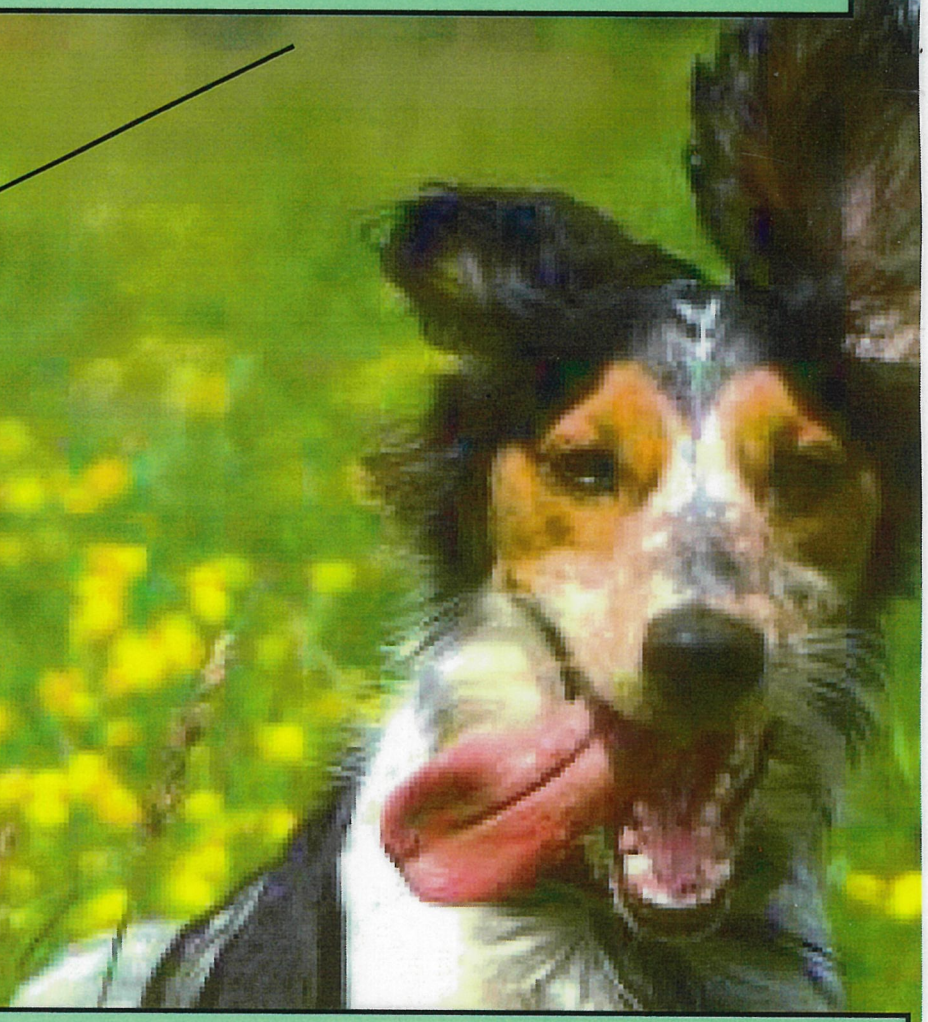
Animals and the Elderly

By Mollie Eastup

Does animal assisted therapy (AAT) reduce behavioural and psychological symptoms of dementia (BPSD) in patients who have dementia, aged 65+, living in a rest home ?

In New Zealand and internationally, concerns have been raised about the increased use of antipsychotics and their safety profile in older peoples (Managing patients with dementia, 2013). As there is no current cure for dementia, it is crucial to have appropriate treatment of BPSD. From this information, I decided to do a literature review on AAT in relation to therapy for patients with dementia.



Literature review:

-Richesons (2003) said that dementia is becoming more prevalent in our society and around the world. He also found that AAT can decrease agitated behaviours and increase social interactions.

-Majic, Gutzmann, Heinz, Lang & Rapp (2013) found through his study, that AAT was affecting dementia patients BPSD in a positive way.

- Motomura, Yagi & Ohyama (2004) found that AAT changed the apathy state of patients with dementia, in a positive way.

- Shibita & Wada (2010) state that robot therapy has the same affect as AAT.

- Robinson (2012) found through his study that patients with dementia responded positively to robot therapy.

Implications and recommendations:

As a nurse in New Zealand, due to high rates of people suffering from dementia, we must try non-pharmalogical treatments before antipsychotics. Antipsychotics can be toxic and diminish quality of life.

I recommend that AAT should be implemented in all rest homes across New Zealand. Even though the current research is minimal, it shows positive outcomes.

I recommend to ask the residents what animals they prefer for AAT. Having a past experience with a specific animal, may make bonding easier in AAT. In addition, asking them if they would prefer robot therapy. Some residents may be fearful of animals and this could be a great option. Robot therapy is useful for rest homes that don't allow animals or for residents who are allergic to animals.

Lastly I recommend that there should be an animal living permanently in all rest homes. This will get residents used to the idea of being around animals and may spark interest.

In conclusion, AAT should be considered before the use of anti-psychotics. AAT has been proven to reduce BPSD and increase social activity. Research needs to be continued, but AAT is looking promising.

References:

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Richeson, N. E. (2003). Effects of animal-assisted therapy on agitated behaviours and social interactions of older adults with dementia. *American Journal of Alzheimers Disease & Other Dementias, 18*(6), 353-358.

Robinson, H. (2012). Suitability of Healthcare Robots for a Dementia Unit and Suggested Improvements.

Shev.(2012). Happy dog in a field with flowers. Retrieved from: www.stockfresh.com/image/1723990/happy-dog-in-a-field-with-flowers

Shibita, T., & Wada, K. (2010). Robot therapy: A new approach for mental healthcare of the elderly– A mini review. *Gerontology, 57*(4), 378-386.

Rationale:

I have chosen to present my literature review as a poster because posters can facilitate conversations and interactions with colleagues, teachers or the general public who share the same interests (McCann, Sramac & Rudy, 1999). As posters can be easily displayed, they have the ability to stick in the viewers mind, with colour and effective imagery, it makes the viewer think about the message you're pointing out. As posters can be displayed anywhere easily, this means they can potentially be viewed 24hours a day if you choose the right location, which means a greater audience viewing your poster. Posters display a summary of the information you have found with the most important points being featured. Personally I think this is a strong point to posters because people often get bored reading lots of information and will not retain it or want to know more. A poster can be seen as an extension of your personality, unlike an essay which can be dry and impersonal (Erren & Bourne, 2007). I hope through my poster I can spread knowledge on AAT for patients who have dementia and facilitate active learning by encouraging viewers to ask questions.

PECOT Model:

P– Population: The population I have chosen to focus on is adults aged 65 plus, male or female and who are living in a rest home. Dementia is more common in people over the age of 65, however, can affect people as young as 45 (Khawaja, 2000).

E– Exposure/intervention: I will be reviewing articles in which residents are exposed to AAT for a length of time and observations and measurements are made. I am specifically looking at changes in the residents/participants BPSD.

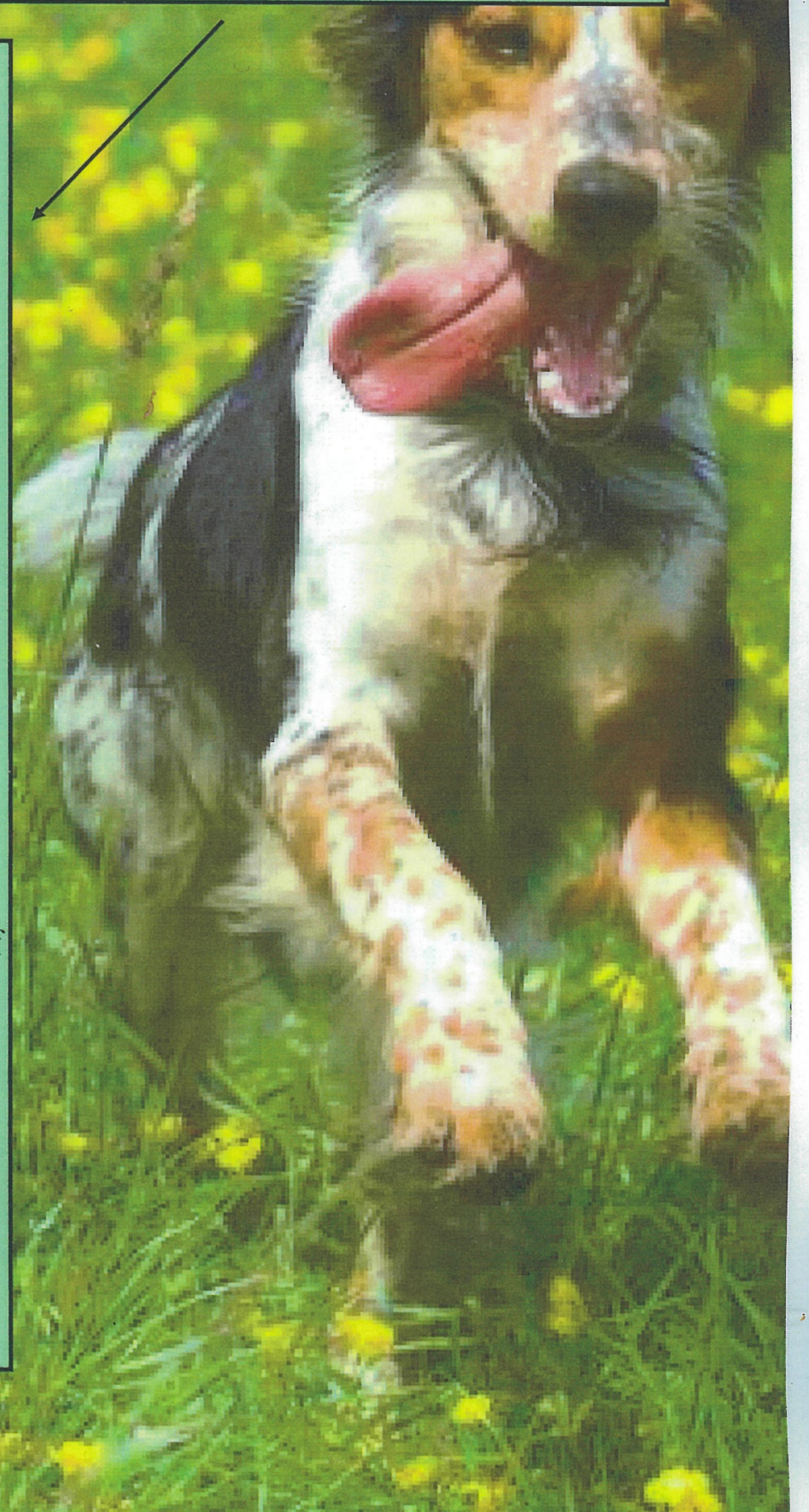
C– Comparison: I will be comparing what happens before AAT and what happens after AAT in regards to BPSD and also at controlled where one group receives AAT and one group does not.

O– Outcome: I want to know if AAT will reduce BPSD for patients who have dementia and if so, for how long.

T– Time: Daily or weekly visits of AAT for the remainder of their life with dementia.

(Whitehead, 2013).

Before using this model my question was : Does AAT have positive effects on patients who have dementia. After using this model, it helped me form my question to : Does AAT reduce BPSD in patients who have dementia, aged 65+, living in a rest home ?



References:

Erren, T. C., & Bourne, P. E. (2007). Ten simple rules for a good poster presentation. PLoS Comput Biol, 3(5), e102.

McCann, S., Sramac, R., & Rudy, S. (1999). The poster exhibit: guidelines for planning, development, and presentation. Dermatology Nursing, 11 (5), 373-379.

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Whitehead, D. (2013). Searching and reviewing the research literature. In Z. Schneider & D. Whitehead (Eds.), *Nursing and midwifery research: Methods and appraisal for evidence based practice* (4th ed.). (pp.35-56). NSW, Australia: Elsevier