

Art Therapy Benefits Hospice, Dementia Patients

BY SUSAN BIRK

FROM THE JOINT CONFERENCE OF THE
AMERICAN SOCIETY ON AGING AND THE
NATIONAL COUNCIL ON AGING

CHICAGO — Whether the activity involves putting brush to paper or assembling images into a collage, expression through the visual arts can powerfully improve the quality of life for people with dementia and terminal illness.

Guided art activities can rekindle a sense of self in people with Alzheimer's disease and other dementias by facilitating a reconnection with long-term memories, said Cordula Dick-Muehlke, Ph.D., executive director of the Alzheimer's Family Services Center, Huntington Beach, Calif. For hospice patients, art therapy can afford the opportunity to find meaning and closure through the concrete expression of personal accomplishments, important relationships, and cherished experiences, Katy Barrington, Ph.D., professor of art therapy at the Adler School of Professional Psychology, Chicago, said in a separate presentation.

Profound Meaning

"The process of dying is a unique and vulnerable time for anybody," Dr. Barrington said, and art therapy can provide an excellent catalyst for the expression of thoughts and feelings as hospice patients near the end of life.

She presented the results of a qualitative study of three elderly female hospice patients in rural Wisconsin. The study was based on existential philosophy, which emphasizes the importance of individual responsibility, choices, actions, and self-examination.

With guidance from Dr. Barrington and a hospice social worker over the



COURTESY ALZHEIMER'S FAMILY SERVICES CENTER

Initially intimidated, a patient in the program wanted "to paint the colors of Tuscany." And so she did.

course of four visits, patients completed a collage in collaboration with a selected loved one based on a story about their lives. She also asked each selected individual to tell a highlighted story that included the patient. The collages were framed and presented to patients and their loved one in the final session.

The process of creating a piece about one's life harmonizes with the goals and principles of hospice, which stress connectedness, dignity, respect for the patients' choices, and giving patients as much control over their lives as possible as they attend to psychological, physical, social, and spiritual concerns, Dr. Barrington said.

Art therapy helps patients cope with anxiety about death and encourages meaningful reminiscence. The latter is particularly valuable because it enables patients to take stock of their contributions and legacies at a time when they might wonder whether they have accomplished anything worthwhile in their lives, she

said. Dr. Barrington analyzed the meaning in the finished art pieces using grounded theory, a qualitative research methodology in the social sciences in which data (in this study, patients' comments) are coded and grouped into similar concepts to generate a theory.

She said that she anticipated having to "pull" stories out of the three patients. Instead, "all of them unloaded on me ... and I probably had 20 different stories. This tells me that confronting death is huge, and that there is a need to talk or bring it all together—to bring life together."

Each of the three patients talked about mentors in their lives who had helped them deal with struggles and personal choices. Creativity (skill in embroidery, quilting, and sewing) had also played a prominent role in each woman's life, providing a means of navigating hardships, developing pride and dignity, saving money, and improving the quality of life for themselves and others. Their skills were parts of their legacies.

Through the creative process, patients "recognized that their experience was valuable, that it constituted knowledge, and that meaning came from that knowledge," Dr. Barrington said. The project gave patients "choices and decisions to make, which made them whole and made them feel they were contributing to bettering their own lives, even as they confronted death."

Creativity Despite Dementia

For people with dementia, activities have a different value. While providing an excellent vehicle for emotional release and social connection, art also can enhance cognitive functioning by helping individuals tap into brain functions that remain relatively intact, including long-term memory systems, Dr. Dick-Muehlke said.

"When we talk about art, we always talk about the creative process and the emotional process ... but it's important for us to recognize that art allows people with Alzheimer's disease to use their preserved cognitive skills," said Dr. Dick-Muehlke. She noted evidence that cognitive stimulation with medication might be more effective than medication alone (*Dement. Geriatr. Cogn. Disord.* 2006;22:339-45).

The neurodegenerative process of dementia impairs short-term memory, language, judgment, and visual spatial abilities. "We place a great deal of value on those [abilities] in our society. And we often forget about that other aspect of that person—the aspect of the person that is still so alive," she said.

By tapping into what a person can still do and feel successful at, art helps individuals express essential features of themselves. Episodic autobiographical memories, such as "the day I got married" or "when I went to college," as well as the long-term memories of skills and procedures called procedural memories often endure.

"People are very surprised that people with dementia can create such beautiful art," said Dr. Dick-Muehlke. "Every time you see someone's mouth drop is a time that you decrease the stigma of what it means to have Alzheimer's disease." ■

Modified MMSE Screens More Accurately for Dementia

BY DAMIAN McNAMARA

FROM THE ANNUAL MEETING OF THE
AMERICAN GERIATRICS SOCIETY

ORLANDO — Modification of the Mini-Mental State Examination detects dementia with fewer false positives, according to a prospective study of older patients with varying degrees of literacy.

The Mini-Mental State Exam "is highly dependent on patient education," Dr. Razia Hafiz said at the meeting. For example, clinicians who administer the Mini-Mental State Exam (MMSE) to screen for dementia typically ask people to spell W-O-R-L-D backward, or to start at 100 and count backward in units of seven (100, 93, 86, and so on).

"We are from Eastern North Carolina, where we have a lot of illiterate and low-literacy people. We were falsely classifying a lot of people as dementia," said Dr. Hafiz, a geriatrics fellow in the department of family medicine at East Carolina University in Greenville, N.C.

Dr. Hafiz and her colleagues modified the MMSE and instead asked 222 participants to recite the days of the week backward. The initiative was successful, she said. "We had fewer false positives."

They enrolled 28 illiterate patients (13%), 46 semi-literate patients (20%), and 148 literate patients (67%) at an academic outpatient geriatric center, a family med-

VITALS

Major Finding: Asking patients to recite the days of the week backward correlated better with a standard dementia screen (3.88 on a scale of 0-5) than did a standard spelling (2.24) or counting task (0.90).

Data Source: Prospective study of 222 seniors with varying levels of literacy and education completion.

Disclosures: None was reported.

icine center, and a hospital. All participants in the open study had complaints of memory loss or a diagnosis of dementia at baseline.

Each participant also completed the Mini-Cog instrument as a control. The Mini-Cog test indicates dementia if a participant cannot recall any of three items, is interpreted as normal if the individual can recall all three, and relies on the accuracy of a clock drawing when the participant recalls only one or two items. A majority, 71%, met the Mini-Cog criteria for dementia.

Patients with dementia scored higher on the modified MMSE than the traditional MMSE, regardless of literacy level, education, sex, or race. Mean scores were 19.39 on the MMSE and 20.88 on the modified MMSE. On a scale of 0-5 regarding correlation with the Mini-Cog, this group scored a mean of 0.90 on the serial 7 test, 2.24

on the spelling task, and 3.88 on the weekdays exercise.

In addition, participants without dementia all correctly recited the days of the week backward (a score of 5.00) and scored higher on this exercise, compared with the counting (3.85) or serial 7 task (2.02).

Of the 111 participants with less than a high school education, both the mini-Cog and modified MMSE identified 86 with dementia. In contrast, the MMSE identified 95 with dementia, suggesting some were false positives, Dr. Hafiz said.

Using a modified MMSE score cutoff of 27 or less correlated better with the Mini-Cog than did the MMSE among participants who were illiterate, who were semiliterate, or who did not complete high school. With this cutoff, the modified MMSE had a higher sensitivity and specificity for all participants, she said.

The study included 162 women (73%) and 60 men. The mean age of the participants was 80 years. The cohort was 51% white and 49% black. Education level was evenly divided between 111 participants who graduated from high school and 111 others who did not.

Use of the Mini-Cog as a surrogate for dementia instead of a formal diagnostic assessment was a potential limitation of the study, Dr. Hafiz said.

The next step is to make sure that the modified MMSE is applicable over time to monitor the dementia disease process, she said. ■