

**Physiotherapy works ✓**

# Dementia care

Physiotherapy, delivered as part of a multi-disciplinary team approach, is clinically and cost effective in the management of dementia

## What is Dementia?

Dementia is a syndrome due to disease of the brain, usually of a chronic or progressive nature, in which there is a disturbance of multiple higher cortical functions, including memory, thinking, orientation, comprehension, calculation, learning capacity, and judgment<sup>(1)</sup>.

## Physiotherapy is clinically and cost effective

Physiotherapists are key in delivering the National Dementia Strategy UK wide<sup>(2,3,4)</sup>. The priority strategy objectives are:

### Good quality early diagnosis and intervention for all;

Physiotherapists, as autonomous practitioners, can undertake detailed, individually tailored assessments of the impairments, activity restrictions and participatory limitations faced by people with dementia.

Physiotherapists work as part of a multi-disciplinary team ensuring the delivery of high quality, effective care, in line with the The NICE Quality Standard<sup>(5)</sup> for people with dementia. This standard advocates provision of assessment and ongoing personalised care plans, addressing individual needs. NICE<sup>(5)</sup> and SIGN<sup>(6)</sup> guidelines recommend physiotherapy for promoting and maintaining independence for this client group.

By 2039  
there will be  
1.4 million people  
with dementia  
in the UK

**Implementing the Carers' Strategy;** Carers of people with dementia often display poor health when compared to their age-matched peers<sup>(7)</sup>. Physiotherapy can assist in reducing the burden of care by educating carers to encourage independence in people with dementia.

## Size of the problem

- **750,000** people in the UK live with dementia. Two-thirds live in their own homes & one-third in care homes<sup>(2)</sup>
- By 2039 there will be **1.4 million people** with dementia in the UK, with costs trebling to over £50 billion per year<sup>(2)</sup>
- Dementia contributed to **11% of years lived** with disability among people **aged 60 and over**; more than stroke (**9.5%**), musculoskeletal disorders (**8.9%**), cardiovascular disease (**5.0%**) and all cancers (**2.4%**)<sup>(8)</sup>
- **Up to one in four** hospital beds at any one time is occupied by a person **over the age of 65** who has dementia<sup>(9)</sup>.



## Improved quality of care for people with dementia in general hospitals;

Physiotherapy services for people with dementia have been identified as key in contributing to a cost saving of £6 million a year<sup>(10)</sup>. Physiotherapists contribute to multi-disciplinary team discharge planning. Early discharge planning is a key component of reducing length of stay for patients with dementia<sup>(9)</sup>. The average hospital stay for a common hip fracture is seven days. However, over 85% of dementia patients with this injury stay for up to 14 days, and 34% for over a month; the extra cost is estimated as £5,950 per patient<sup>(9)</sup>. Falls are the most common reason for hospital admissions, and account for 14% of all admissions for people with dementia. Poor balance, known to increase the risk of falls, can be improved by physiotherapy-led exercise<sup>(11)</sup>. ▶▶



Exercise can have a significant and positive impact on behavioural and psychological symptoms of dementia<sup>(12)</sup>, improving cognitive function and mood, which can reduce the need for pharmacological intervention<sup>(13)</sup>.

**Living well with dementia in care homes;** Physiotherapy plays an essential part in promoting and maintaining mobility for people with dementia<sup>(14)</sup>, and particularly has a vital role in end of life care, by managing positioning, seating and painful contractures. People with dementia often have difficulty expressing pain. Pain affects cognition, motivation and response to any intervention; physiotherapists are experts in identifying and treating pain<sup>(15)</sup> and provide essential support and education to care home staff and carers.

## Case study

Greenview Intermediate Care Unit, a multi-agency project commissioned by NHS Harrow, offers rehabilitation to people with dementia and delirium, giving them the best opportunity to return home. Patients are provided with physiotherapy five days a week following an assessment and home visits are conducted to assess risk factors prior to discharge. With 58% of patients returning home, physiotherapists carry out follow up home visits to evaluate progress, and liaise with other multidisciplinary agencies to ensure patients remain safe at home. The service has reduced inpatient hospital bed stay, prevented future hospital admissions and reduced costs<sup>(2, 16)</sup>.

### Acknowledgements

The CSP would like to thank: Chartered Physiotherapists in Mental Health (CPMH), Chartered Physiotherapists working with Older People (AGILE), Rachael Malthouse (Royal United Hospital Bath NHS Trust), Louise Archer (GICU, NHS Harrow) and Joyce Craig (Craig Health Economics Consultancy Ltd).

This work has been produced by the CSP as part of its contribution to the Dementia Action Alliance 

## References

1. World Health Organization. The ICD-10 classification of mental and behavioural disorders: clinical descriptions and diagnostic guidelines. Geneva: World Health Organization; 1992.
2. Department of Health. Living well with dementia: A National Dementia Strategy. 2009. <http://tinyurl.com/andnn8>
3. National Dementia Action Plan for Wales. 2009. <http://tinyurl.com/3urf862>
4. Scotland's National Dementia Strategy. 2010. <http://tinyurl.com/44tqz55>
5. National Institute for Health and Clinical Excellence (NICE). Supporting people with dementia and their carers in health and social care. London: NICE; 2006 (amended March 2011). <http://www.nice.org.uk/CG42>
6. Scottish Intercollegiate Guidelines Group (SIGN). Management of patients with dementia: a national clinical guideline. Guideline 86. Edinburgh: Scottish Intercollegiate Guidelines Group; 2006. <http://tinyurl.com/5uwzdz7>
7. Pinquart M, Sörensen S. Differences between caregivers and noncaregivers in psychological health and physical health: A meta-analysis. *Psychology and Aging*. 2003;18(2):250-67.
8. Alzheimer's Society. Dementia UK, The Full Report. 2007. <http://tinyurl.com/krcyhg>
9. Alzheimer's Society. Counting the cost. London: Alzheimer's Society; 2009. <http://tinyurl.com/3eldojt>
10. Royal College of Psychiatrists. National Audit of Dementia: (Care in General Hospitals).

## Cost of dementia

Dementia costs the UK economy **£20 billion** a year<sup>(17)</sup>. The costs per person are higher than for all other mental health conditions<sup>(18)</sup>.

**The annual costs per person with dementia living within the community are estimated as:**

- **£16,700** for people with mild dementia
- **£37,500** for people with severe dementia
- **£31,300** for people in care homes<sup>(8)</sup>.

**An informed and effective workforce for people with dementia;** There is evidence to show that physiotherapy interventions reduce the risk of developing dementia<sup>(19)</sup> and promote a delay in the progression of both cognitive and functional decline<sup>(11)</sup>. The majority of people with dementia are elderly and often have comorbidities<sup>(15)</sup>. Physiotherapy-led exercise that increases physical activity levels can also reduce cardiovascular risk factors, as well as the risk of other chronic conditions, such as diabetes and osteoporosis.

## Conclusion

Physiotherapy, in particular physiotherapy-led exercise, is a clinically and cost effective, accessible intervention. It preserves and promotes activity for people with dementia. Physiotherapy interventions improve the quality of life for those with dementia and reduce the burden of care.

## FURTHER INFORMATION

### CSP Enquiry Handling Unit

Tel: 0207 306 6666

Email: [enquiries@csp.org.uk](mailto:enquiries@csp.org.uk)

Web: [www.csp.org.uk](http://www.csp.org.uk)



[Interim Report]. London: Royal College of Psychiatrists; 2010. <http://tinyurl.com/5wu2mez>

11. Christofaletti G, Oliani MM, Gobbi S, et al. A controlled clinical trial on the effects of motor intervention on balance and cognition in institutionalized elderly patients with dementia. *Clinical Rehabilitation*. 2008;22(7):618-26.
12. Cerga-Pashoja A, Lowery D, Bhattacharya R, et al. Evaluation of exercise on individuals with dementia and their carers: A randomised controlled trial. *Trials*. 2010 13 May;11(53).
13. Lawlor B. Managing behavioural and psychological symptoms in dementia. *The British Journal of Psychiatry*. 2002;181(6):463-5.
14. Oddy R. Promoting mobility for people with dementia: a problem-solving approach. 3rd ed. London: Alzheimer's Society; 2011.
15. Marshall M. Perspectives on rehabilitation and dementia. London: Jessica Kingsley Pub; 2005.
16. House of Commons All-Party Parliamentary Group on Dementia. The £20 billion Question: An inquiry into improving lives through cost-effective dementia services. London: House of Commons; 2011. <http://tinyurl.com/42psxm4>
17. Alzheimer's Society. Support, stay, save. Care and support of people with dementia in their own home. London: Alzheimer's Society; 2011. <http://tinyurl.com/3p56ywj>
18. National Audit Office. Improving the quality of care for people with dementia. London: National Audit Office; 2007. <http://tinyurl.com/3pn892l>
19. Verghese J, Lipton RB, Katz MJ, et al. Leisure activities and the risk of dementia in the elderly. *New England Journal of Medicine*. 2003;348(25):2508-16.