

12th International Conference on

Alzheimer's Disease & Dementia

October 29-31, 2018 | Valencia, Spain

Can we quantify the person-centered care concept for people with dementia? Extract of priority approach points for people with dementia: A pilot study

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² .RNRUR 5HVHDFK &HQWHU³. \RWR 8QLYHUVLW\ -DSDQ

To quantify the care concept (person-centered care) for people with mild cognitive impairment (MCI) and early stage dementia, we analyzed the difference between the MESD's and family caregiver's narratives and extracted approach points for MESDs. We conducted a semi-structured interview for 14 pairs of MESDs and caregivers visiting the National Center for Geriatrics and Gerontology (NCGG). Based on the self-regulatory model of illness behavior, the interview items were set to eight categories (physical and mental changes, self-esteem, etc.). Methods of content analysis were, segmenting the content of utterances; classifying them as positive and negative and sorting those classified into eight categories (ultimately, sorting them into 16 categories). Finally, the percentage of speech in each category and their total number of words was calculated (incidence of occurrence) and compared between MESDs and caregivers. The attributes of MESDs were age: 78.0±3.4, MCI 50.0%, MMSE (mini-mental state examination): 21.7±3.4. The attributes of caregivers were age: 64.0±11.5, relationship: biological parent and child was 57.1%. The categories of significantly higher incidences in MESDs were: a narrative self-esteem (t(24)=1.8, p<0.05), family affinity (t(24)=1.9, p<0.05). Conversely, in caregivers, pessimistic feelings of MESD's mental and physical changes accounted for a high percentage. MESDs positively talked about their personality and their families. On the other hand, caregivers negatively talked about changes of MESDs. As a result, the focus approach point for MESDs is based on personal history, such as personal background and the individual's view of life. In other words, this suggestion is synonymous with the concept of person-centered care.

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