The impact of individual reminiscence therapy for people with dementia: systematic review

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CRD summary
This review of individual reminiscence, involving life review or personalised specific memory triggers in a life-story book, showed some psychosocial benefits for people with dementia, but no benefits were seen with general reminiscence materials. The authors' conclusions reflected the small amount of available evidence, but the limitations in the review methods make their reliability unclear.

Authors' objectives
To evaluate the potential psychosocial benefits of individual reminiscence therapy for people with dementia.

Searching
PsycINFO, MEDLINE, CINAHL, Cochrane Central Register of Controlled Trials (CENTRAL), EMBASE and Web of Knowledge were searched for studies published in English from inception to December 2011; search terms were reported. Relevant journals were handsearched and reference lists of retrieved papers and reviews were searched.

Study selection
Randomised controlled trials of reminiscence as an individual intervention for people with dementia were eligible. Trials of mixed methods, such as reality orientation or multisensory stimulation, and those with a group approach were excluded.

In the included trials, all participants were from nursing or residential care homes. All trials reported Mini-Mental State Examination (MMSE) scores or Dementia Rating Scores as an indicator of cognitive impairment or dementia severity. The individual reminiscence ranged from a highly structured life review to a less structured general approach. Control groups were treatment as usual, one-to-one social activity, a reminiscence group, a social activity group, or informal personalised individual sessions with an activity therapist. Participant ages ranged from 60 to 99 years and their baseline MMSE scores ranged from nine to 17.8; one trial reported a Clinical Dementia Rating score of mild to moderate. Most trials were of weekly sessions lasting between 30 minutes and one hour, for between four and twelve weeks. Outcomes varied, including depression, cognition, memory, social engagement and quality of life.

Trials were selected by two reviewers.

Assessment of study quality
The authors did not formally assess trial quality, but they did report randomisation methods, blinding of assessors, attrition rates and use of intention-to-treat analysis.

Data extraction
Information on the participants' diagnoses and severity, reminiscence content, facilitators, sessions and outcomes were extracted. The authors did not report how many reviewers extracted the information.

Methods of synthesis
The results were presented in a narrative synthesis.

Results of the review
Five trials were included, with 225 patients with dementia (range 17 to 101). All trials had a before-and-after randomised controlled design. Three reported some form of assessor blinding and two reported attrition rates (15% and 33%) and used intention-to-treat analysis.

Two small trials (31 and 17 participants) used a life review or story method. In one of these participants produced a life-story book based on one-to-one life review sessions. Significant improvements in depression, communication, positive mood and cognition were reported. The other study provided life review sessions with a trainee clinical psychologist and found significant improvements in autobiographical memory and depression.
One trial (101 participants) used specific reminiscence, which produced a life-story book using personalised triggers for each person's life history. No significant differences between groups were found, but the intervention group showed a significant improvement in measures of well-being and social engagement.

Two small trials (24 and 36 participants) used general individual reminiscence approaches. One had six weekly sessions, which focused on a particular life phase, such as childhood or family life, and introduced relevant objects for discussion from that phase. Group sessions produced improvements in cognition, but individual sessions did not. Participation in social activity resulted in a greater improvement in well-being than individual or group reminiscence. The other study used a kit of visual and auditory activities, based on five themes, such as musical instruments, designed to stimulate reminiscence. The control group included elements of reminiscence and both groups showed improvements in apathy after four weeks.

**Authors' conclusions**
Individual reminiscence involving life review or personalised specific memory triggers in a life-story book showed some psychosocial benefits for people with dementia. No benefits were seen with general reminiscence materials.

**CRD commentary**
The review specified the inclusion criteria for design, intervention and participants. A range of databases and relevant journals were searched, but selection was restricted to published articles in English, introducing the possibility of publication or language bias. Studies were selected by two reviewers to reduce errors and bias, but it was not reported if data were extracted in the same way. No quality assessment, using a recognised tool, was performed, but the authors discussed some aspects of trial quality. Given the differences in the interventions and outcomes, the narrative summary was appropriate.

The authors' conclusions reflected the small amount of available evidence, but the limitations in the review methods make their reliability unclear.

**Implications of the review for practice and research**
**Practice:** The authors did not state any recommendations for practice.

**Research:** The authors stated that further research was needed into the effects of reminiscence, including life-story books, on patients with dementia and their relatives and care staff. The analysis of the components of reminiscence, the selection of appropriate outcome measures, and research into training, supervision and support for those implementing the interventions were needed. Future trials should consider the timescale of improvements; short and long term.

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This is a critical abstract of a systematic review that meets the criteria for inclusion on DARE. Each critical abstract contains a brief summary of the review methods, results and conclusions followed by a detailed critical assessment on the reliability of the review and the conclusions drawn.