group pilot study to provide social support for veterans with dementia and depression.

Reminiscence therapy improves self-esteem, enhances mood, and promotes communication skills. Reminiscence therapy stimulates participants to share memories, which is helpful in relieving depressive symptoms and has shown positive effects on cognition.^{1,2}

DEMENTIA MANAGEMENT

In 2010, 563,758 veterans were diagnosed with dementia, including Alzheimer disease (AD).³ Although pharmacologic management of AD

Dr. Tumosa was the associate director of education for the Geriatric Research Education and Clinical Center (GRECC) at the VA St. Louis Health Care System in St. Louis, Missouri, at the time of this project. Currently she serves as a public health analyst at the Health Resources and Services Administration, Bureau of Health Workforce, Division of Medicine and Dentistry, Medical Education and Geriatrics Branch in Rockville, Maryland.

may slow its progression, AD cannot be prevented or reversed, and the treatments may cause adverse effects.⁴ Therefore, participation in support groups and supportive services should also be explored.

Currently, 70% of individuals with AD live at home, and most would like to remain there. Family caregivers provide 80% of the care in the home. Depending on the value placed on informal home care, the annual cost per patient for dementia care can be estimated between \$41,689 and \$56,290.⁵ The financial burden on family caregivers as well as on the veterans with dementia is increasing and needs to be addressed to improve the quality of care. Support groups may

improve the quality of life (QOL) and care for both veterans and their caregivers.

GROUP CHARACTERISTICS

Hoping to expand treatment options that would positively impact veterans, the VASLHCS GRECC created a reminiscence support group with the goal of improving the QOL for veterans with a diagnosis of dementia and depression. The group was modeled after the football reminiscence project of Scotland.⁶

Men and women with an interest in baseball and a diagnosis of either depression or dementia were invited. The presence of a family caregiver improved the probability of the veteran joining the group.

The VHA's Geriatric Research Education and Clinical Centers (GRECCs) are designed for the advancement and integration of research, education, and clinical achievements in geriatrics and gerontology throughout the VA health care system. Each GRECC focuses on particular aspects of the care of aging veterans and is at the forefront of geriatric research and clinical care. For more information on the GRECC program, visit the website (<http://www1.va.gov/grecc/>). This column, which is contributed to by GRECC staff members, is coordinated and edited by Kenneth Shay, DDS, MS, director of geriatric programs for the VA Office of Geriatrics and Extended Care, VA Central Office, Washington, DC. Please send suggestions for future columns to Kenneth.Shay@va.gov.



Ten of the original 14 recruits finished the first year with the group; 2 dropped out, 1 died, and 1 could not find transportation to the meetings. Of the 10 participating veterans, 3 had a depression diagnosis (Geriatric Depression Scale [GDS] scores between 8 and 12) and 7 had a mild-to-moderate dementia diagnosis (Saint Louis University Mental Status Examination [SLUMS] exam scores between 12 and 19). Four participants served in World War II, 4 served in Korea, and 2 served in Vietnam. Nine of the recruits were male; 1 was female. During the first year, 1 veteran entered the on-campus community living center following a hospitalization. This veteran continued to meet with the group during rehabilitation and on discharge went to an assisted living facility that provided transportation to VASLHCS. He participated until he died in year 2.

CARDINALS REMINISCENCE LEAGUE

The group gathered every 2 weeks for facilitated discussions. Meetings included guest speakers and sessions in which participants shared baseball memories. Field trips to the St. Louis Cardinals stadium for a tour, the St. Louis Cardinals Hall of Fame and Museum, a Cardinals game, or a local radio station kept veterans engaged.

After each meeting, participants were given a Scorecard (Figure). The Scorecard included the group logo, which reflected both military and baseball themes; contained information about the time, location, and subject of the next meeting; and provided a brief description of the story the veteran had shared at the meeting.

Caregivers reported that the Scorecard allowed them to continue the discussion at home. One caregiver reported that the card often contained old baseball stories he had heard as

a child. He expressed gratitude for hearing a “voice” that the family feared had been silenced by dementia.

At the end of the first year of the program, caregivers for the veterans with dementia expressed gratitude and reported an improved mood for the veterans when they discussed baseball at home. The SLUMS scores for these 7 patients had not changed significantly. The veterans with depression did not have caregivers, so no caregiver data were collected, but their self-reported statements indicated they felt more energetic and hopeful than they had felt before joining the group. However, all 3 veterans with a prior depression diagnosis declined requests to retake the GDS at the end of the first year.

The VASLHCS baseball reminiscence group had 3 important partners. The St. Louis chapter of the Alzheimer’s Association provided expertise in facilitator and volunteer training. Voluntary Services at VASLHCS actively recruited volunteers. The third partner was the St. Louis Cardinals. The St. Louis Cardinals Hall of Fame and Museum produced books with laminated iconic baseball pictures from their archives for the reminiscence group. Meetings began with a review of the books.

Holding meetings at VASLHCS had many benefits. Participants could schedule medical appointments on the days the group met, thereby reducing transportation demands. Other veterans often contributed to the program, which increased the festive, social nature of the meetings. For example, one veteran, who practiced piano as part of his regular therapy, played *Take Me Out to the Ballgame* at the beginning and end of the meetings. Veterans who were on site for appointments or social events helped greet the participants in the parking lot and escorted them

Figure. Individualized Scorecard



The veteran’s anecdote is added on, which can be shared with the veteran’s caregiver.

to the meeting room. The VASLHCS provided a safe, familiar environment in which the veterans and their caregivers could congregate and conduct other business as needed. Also, holding the meetings at VASLHCS reinforced that group members had 2 things in common: They were baseball fans, and they were veterans.

CONCLUSIONS

The baseball reminiscence support group helped promote camaraderie among veterans. This pilot project helped determine the feasibility and interest of the participants and volunteers and provided the following insights:

- Baseball reminiscence may appeal to men who do not feel comfortable in other types of support groups
- Properly trained facilitators were critical to the program
- Volunteers kept veterans engaged and promoted input from everyone
- Meeting reminders and follow-up calls kept caregivers apprised of activities

BASEBALL REMINISCENCE THERAPY

- Baseball is just one sport that can be used by a reminiscence group. Any sport that has a local fan base will provide volunteers and a core of interested veterans
 - Memories of sporting events are traditionally exaggerated and rewritten as part of the social process, so there is no shame in forgetting facts or mixing up games
- Support programs are often used with the hope of providing an improved QOL for participants. To document such outcomes, large, controlled, longitudinal studies are needed. Many patients with dementia and depression are unable to participate in these studies because of failing physical health, failing cognition, and caregiver fatigue. Pilot studies such as this one provide examples of social interventions that are not scientifically proven to be effective but are perceived to be of value by all involved: the veterans, their families, the volunteers, and the facilitators. This type of therapy provides a low-cost, social intervention and an opportunity for improved QOL and fun for veterans. ●

Author disclosures

The author reports no actual or potential conflicts of interest with regard to this article.

Disclaimer

The opinions expressed herein are those of the author and do not necessarily reflect those of Federal Practitioner, Frontline Medical Communications Inc., the U.S. Government, or any of its agencies. This article may discuss unlabeled or investigational use of certain drugs. Please review the complete prescribing information for specific drugs or drug combinations—including indications, contraindications, warnings, and adverse effects—before administering pharmacologic therapy to patients.

REFERENCES

1. Wu L-F, Chuo LJ, Wu ST. The effect of group instrumental reminiscence therapy in older single veterans who live in a veterans home in Taiwan. *Int J Geriatr Psychiatry*. 2012;27(1):107-108.
2. Van Bogaert P, Van Grinsven R, Tolson D, Wouters K, Engelborghs S, Van der Mussele S. Effects of SolCos model-based individual reminiscence on older adults with mild to moderate dementia due to Alzheimer disease: a pilot study. *J Am Med Dir Assoc*. 2013;14(7):528.e9-e13.
3. U.S. Department of Veterans Affairs, Veterans Health Administration, Health Services Research & Development Service. A systematic evidence review of non-pharmacological interventions for behavioral symptoms of dementia. U.S. Department of Veterans Affairs Website. <http://www.hsrd.research.va.gov/publications/esp/Dementia-Nonpharm.pdf>. Published March 2011. Accessed August 30, 2015.
4. Alzheimer's Association. 2013 Alzheimer's disease facts and figures. *Alzheimers Dement*. 2013;9(2):208-245.
5. Hurd MD, Martorell P, Delavande A, Mullen KJ, Langa KM. Monetary costs of dementia in the United States. *N Engl J Med*. 2013;368(14):1326-1334.
6. Tolson D, Schofield I. Football reminiscence for men with dementia: lessons from a realistic evaluation. *Nurs Inq*. 2012;19(1):63-70.

UNITED STATES POSTAL SERVICE Statement of Ownership, Management, and Circulation (Requester Publications Only)

1. Publication Title: Federal Practitioner

2. Publication Number: 1 0 7 3 1 4 9 7

3. Filing Date: 10/15

4. Issue Frequency: Monthly, except 2 issues in December

5. Number of Issues Published Annually: 13

6. Annual Subscription Price (if any): \$100

7. Complete Mailing Address of Known Office of Publication (Not printer) (Street, city, county, state, and ZIP+4®):
Frontline Medical Communications Inc., 7 Century Drive, Suite 302, Parsippany, Morris County, NJ 07054-4609

Contact Person: Corina Scibbe
Telephone (include area code): 973-206-8006

8. Complete Mailing Address of Headquarters or General Business Office of Publisher (Not printer):
7 Century Drive, Suite 302, Parsippany, NJ 07054-4609

9. Full Name and Complete Mailing Address of Publisher, Editor, and Managing Editor (Do not leave blank):
Publisher (Name and complete mailing address):
JoAnn Wahl, 7 Century Drive, Suite 302, Parsippany, NJ 07054-4609
Editor (Name and complete mailing address):
Reid Paul, 7 Century Drive, Suite 302, Parsippany, NJ 07054-4609
Managing Editor (Name and complete mailing address):
Joyce Brody, 7 Century Drive, Suite 302, Parsippany, NJ 07054-4609

10. Owner (Do not leave blank. If the publication is owned by a corporation, give the name and address of the corporation immediately followed by the names and addresses of all stockholders owning or holding 1 percent or more of the total amount of stock. If not owned by a corporation, give the names and addresses of the individual owners. If owned by a partnership or other unincorporated firm, give its name and address as well as those of each individual owner. If the publication is published by a nonprofit organization, give its name and address.)

Full Name	Complete Mailing Address
Frontline Medical Communications, Inc.	7 Century Drive, Suite 302, Parsippany, NJ 07054-4609
Quadrant Media Corporation	430 Park Avenue, New York, NY 10022

11. Known Bondholders, Mortgagees, and Other Security Holders Owning or Holding 1 Percent or More of Total Amount of Bonds, Mortgages, or Other Securities. If none, check box: None

Full Name	Complete Mailing Address
-----------	--------------------------

12. Tax Status (For completion by nonprofit organizations authorized to mail at nonprofit rates) (Check one):
 Has Not Changed During Preceding 12 Months
 Has Changed During Preceding 12 Months (Publisher must submit explanation of change with this statement.)

Publication Title	Issue Date for Circulation Data Below		
Federal Practitioner	September 2015		
15. Extent and Nature of Circulation		Average No. Copies Each Issue During Preceding 12 Months	No. Copies of Single Issue Published Nearest to Filing Date
a. Total Number of Copies (Net press run)		35,911	36,182
b. Legitimate Paid and/or Requested Distribution (By mail and outside the mail)			
(1) Outside County Paid/Requested Mail Subscriptions stated on PS Form 3841. (Include direct orders received from recipient, telemarketing, and Internet requests from recipient, paid subscriptions including normal rate subscriptions, employer requests, advertiser's proof copies, and exchange copies.)		19,878	30,675
(2) In-County Paid/Requested Mail Subscriptions stated on PS Form 3841. (Include direct orders received from recipient, telemarketing, and Internet requests from recipient, paid subscriptions including normal rate subscriptions, employer requests, advertiser's proof copies, and exchange copies.)		-	-
(3) Sales Through Dealers and Carriers, Street Vendors, Counter Sales, and Other Paid or Requested Distribution Outside USPS		-	-
(4) Requested Copies Distributed by Other Mail Classes Through the USPS (e.g., First-Class Mail®)		-	-
c. Total Paid and/or Requested Circulation (Sum of 15b(1), (2), (3), and (4))		19,878	30,675
d. Total Non-Requested Distribution (Sum of 15c(1), (2), (3), and (4))		15,691	5,208
(1) Outside County Nonrequested Copies Stated on PS Form 3841 (include sample copies, requests over 3 years old, requests induced by a premium, bulk sales and requests including association requests, names obtained from business directories, lists, and other sources)		15,691	5,208
(2) In-County Nonrequested Copies Stated on PS Form 3841 (include sample copies, requests over 3 years old, requests induced by a premium, bulk sales and requests including association requests, names obtained from business directories, lists, and other sources)		-	-
(3) Nonrequested Copies Distributed Through the USPS by Other Classes of Mail (e.g., First-Class Mail®; nonrequested copies mailed in excess of 15% limit mailed at Standard Mail® or Package Service rates)		-	-
(4) Nonrequested Copies Distributed Outside the Mail (include pickup stands, trade shows, conferences, and other sources)		-	-
e. Total Nonrequested Distribution (Sum of 15d(1), (2), (3) and (4))		15,691	5,208
f. Total Distribution (Sum of 15c and e)		35,569	35,883
g. Copies not Distributed (See instructions to Publishers #4, page #3)		342	299
h. Total (Sum of 15f and g)		35,911	36,182
i. Percent Paid and/or Requested Circulation (15c divided by 15f times 100)		55.9%	85.5%

* If you are claiming electronic copies, go to line 16 on page 3. If you are not claiming electronic copies, skip to line 17 on page 3.

UNITED STATES POSTAL SERVICE Statement of Ownership, Management, and Circulation (Requester Publications Only)

16. Electronic Copy Circulation

	Average No. Copies Each Issue During Preceding 12 Months	No. Copies of Single Issue Published Nearest to Filing Date
a. Requested and Paid Electronic Copies		
b. Total Requested and Paid Print Copies (Line 15c) + Requested/Paid Electronic Copies (Line 16a)		
c. Total Requested Copy Distribution (Line 15c) + Requested/Paid Electronic Copies (Line 16a)		
d. Percent Paid and/or Requested Circulation (Both Print & Electronic Copies) (16b/15f times 100)		

I certify that 50% of all my distributed copies (electronic and print) are legitimate requests or paid copies.

17. Publication of Statement of Ownership for a Requester Publication is required and will be printed in the October 2015 issue of this publication.

18. Signature and Title of Editor, Publisher, Business Manager, or Owner:  Date: 9/25/15

I certify that all information furnished on this form is true and complete. I understand that anyone who furnishes false or misleading information on this form or who omits material or information requested on the form may be subject to criminal sanctions (including fines and imprisonment) and/or civil sanctions (including civil penalties).